

Dr. Emily Dossett

There's still this conception that when we talk about maternal mental health, what we're talking about is postpartum depression. That's great because postpartum depression is certainly a significant portion of what we see in this field of perinatal mental health, but it's definitely not all postpartum depression.

Ellen Kelsay

That's Dr. Emily Dossett, a reproductive psychiatrist and the founder and director of the Reproductive Mental Health Program at the Los Angeles General Medical Center and assistant clinical professor at the Keck School of Medicine at USC. Based on her expertise, she was one of two advisors for the April 2024 *Health Affairs* issue focused on perinatal mental health and well-being. Dr. Dossett is joined today by Joy Burkhard, executive director of the Policy Center for Maternal Mental Health. Joy founded the organization in 2011 after leading policy initiatives in California to address maternal mental health.

I'm Ellen Kelsay, and this is a Business Group on Health podcast, conversations with experts on the most relevant health and well-being issues facing employers.

Today, Dr. Emily Dossett and Joy Burkhard are joining me for a conversation on maternal mental health. This discussion couldn't be any more important or urgent as a 2024 research review published in *JAMA Psychiatry* found that maternal mental illness is a driver of maternal deaths in the United States and suggested that this relationship is under recognized. During this discussion, we strive to better support mothers by broadening our understanding of the prevention, treatment and impact of perinatal mental health and talk about what employers can do to help.

Emily, Joy, we're thrilled to have not only just one, but both of you joining us in conversation today. Welcome to Business Group on Health's podcast.

Dr. Emily Dossett

Thank you so much for having us.

Ellen Kelsay

Of course and we've got so much to talk about and want to make sure that we hear from both of you across a whole slew of issues here. I'd like to start first with a recent review that was published in the February 2024 issue of *JAMA Psychiatry* and it really was surprising to us and, quite frankly, stopped us in our tracks. In that research, we saw that the authors found that mental health and substance use disorders, specifically suicide and opioid overdoses, were responsible for nearly one in four maternal deaths, which again, really was stunning to us. The authors also suggested that this relationship is often largely under recognized. We would love to hear from both of you, maybe with you going first, Emily, I know you weren't specifically involved in this research, but can you speak to the findings of the article?

Dr. Emily Dossett

Yes, that was a really eye opening article, I think for many folks, even though it has come to light in the maternal mental health field in recent years, how much of a role perinatal mental health disorders play in maternal morbidity and mortality. This is really for several factors. First of all, a lot of it is suicide and overdose that happens in the first year after delivery. It can happen in pregnancy as well, but it's less common. However, from about week seven, after a woman is no longer connecting with her prenatal care provider up until the first year postpartum, her risks of suicide are actually at their highest. Along with that is overdose. It's hard to tell actually from a lot of data records, whether or not overdose is intentional or accidental and that's why it's included in this data. There's a lot to say about why these rates of suicide and overdose are contributing to maternal mortality, but there also are other reasons. We know that untreated maternal mental health disorders also can cause physiological disturbances that lead to increased hypertension and postpartum hemorrhage and other causes of death. And we also know that there are social determinants of health that cause a lot of stress and that stress in turn leads to perinatal mental health disorders that contribute to maternal mortality and morbidity. There's a lot there to unpack, but that should be maybe the beginning of a bit of an overview.

Ellen Kelsay

Oh my gosh, it certainly sets the stage for so much more of this conversation to come. Joy, anything more you would add to what Emily just shared?

Joy Burkhard

I would just add to the point that this is shocking. We've luckily heard in the last few years, just how prevalent maternal mortality is, preventable maternal deaths, and thank goodness that data came to light. It was just recently that the CDC and organizations like ours really pushed for tracking maternal suicide. I just want to emphasize that the role we all can play in supporting this concept of measure what you treasure. Of course, we need to measure maternal suicide in robust ways and make sure that the research, including medical record review and key informant interviews that happen through state maternal mortality review committees, are happening so that we can determine if maternal suicides are occurring or are these other deaths, as Emily alluded to. We're grateful to the CDC and to Congress for funding these maternal mortality review committee efforts, and also the CDC's efforts to make sure states are comparing apples to apples.

