



We're not fine. Mental health challenges during and after pregnancy are both common and consistently untreated.

Perinatal mood and anxiety disorders (PMAD) are more common than diabetes, stroke, and breast cancer—we just don't talk about them. As many as 20% of new mothers in the United States suffer from anxiety, depression, obsessive-compulsive disorder, or (more rarely) postpartum psychosis during or after pregnancy.¹ And this number doesn't account for how many women suffer in silence, too ashamed or overwhelmed to ask for help.

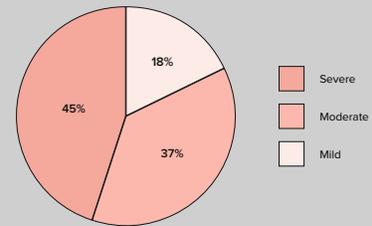
The lack of information and treatment of PMAD can have a long-term effect on women's lives and their families. There are significant economic impacts as well: mothers who experience perinatal mental health issues incur 90%² higher healthcare costs than mothers who don't, and the annual cost of untreated maternal depression for companies is estimated at \$5.7 billion.³

In May 2018, Maven conducted a national survey of just over 700 new moms who experienced PMAD to break the silence and shed light on the many shades of gray of maternal mental health. These are the results.

Not all “baby blues” are created equal.

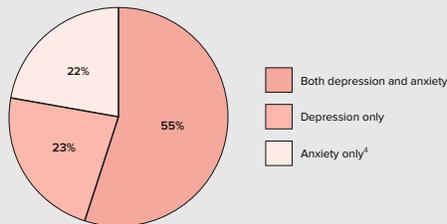
Women experience varying shades of affliction both during and after birth.

Share of women who rated their experience as:



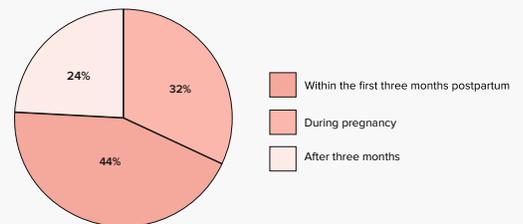
It's not just depression.

Types of affliction reported:



Depression often starts before birth, and sometimes doesn't start immediately postpartum.

Share of women who experienced mood disorders starting:



Perinatal mood disorders frequently go undiagnosed and untreated.

Of the women we surveyed who experienced perinatal mood and anxiety disorders:

61%

Did not receive treatment

56%

Did not receive diagnosis

54%

Never screened

Women need more support from providers, their partners, and their peers.

Women see mental health professionals as the best source of support.

Women who experienced a perinatal mood disorder listed the most effective support as:



Yet only one-fifth of women were most likely to talk to a mental health professional.

When they experienced a perinatal mood disorder, women were most likely to discuss it with [possible to select multiple answers]:



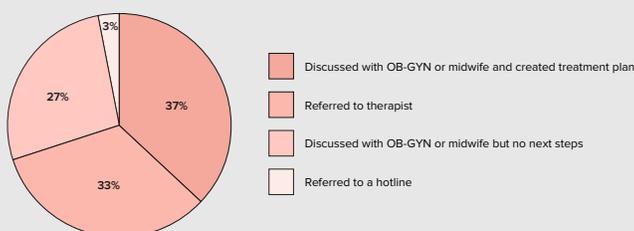
Women who were diagnosed, however, were most likely to talk to a mental health professional.

Women who were diagnosed with a perinatal mood disorder reported they were likely to discuss it with [possible to select multiple answers]:



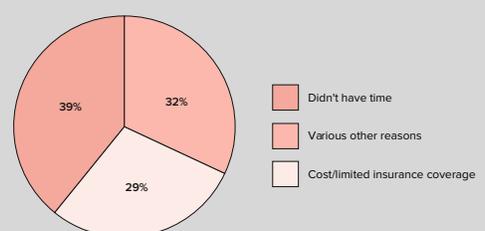
More than a quarter of women who raised issue with their OB-GYN were given no concrete next steps.

Of those who expressed mental health concerns to their OB-GYN:



What's worse, a large minority who were referred to a therapist never went.

Of those referred to a therapist, 43% did not follow up for these reasons:



END - NOTES :

1. Tula Karas, “Perinatal Mood and Anxiety Disorders and Low Socioeconomic Status.” Seleni Institute, Mar 2018. [Link](#).

2. Dagher, R.K. et al. “Postpartum depression and health services expenditures among employed women.” Journal of Occupational and Environmental Medicine. 54(2):210–215, Feb 2012. [Link](#).

3. Jose Y. Diaz and Richard Chase, Wilder Research, October 2010. [Link](#).

4. Symptoms of perinatal depression include: low mood and/or feeling numb; loss of interest in things that would normally be enjoyable; feeling inadequate, like a failure, guilty, ashamed, worthless, hopeless, helpless, empty or sad; feeling unmotivated and unable to cope with the daily routine; insomnia or excessive sleep; often feeling close to tears; thoughts of self-harm or suicide.

Symptoms of perinatal anxiety include: anxiety or fear that interrupts thoughts and interferes with daily tasks; panic attacks — outbursts of extreme fear and panic that are overwhelming and feel difficult to bring under control; anxiety and worries that keep coming into the woman’s mind and are difficult to stop or control; constantly feeling irritable, restless or “on edge”; having tense muscles, a “tight” chest and heart palpitations; finding it difficult to relax and/or taking a long time to fall asleep at night; anxiety or fear that stops the woman going out with her baby; anxiety or fear that leads the woman to check on her baby constantly. (Centre for Perinatal Excellence. [Link](#), [Link](#).)

NOTES ON METHODOLOGY:

*This data was sourced from a survey fielded in May 2018. All data are self-reported.