EXECUTIVE SUMMARY

Building Healthy Futures: Addressing Mental Health and Substance Use Disorders During Pregnancy and Postpartum

The United States has one of the highest maternal mortality rates among high-income countries.[1] Less often recognized is the significant impact of mental health and substance use disorders (SUD) as drivers of this crisis, particularly during the postpartum period.[2,3] Until recently, there have been limited accessible, integrated, and non-stigmatizing care options for pregnant and postpartum individuals with mental health conditions and SUD. But with 41 percent of U.S. births covered by Medicaid and new extended postpartum coverage benefits available in nearly every state, there are significant opportunities to improve perinatal care for this population and reduce maternal mortality and morbidity.[4,5]

Emerging Solutions

In response to these challenges, state and federal agencies, providers, health systems, and community-based organizations are pursuing new approaches to caring for this population. Federal opportunities, such as the Transforming Maternal Health (TMaH) Model and the Maternal Opioid Use Model (MOM) integrate maternity care with behavioral health/substance use disorder treatment and address health-related social needs throughout pregnancy and the first postpartum year.[6,7] Across the nation, promising approaches are emerging rooted in evidence-based practices, for example:

- States doing innovative work made possible through the 12-month Medicaid postpartum coverage expansion, including **Massachusetts, New Jersey**, and **Oregon**.
- Forward-thinking clinicians, staff, and health system leadership bringing integrated, person-centered care to hospitals in **New Hampshire** and **California**.
- Community-based organizations and the community-based workforce in **Texas** and **Massachusetts** providing supportive, person-centered non-clinical care.

TAKEAWAYS

- Improving outcomes for pregnant and postpartum individuals with mental health and substance use disorders (SUD) requires shifting from stigmatizing and harmful policies to evidence-based strategies.
- Promising care models exist that provide integrated, trauma-informed, medical, behavioral health, and social care through small, dedicated care teams that include a community-based workforce and peer supports.
- The recent expansion of Medicaid coverage to 12 months postpartum offers states new opportunities to provide continuous access to behavioral health care and social services from a variety of providers.
- A report from the Center for Health Care Strategies outlines key recommendations to support evidence-based integrated care models for pregnant and postpartum Medicaid members with mental health disorders and SUD, aiming to inform state policymakers, health systems, providers, and community-based organizations (CBOs) to improve maternal health and birth equity.

LEARN MORE

To read the full report, visit:
CHCS.org/building-healthy-futures

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Key Recommendations

These programs and others are emerging nationwide to reduce maternal mortality and morbidity, ensuring healthier outcomes for infants and parents, especially those with SUD and mental health needs. These community-rooted, patient-centered initiatives integrate services seamlessly through a no-wrong-door, stigma-free approach. Key recommendations outlined below can guide state policymakers, payers, health systems, and CBOs in supporting the adoption of these evidence-based strategies for integrated pregnancy and postpartum services.

1. **Support Dedicated Care Teams.** States and payers can increase "no wrong door" access to mental health and SUD care by incentivizing coordinated multidisciplinary teams of medical, behavioral, and community-based care providers. Health systems and hospitals can create dedicated teams within their departments to integrate behavioral health, OB/GYNs, nurses, midwives, and community-based workers.

2. **Center People with Lived Experience to Drive Health Equity.** Peer support from people with lived experience can help pregnant and postpartum individuals with mental health disorders and SUD.[8,9] However, many communities, especially those with great disparities, lack a workforce with lived experience to implement these strategies.[10] Payers, providers, and community organizations can include people with lived experience in care design and delivery.

3. **Normalize Substance Use Care.** High-quality, evidence-based treatment for SUD and mental health disorders includes counseling and therapy, psychiatric medications, and medications for addiction treatment (MAT). States, managed care organizations, and health systems can play a crucial role in requiring and/or funding provider training to ensure the delivery of evidence-based SUD treatment.

4. **Train All Staff on Bias and Stigma.** It is essential to train staff across locations and settings on reducing stigma and bias. Postpartum individuals seeking help are just as likely to visit an emergency department or ask for treatment in the pediatrician's office as they would at a postpartum visit. This reflects the need for training on bias and stigma for all providers and staff who interact with pregnant and postpartum individuals.

5. **Expand the Community-Based Workforce.** Doulas, community health workers (CHWs), peer coaches, and recovery specialists are fundamental assets in bridging the gap between the community and traditional health care-based settings. Payment models are key to helping health systems support a community-based workforce. Many states have already expanded coverage of CHWs and doulas through Medicaid.[11,12]

6. **Use Harm Reduction and Street Medicine Approaches.** Successful programs for pregnant and postpartum individuals with SUD often use low-barrier approaches like street medicine and drop-in clinics, which integrate medical and SUD treatment and connect patients to housing, transportation, and other social supports. These programs build trust and empower individuals to feel in control of their care through harm reduction strategies.[13]

To learn more, read the full report at: **CHCS.org/building-healthy-futures**

ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

The Center for Health Care Strategies (CHCS) is a policy design and implementation partner devoted to improving outcomes for people enrolled in Medicaid. We support partners across sectors and disciplines to make more effective, efficient, and equitable care possible for millions of people across the nation. For more information, visit **www.chcs.org**.

AUTHORS

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ENDNOTES

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