Ellen Kelsay

Emily, I want to ask you now about the April 2024 issue of *Health Affairs* in which you made the point that we need to, and I'll quote you here, "broaden our understanding of what perinatal mental health challenges are and whom they affect." I think you referenced this a little bit earlier, but what are some of the perinatal mental health challenges and who do they affect.

Dr. Emily Dossett

We really wanted to start out with that kind of broadening of an understanding of what perinatal mental health challenges are, because there's still this conception, then when we talk about maternal mental health, what we're talking about is postpartum depression. That's great because postpartum depression is certainly a significant portion of what we see in this field of perinatal mental health, but it's definitely not all postpartum depression. What we tried to do is explain that really it's not just in the postpartum, first of all, after the baby's born that we start to see these illnesses. We start to see symptoms for at least a third of women in pregnancy itself, and then there's significant portion of women, and these are actually the ones at highest risk for suicide to kind of bring it back to the mortality concerns, who actually were depressed or struggling with some other mental health disorder before they even conceived. It's really this whole perinatal period from pregnancy up to a full year postpartum. We also wanted to emphasize the year postpartum because the official definition per the American Psychiatric Association is that it's perinatal depression only if it happens in the first four weeks after delivery, and that might be more accurate for certain other disorders, but for depression we know that that is actually not accurate and it makes a difference though in terms of things like coding and billing and how practitioners are trained. We wanted to really emphasize it was the full year. We also wanted to emphasize that it's not just depression. The phrase PMADS or perinatal mood and anxiety disorders is one that's used frequently in the field, and under mood disorders we have depression, but we also have bipolar disorder, and women are at high risk for new onset bipolar disorder or certainly relapse or exacerbation of symptoms during the perinatal period. Actually, we see even more anxiety disorders, that's the A in PMADS, than we do even mood disorders. So that anxiety can take the form of panic disorder, it can be generalized anxiety, it can be obsessive compulsive disorder, it can really be any flavor if you will, but it is very, very common in this time period. We really wanted to broaden this to be perinatal mental health challenges, and the challenges refers to the fact that it's not just diagnosable illnesses that we're talking about here, but all of the stress that really impacts someone's well-being and can negatively impact labor, delivery, child outcomes, and then the life of the child and the mother together after delivery.

Ellen Kelsay

Thank you for really bringing all that forward, and as you said, I think popular discussion often revolves around postpartum period and depression specifically and, as you mentioned earlier, certainly substance use disorders and suicide are also things that we need to contemplate here. Anything more you'd add on that, or anything more about your *Health Affairs* article that you wanted to illuminate?

Dr. Emily Dossett

One thing that I would add as to why it's important to broaden that understanding is because I feel like, first of all, if people, and by people I mean people who are suffering with some of these symptoms, don't hear an accurate description of what they're going through, they're not going to often even know something is wrong that can be addressed and identified. I had a patient once who came into my office at six months postpartum with horrible anxiety, but she said that she'd been looking up her symptoms online and all she could find was depression, and that did not fit her. So it's important for women's well-being and providers' well-being to broaden their understanding of what they're looking for. The other piece, as Joy mentioned a few moments ago, is we treasure what we measure. If research studies are only looking at depression in terms of prevalence and incidence and other epidemiological variables, we're going to miss a lot of other illnesses that need addressing.

Ellen Kelsay

And Joy, we know that there are some fairly significant disparities in maternal mental health challenges. Can you give voice to what you've seen relative to those disparities?

Joy Burkhard

First and foremost, we know that maternal mental health disorders or perinatal mental health disorders, that no one's immune. So, I suspect of the listeners hearing us now that either they know of someone that's experienced these disorders in their family or they themselves have experienced these disorders. So no one is immune, but as you can imagine, those who face systemic inequities and are coming from marginalized communities certainly are facing higher levels of lifetime stress and distress and traumas, which place them at higher risk, maybe living in poverty at higher levels, which place them at higher risk. We have a fact sheet out on maternal mental health specifically, but also on the black population and a fact sheet on the indigenous or Native American Alaskan Native populations, and those two populations in particular face tremendous disparities, inequities in the levels of perinatal mental health disorders and also access to care. More specifically, these fact sheets illuminate the fact that up to 30% of American Indians and Alaskan Natives suffer from postpartum depression specifically, that's what was researched in this particular study, and up to 40% of black women, nearly twice the rate of their white counterparts. The research also shows that people of color more broadly, including Latina mothers, face disparities as well.

