

BACKGROUND & KEY POINTS

Perinatal mood and anxiety disorders (PMADs) are one of the leading complications of pregnancy and childbirth, affecting 1 in 5 pregnant and postpartum women in the United States (U.S.).^{1,2} PMADs include

several conditions like obsessive-compulsive disorder, post-traumatic stress disorder, and psychosis, with depression and anxiety being the most common. In the past ten years, the prevalence of PMADs have increased in the U.S., and the estimated economic toll of untreated PMADs is over \$14 billion.^{3,4} Black women experience a higher prevalence of perinatal depression and anxiety compared to White women.⁵⁻⁷ Racial disparities are also reflected in the screening and treatment of mental health disorders among women and birthing people. Not only are Black women more likely to develop PMADs, they are also less likely to receive treatment due to factors such as poor detection because of the lack of culturally sensitive screening tools, insufficient access to and advocacy for treatment, and provider distrust.⁸⁻¹⁰



A LOOK AT THE NUMBERS

1 IN 5



Mental health conditions are the leading cause of maternal mortality, affecting 1 in 5 women.¹ Depression is one of the most common perinatal complications.¹²

Studies have shown that Black mothers and birthing people experienced the highest rate of depressive symptoms and were significantly less likely to initiate treatment and to receive follow-up treatment for maternal mental health conditions.^{8,13}

\$14B

ANNUAL COST OF UNTREATED PMADs IN THE U.S.⁴

Prevalence of postpartum depression symptoms is **higher among individuals with the following characteristics:⁵**

Participated in WIC during pregnancy

Utilized Medicaid at delivery

Completed 12 or less years of education

Experienced intimate partner violence before or during pregnancy

Young maternal age (24 years or younger)



BARRIERS TO CARE

Black women experience multiple barriers to accessing care for maternal mental health conditions at the individual, sociocultural, and structural levels.

Individual and **sociocultural factors** that impact access to maternal mental health treatment among Black women include the following:

- * **General lack of knowledge** about depression and other mental health conditions and its symptoms, can prevent Black women from seeking and utilizing treatment.¹⁴
- * **Distrust of healthcare and child welfare systems** can deter Black women from seeking and using mental healthcare services. Past experiences of disrespect, racism and discrimination during healthcare encounters discourage mothers from seeking additional treatment.^{10,15} Additionally, distrust in the child welfare agencies' potential use of mental health information acts as a deterrent to care.¹⁶
- * **Cultural stigma** surrounding mental health within Black communities can deter Black women from seeking support and treatment.¹⁷
- * **Coping mechanisms such as the “Superwoman Schema,”** which describes the culturally acceptable and encouraged way to cope with stressors by showing ‘strength’ without requesting external support or resources, may reinforce denials of mental health symptoms and forestall treatment.^{14,18}

Structural factors to accessing maternal mental health treatment among Black women include the following:

* **Systemic and structural racism act as underlying causes of Black maternal health inequities, worsened by the underrepresentation of Black women in the perinatal mental health workforce.**¹⁹

* **Social determinants of health affect health outcomes, function, and quality of life.**²⁰
A few examples of how these determinants impact Black maternal mental health are described below:



ECONOMIC STABILITY

* Socioeconomic factors, like insurance status, can make treatment options less available and contribute to worsening mental health.²¹ For example, in 2024, Black adults were uninsured at more than three times the rate of their White counterparts.²²



HEALTHCARE ACCESS AND QUALITY

* Lack of culturally congruent and competent providers can lead to misdiagnosis and poor care.²¹

* Current mental health screening tools do not adequately account for the ways Black women experience depression and other mental health conditions outside of stereotypical symptoms.⁹



NEIGHBORHOOD AND BUILT ENVIRONMENT

* Lack of transportation, social support, and other logistical support makes accessing mental healthcare challenging.¹⁰

CURRENT LEGISLATIVE LANDSCAPE

Medicaid is the largest single source of healthcare coverage, paying for 42% of all births in the U.S., including over 60% of births to Black mothers.²³ Moreover, Medicaid is the primary payer for mental health services.²⁴ **The One Big Beautiful Bill Act (OBBA) cut Medicaid funding by nearly \$1 trillion over the next decade, with an estimated 11 million people losing healthcare coverage.** These cuts will and have reduced funding for Medicaid expansion, potentially leading to cuts in both maternal and mental healthcare.

CHILDBIRTH COVERED BY MEDICAID IN THE U.S.



