

Addressing Maternal Mental Health and Substance Use Disorders: Exploring Medicaid Opportunities

The Challenge

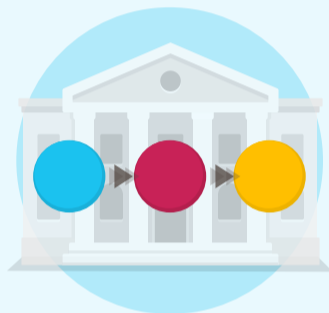
Substance use disorders (SUD), along with mental health conditions, are major contributors to the maternal mortality crisis. For pregnant and postpartum women with a behavioral health condition:

- Stigma, threats of child separation, and lack of coordination hinder effective care.
- Depression, PTSD, and intimate partner violence are widespread.
- Suicide and overdose cause 20 percent of pregnancy-related deaths.



Opportunities for Medicaid

Medicaid covers over 40 percent of U.S. births and disproportionately more people with SUD than other forms of insurance, uniquely positioning it to support policy and program innovations.



States are exploring how to best improve maternal health through **12-month postpartum coverage expansion** and **integrated SUD-maternity care models**.



Partnerships with **community-based organizations** can connect mothers and families with doulas, community health workers, and peer recovery specialists.



A **growing clinical evidence base** for integrated, person centered care for women with SUD can help make the case for change.

Recommendations for Medicaid Agencies, Health Plans, and Providers

With 48 states and Washington, D.C. now covering 12 months of postpartum care, states, plans, and providers have opportunities to improve outcomes for pregnant and postpartum women with behavioral health care needs.



1 Support integrated care teams where behavioral health providers, OB/GYNs, nurses, midwives, doulas, and community-based workers can work together.



2 Center people with lived experience in care design and delivery.



3 Expand the community-based workforce so that Medicaid members can access doulas, community health workers, and peer specialists.



4 Normalize evidence-based substance use care by funding and requiring provider training.



5 Create and fund care models where maternity, mental health, and SUD services are coordinated and family-centered.



6 Use harm reduction and street medicine approaches to lower barriers to entry.