Ellen Kelsay

For our listeners, we will link to those fact sheets that you just referenced in our show notes for anybody who wants to learn more about both of those. Emily, anything else you would share on the disparity issue?

Dr. Emily Dossett

I think that it's one that has really come to the forefront in the past couple of years. And again, Joy, I just love that you use that phrase, like we treasure what we measure. We have a lot of work to do in even trying to understand what the rates are of these disorders in particularly black women and women who are American Indian, indigenous American, so that we can better identify not only the women who are out there, but also what to do about it.

Ellen Kelsay

All right. Joy, I want to ask about your organization. You do a lot of work tracking basically how we're doing as a country and state by state when it comes to perinatal mental health, both the challenges as well as provider issues. So lend us some insight into what you found through this work.

Joy Burkhard

Yes, I appreciate that question. We have been really honored to do much of the tracking for the fields in maternal mental health of barriers and pathways to change, but also very recently, new data sets that haven't existed before, including looking at the whole country with regard to risks, so what counties in the United States have the highest risk using census data, like single marital status, age, poverty, race, etc., to predict the counties with the highest risk, and also the counties with resources at high or low levels. When we say resources, we mean providers that specialize in maternal mental health, like Emily. Dr. Dossett here, who is a reproductive psychiatrist, also looking at the number of therapists, perinatal mental health certified therapists, for example, in a particular county that can provide counseling services, and then community-based organizations that provide direct support for maternal mental health disorders is one

example of a data set. We've also released report cards last year for the first time that grade states on their efforts to address maternal mental health and just released for the first time in 2024 an update to those report cards. The highlights are that the U.S. grade in 2023 was a D overall, and in 2024, we see a slight increase to a D+, making some progress, but still much more work to do. We've also seen improvements in states, as you would imagine. 33 states out of the 50 had improved scores with 3 states moving to B grades. Last year, there was just 1 state with a B grade, California. We can talk about why that might be in a moment, and also 5 states versus 15 states in 2023 earning failing grades. We're seeing some improvement, but excited overall to see not just the improvement, but to be able to lift up what are the measures and the ways that states can improve outcomes around maternal mental health.

Ellen Kelsay

That's great to see that there's improvement, although I don't think anybody would be happy with the grade of D+. So still a lot more work needs to be done, but at least we're heading in the positive direction. Anything that you would call out either positively or negatively that's moved the needle?

Joy Burkhard

Two things I'll highlight. One is the number of perinatal mental health certified providers is starting to increase. This is a new certification as of about 5 years ago that one of our partner nonprofits developed. We urged them, because payers actually said, insurers said, you know, we don't know who's qualified to treat maternal mental health disorders. We really need a certification, and then we could add credentials after their names and provider directories, create the certification. We're so grateful that Postpartum Support International created the certification, and more and more therapists are becoming certified, so have expertise in perinatal mental health. That is the measure that we've seen the most improvement throughout the United States, so we're grateful to see that change. Then this year in 2024, we added a new measure to the report cards that I think this audience will be quite interested in, and that is the HEDIS maternal depression screening measure that was released just a few years ago by the National Committee for Quality Assurance. There's a great backstory as to how measures are developed, if anyone's ever interested in learning about that, but much effort to get that measure developed with philanthropic partners and others, and finally was developed and rates were released for the first time in 2022. Some states are requiring plans to report that measure. Employers could certainly start to ask a health insurer, how are your HEDIS measures looking for maternal depression? We want to know more. We are now including those measures by states for both prenatal depression, screening and follow-up is the specific measure, and postpartum depression screening and follow-up. You might be thinking, okay, didn't we just talk about the fact that it's not just depression? That is in fact the case, but we're grateful that NCQA developed a measure to start screening for depression, and we're advocating for a change to include anxiety at the very least, and hopefully down the road, additional maternal mental health disorders. So that is a measure by state that's also included in the report card for the first time this year.