PATHWAYS TO EQUITABLE AND ANTIRACIST MATERNAL MENTAL HEALTHCARE ^{9,14,25}

1

Explore, test, and scale culturally relevant and congruent tools to effectively assess and treat mental health conditions in Black populations.

2

Support comprehensive healthcare coverage, including mental health services and maternity care as part of essential health benefits, as well as robust support for the Medicaid program.

3

Fund large-scale, culturally appropriate public education campaigns that help Black women and birthing people recognize their symptoms and empower them to seek the help they need.

4

Conduct additional research on perinatal mood disorders, including research that explores the lived experiences of Black women, and gender-expansive people who may experience pregnancy.

5

Support culture shift efforts aimed at dismantling the “strong Black woman syndrome.”

6

Support policies that would improve work-family balance for women, and all pregnant people, in the workplace, including the expansion of access to paid sick days; paid family and medical leave; and fair scheduling.

7

Educate and train the larger field of maternal health practitioners to operationalize health equity in assessing and treating mental health conditions.

8

Amplify the historical contribution of Black scholars in mental health.

9

Invest in Black leadership to expand the maternal mental health workforce.

10

Invest in Black women-led community-based organizations and social safety net services.

11

Value, honor, and invest in culturally congruent community-based and traditional healing practices that promote wellness.

12

Promote integrated care and allied health professionals as part of shared decision-making in mental health services.



BLACK MATERNAL MENTAL HEALTH RESOURCES

Advocacy Organizations

- **Shades of Blue Project**
shadesofblueproject.org
- **Sisters in Loss** sistersinloss.com
- **Center for Black Women's Wellness**
cbww.org

Direct Services

- **Oshun Family Center**
oshunfamilycenter.org
- **Diversity Uplifts**
diversityuplifts.org

Support Hotlines

- **Postpartum Support International (PSI) support hotline: 1-800-944-4773**
- **National Maternal Mental Health Hotline (HRSA): 1-833-943-5746**
- **Substance Abuse and Mental Health Services Administration (SAMHSA) Suicide Prevention Lifeline: 988**

Maternal Health Policies & Legislation

- **Black Mamas Matter: In Policy and Practice — A Policy Agenda for the Black Maternal Health, Rights, and Justice Movement**
blackmamasmatter.org/policy-agenda
- **Medicaid Postpartum Coverage Extension Tracker**
kff.org/medicaid/issue-brief/medicaid-postpartum-coverage-extension-tracker

Additional Resources

- **Postpartum Discussion Tool**
postpartum.net/resources/discussion-tool



REFERENCES

1. Trost S, Beauregard J, Chandra G, et al. Pregnancy-related deaths: Data from maternal mortality review committees in 36 US States, 2017–2019. *Cent Dis Control Prev US Dep Health Hum Serv* 2022.
2. Fawcett EJ, Fairbrother N, Cox ML, et al. The prevalence of anxiety disorders during pregnancy and the postpartum period: A multivariate bayesian meta-analysis. *J Clin Psychiatry* 2019;80(4); doi: <https://doi.org/10.4088/JCP.18r12527>.
3. McKee K, Admon LK, Winkelman TNA, et al. Perinatal mood and anxiety disorders, serious mental illness, and delivery-related health outcomes, United States, 2006–2015. *BMC Womens Health* 2020;20(1); doi: <https://doi.org/10.1186/s12905-020-00996-6>.
4. Luca DL, Margiotta C, Staatz C, et al. Financial toll of untreated perinatal mood and anxiety disorders among 2017 births in the United States. *Am J Public Health* 2020;110(6):888–896; doi: <https://doi.org/10.2105/AJPH.2020.305619>.
5. Bauman BL, Ko JY, Cox S, et al. Vital signs: Postpartum depressive symptoms and provider discussions about perinatal depression—United States, 2018. *MMWR Morb Mortal Wkly Rep* 2020;69:575–581; doi: <http://dx.doi.org/10.15585/mmwr.mm6919a2>.
6. Sujan AC, Nance N, Quesenberry C, et al. Racial and ethnic differences in perinatal depression and anxiety. *J Affect Disord* 2023;334:297–301; doi: <https://doi.org/10.1016/j.jad.2023.04.123>.
7. Mukherjee S, Trepka MJ, Pierre-Victor D, et al. Racial/ethnic disparities in antenatal depression in the United States: A systematic review. *Matern Child Health J* 2016;20:1780–1797; doi: <https://doi.org/10.1007/s10995-016-1989-x>.
8. Kozhimannil KB, Tinacty CM, Busch AB, et al. Racial and ethnic disparities in postpartum depression care among low-income women. *Psychiatr Serv* 2011;62(6):619–625.
9. Perez NB, Melkus GD, Wright F, et al. Latent class analysis of depressive symptom phenotypes among Black/African American mothers. *Nurs Res* 2023;72(2):93–102; doi: <https://doi.org/10.1097/NNR.0000000000000635>.
10. Kemet S, Yang Y, Nseyo O, et al. “When I think of mental healthcare, I think of no care.” Mental health services as a vital component of prenatal care for Black women. *Matern Child Health J* 2021;26(4):778–787; doi: <https://doi.org/10.1007/s10995-021-03226-z>.
11. Hoyert D. Maternal mortality rates in the United States. *Natl Cent Health Stat Health E-Stats* 2025; doi: <https://doi.org/10.15620/cdc/174577>.