Ellen Kelsay

That's great. I was going to ask you that question, might we see the measures expanded, and you just said yes, hopefully. You're advocating, so hopefully that does come through. At a macro level, though, I do want to step back to the D to D+ rating. What are some of the primary reasons that these results are so poor and that we're seeing these outcomes?

Joy Burkhard

I think Dr. Dossett and I probably have lots to say about why are these maternal mental health outcomes so poor in the U.S. overall, and there are a variety of reasons. Lack of societal support for parents and new mothers, health care infrastructure that is lacking. We could have a whole podcast on that, I think. Sort of lack of monitoring has been a challenge and that's what we're hoping with these new data sets in the report cards, you know, we'll be able to address head on. I'll kick us off by just addressing the lack of societal support and health care infrastructure. I know Emily will also have a lot to say here, but I think all of our listeners can think about, okay, yes, lack of societal support, I can imagine what that means. We know that the U.S. is lacking in terms of paid family leave, not just for new parents, but families in general. Certainly, paid family leave impacts maternal mental health for a variety of reasons, including the ability to get to appointments, even with prenatal care, but certainly in the postpartum period, including accessing maternal mental health support. So therapy and psychiatry support if needed, but also to be able to stay home and care for a child after birth. I personally believe, and our organization really is advocating for a

change at a federal level, we don't think employers should have to address paid leave on their own, although applaud the efforts, I'm sure, of many of our listeners now for including paid leave in their benefit package, but we know not all employers can do that. Then childcare is certainly a struggle and we see that parents are often shocked, women and men alike, that these benefits don't exist once they become pregnant and start to research them. They find out they're on wait lists for childcare maybe 9 months out, so what are parents supposed to do? This is the lack of societal support. Then health care infrastructure, I think I'll pause there, there's a lot to say about health care infrastructure and certainly maternal mental health and the challenges that we see as well.

Ellen Kelsay

Emily, anything more you'd add?

Dr. Emily Dossett

Yes, there's lots, but I will try to keep it relatively brief. I just want to underscore what Joy said about the societal supports. We did talk about this in the *Health Affairs* article, specifically childcare, like she mentioned, and then paid parental leave. When you look at other countries, in developed countries and how they handle this, the differences are absolutely striking. There's a lot of data out there that shows that when you don't have to rush right back to work, when you have trusted childcare providers that are readily available, when those childcare providers are paid enough so that they themselves can have a living wage and a sustainable life here in the states, the differences are striking. I also think that there is a more meta problem that I feel like we're finally tackling a little bit. One of them is stigma. Stigma is huge. We know that there's been a lot of stigma around mental health in general in the wake of the Covid-19 pandemic. There seems to be a lessening of that. People are more understanding and more encouraging of resources if people do have mental health struggles. But maternal mental health is a bit of a double whammy, because not only do you have the stigma against mental health, but you also have the stigma that comes from admitting that your parenting journey is not sunshine and roses, necessarily. There's so much guilt and shame that women feel on top of the depression and anxiety because you're constantly told things like, this is the happiest time of your life and you've got a new baby and why should you be so sad. Women hear that and it just shuts them down. We need to really do a lot more around just stigma. Along with that stigma at a policy level, I think comes prioritizing. A budget is a moral document and how we allocate our funds as states and as a nation really shows what we value. I don't think that until maybe very, very recently, we've shown a lot of value for pregnant and birthing people. We need to really look at how we're doing things as a budget and as a society and prioritize this population. Then I also will kind of refrain, like Joy said, from getting into the health care piece, but the other major issue related to that is that there's no one type of provider or clinic or health system that cares for perinatal mental health. When you're pregnant, you see the OB and then you hit six weeks postpartum and then you don't. You may or may not have a primary care doctor, because lots of women of childbearing age don't actually have a primary care doctor. They feel like they don't necessarily need it. Your child sees the pediatrician. You see the pediatrician very frequently, but they're not your doctor and they don't see you as the parent, as their patient. Then we also have this bifurcation between mental health and physical health. Our efforts at integration are one way to address that, but it's still very real and complicated. Then in some places like Los Angeles county, where I practice, not only are physical and mental health separated, but substance use disorders are a third avenue, if you will, a third kind of branch of care that needs to be addressed and is carved out in terms of payment and where to receive care. There's a lot of opportunity for people to fall through the cracks and they do.

Ellen Kelsay

Wow. Okay. There's a lot there that clearly contributes to why we've got the outcomes that we have. It also though speaks to, as you said, the opportunity and potentially some solutions to remedy all of these challenges that you both just so clearly and directly communicated. Let's talk about what some of those solutions could be. Emily, I'd like to start with you about various clinical interventions, therapy, medications. How do you think about that in practice in terms of the interventions from a clinical perspective that could help address some of these challenges?

Dr. Emily Dossett

Thankfully, there's a lot there and we have more all the time. When I first started practicing about 17, 18 years ago, there was very, very little. It has been a complete joy to watch a lot of these clinical

interventions come into being and be supported by evidence and really thrive. I think the first clinical intervention, honestly, is education. I think that education goes as far as anything in reducing the stigma that I was speaking to a moment ago. While it may not be fancy or scientific, being able to educate patients when they come in for prenatal visits or pre-planning pregnancy visits or postpartum visits can go a long way. We also have clinical interventions that actually promote prevention. Two of these are therapy oriented, therapy based. They're recommended by the United States Preventative Services Task Force. One is called ROSE and the other is called Mothers and Babies. Both have a good deal of evidence and both really show pronounced decreases in postpartum depression in women who engage in these through the latter half of pregnancy and into the postpartum. We also have a lot of individual therapies that can work as well as support. A lot of community-based organizations now offer various types of social and emotional support that, again, may not be purely clinical, but go a long way towards making a difference. A good example are actually doulas. Doulas have really been shown to provide the support and the advocacy, even in labor and delivery that a lot of women just don't feel like they're equipped to provide for themselves. And then finally medication. I'm a medical doctor. I'm a psychiatrist. My specialty is psychopharmacology for women who are pregnant and postpartum. We have so much more data than we did 20 years ago. A lot of it is reassuring in terms of safety. The challenge now is trying to get providers who can prescribe educated about that and that you don't have to take a woman off her medication as soon as she becomes pregnant or decides to breastfeed. And that in fact, letting her go off or encouraging her to go off leads to very high rates of relapse and then all of the untreated symptoms that really can lead to such poor outcomes. So not every medication is safe and there are a lot of medications that we don't really know enough about yet to be able to say, but we do have good evidence that there are ones out there that can really benefit people clinically who meet that level of symptomatology and need that kind of care.

Ellen Kelsay

Joy, I think we touched on some of these already, whether it be paid leave or childcare, addressing access and provider shortages, anything else you would add in terms of potential areas of solutioning.

Joy Burkhard

I'm chomping at the bit. I love this conversation so much, but I want to add a couple of things. One is related to the comment that Dr. Dossett shared about stigma. I firmly and strongly believe that one of the reasons we have such high stigma around mental health in our country and certainly maternal mental health is because our providers are not screening or diagnosing these disorders. They're not testing for these disorders routinely in primary care, let alone maternity care. That's a huge problem and opportunity that we're really excited about and been putting a lot of our eggs at the Policy Center in that basket around integration. We believe obstetric care providers who are OBGYNs, midwives who should absolutely be in your provider networks, by the way, when possible in your state, and family practice providers who provide maternity care should be screening for these disorders starting in pregnancy, as soon as pregnancy is confirmed. We know then that if our doctor is screening us for these disorders, that they're legitimate biological disorders, it's not me. That is, I think, key in terms of addressing stigma. The other thing that comes to mind for me when we talk about clinical interventions and the role of employers, what could excite employers is to think about your health plans and payers, insurers covering all FDA-approved treatments. If there's a new digital therapeutic specific to postpartum depression and how is your insurer addressing that. Is there a digital therapeutic formulary? What about the new postpartum depression drug, the brand name is Zurzuvae, and hopefully there'll be many other versions of this that come along. Is that on the drug formulary? Do insurers have these perinatal mental health providers in their networks visible in your provider directories that can provide the types of therapies, cognitive behavioral therapy and programs that are evidence-based? Are they in the network? What about support groups? Are they listed in the provider directories? We know there's group therapy on behavioral health benefits, but what are insurers doing. Those are some of the exciting questions I think employers have the ability to ask and sort of effectuate change by asking those questions.