12. Gaynes BN, Gavin N, Lohr KN, et al. Perinatal depression: Prevalence, screening accuracy, and screening outcomes: Summary. *AHRQ Evid Rep Summ* 2005;119.
13. Chang JJ, Tabet M, Elder K, et al. Racial/ethnic differences in the correlates of mental health services use among pregnant women with depressive symptoms. *Matern Child Health J* 2016;20(9):1911–1922; doi: <https://doi.org/10.1007/s10995-016-2005-1>.
14. Taylor J, Gamble CM. *Suffering in Silence: Mood Disorders among Pregnant and Postpartum Women of Color*. Center for American Progress; 2017.
15. McLemore MR, Altman MR, Cooper N, et al. Health care experiences of pregnant, birthing and postnatal women of color at risk for preterm birth. *Soc Sci Med* 2018;201:127–135; doi: <https://doi.org/10.1016/j.socscimed.2018.02.013>.
16. Doornbos MM, Zandee GL, DeGroot J, et al. Using community-based participatory research to explore social determinants of women’s mental health and barriers to help-seeking in three urban, ethnically diverse, impoverished, and underserved communities. *Arch Psychiatr Nurs* 2013;27(6):278–284; doi: <https://doi.org/10.1016/j.apnu.2013.09.001>.
17. Ward E, Wiltshre JC, Detry MA, et al. African American men and women’s attitude toward mental illness, perceptions of stigma, and preferred coping behaviors. *Nurs Res* 2013;62(3):185–194; doi: <https://doi.org/10.1097/NNR.0b013e31827bf533>.
18. Woods-Giscombe CL. Superwoman schema: African American women’s views on stress, strength, and health. *Qual Health Res* 2010;20(5); doi: <https://doi.org/10.1177/1049732310361892>.
19. Estriplet T, Morgan I, Davis K, et al. Black perinatal mental health: Prioritizing maternal mental health to optimize infant health and wellness. *Front Psychiatry* 2022;13; doi: <https://doi.org/10.3389/fpsy.2022.807235>.
20. Healthy People 2030. Social Determinants of Health. n.d. Available from: <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health>.
21. National Alliance on Mental Illness. *Identity and Cultural Dimensions: Black/African American*. n.d.
22. Bunch LN, Ketema H. Health Insurance Coverage in the United States, 2024: Current Population Reports. U.S. Census Bureau: U.S. Government Publishing Office, Washington, DC; 2025.
23. Valenzuela CP, Osterman MJK. Characteristics of mothers by source of payment for the delivery: United States, 2021. *Natl Cent Health Stat* 2023;(468); doi: <https://dx.doi.org/10.15620/cdc:127266>.
24. Counts N. *Medicaid’s Role in Mental Health and Substance Use Care*. 2025.
25. Matthews K, Morgan I, Davis K, et al. Pathways to equitable and antiracist maternal mental health care: Insights from Black women stakeholders. *Health Aff (Millwood)* 2021;40(10):1597–1604.

CONTRIBUTORS:

Danielle Rivers, MPH; Stephanie Aristide, MPH; Ayanna Robinson, PhD, MPH; and Sang Hee Won, MPH (December 2025). BMMA, Inc. (Black Mamas Matter Alliance).

SUGGESTED CITATION:

Rivers, D., Aristide, S., Robinson, A., & Won, S. (2025). *Black Maternal Mental Health Factsheet [Fact Sheet]*. BMMA, Inc.

BMMA, INC. (BLACK MAMAS MATTER ALLIANCE) is a network of Black women-led organizations and multidisciplinary professionals whose work is rooted in birth/reproductive justice, respectful maternity care, and human rights frameworks. BMMA functions as the premier Black Maternal Health professional organization and serves as a voice and coordinating entity for stakeholders advancing global Black maternal health, rights, and justice.