Ellen Kelsay

That's great. Are those all outlined in your best practices document? Is that something we could link to in our show notes as well for listeners?

Joy Burkhard

Yes, we have a program called the Whole Mom Standards for Insurers that we're asking insurers to take a look at and start to use for quality improvement purposes and employers certainly can and should look at those and ask about those standards when they're outreaching insurers.

Ellen Kelsay

All right, we'll make sure that goes in the show notes as well as Dr. Dossett's *Health Affairs* article. This is all wonderful information for our listeners. We're closing in on the end of the conversation. I've got a couple of quick rapid-fire questions for each of you. Maybe I'll start the first one with you, Emily. What's the one thing that you would like employers to take away from this conversation?

Dr. Emily Dossett

There's so much. It's hard to narrow it down.

Ellen Kelsay

If you had to say two, one or two, what would you say?

Dr. Emily Dossett

No, I really thought about this. I worked hard on this. I want to say at a very basic level, it is so important to understand that perinatal mental health challenges are really the number one concern for a vast number of expecting and new parents. That they may not talk about it. They may not come to employers about it, but it is on their hearts and it's affecting their lives in very real ways. So to have that lens when you're choosing, you know, health plans for your company, when you're designing paid time off, when you're looking at workplace flexibility, you know, even education and stigma reduction that can happen in the workplace, just remember that this is a very important, real concern for so many people. There's a lot that we can do. We know what to do. That's, I think, one of the things about this that is so exciting, and at the same time a bit frustrating, is we have interventions that work. I tell every mom I work with, you're not alone, you're not to blame, this is not your fault, and with the right help, you can get better. We just need to put those services and structures in place to help people get better.

Ellen Kelsay

It's a very good answer. All right, Joy, turning to you. What's the one thing?

Joy Burkhard

I think about the power employers have to effectuate change in the health care delivery system. There are more births that actually occur on commercial insurance, more enrollees in commercial insurance and Medicaid, yet Medicaid is focused so much on this and we haven't seen a concerted effort. We know that there's interest among commercial insurers and employers. I'd love to see that happen. The one thing that I think employers really should start to think about that is broader than maternal mental health, but certainly maternal mental health sits on this foundation, is what Emily alluded to earlier is this bifurcation of mental health, this carve out of mental health benefits from medical benefits. Employers should absolutely be thinking about integrating benefits into medical care contracts. When we carve out mental health care systems, we create additional challenges for providers and patients, your employees alike, because they're having to navigate two systems, not one. It's absolutely fundamental to getting mental health care right in America and maternal mental health care right.

Ellen Kelsay

I love both of those answers. Let's close with a note of optimism. What gives you hope for the future? I know we've laced throughout this conversation so many glimmers of hope, but what really stands out to you each as the thing that gives you hope?

Joy Burkhard

The data we are measuring what we treasure now. Data gives us insight and gives us power to effectuate change. That gives me hope. And there's a new federal maternal mental health task force, which the Policy Center helped to champion, that is creating the first ever maternal mental health strategic plan that has just recently been released. There'll be recommendations to Governors and I really think there's interest

across party lines, across multiple players, to figure out maternal mental health, and I think the time is now.

Ellen Kelsay

All right. And Emily?

Dr. Emily Dossett

Just to build on what Joy said and what I said a moment ago, I do think that there is interest and excitement around perinatal mental health right now that is coming through in some very real and concrete and helpful ways. The federal Task Force on Maternal Mental Health that Joy just mentioned, and she and I both had the privilege of sitting on that, has just a lot in there about what we can do. We also have funding for things like the National Maternal Mental Health Hotline. We have a 24/7 resource for women, no matter where they live in this country to call and get support and resources. The state of California is putting together a birthing care pathway at the state level that is really transforming how Medi-Cal, our version of Medicaid, pays for these services and integrated behavioral health. So whether you're looking at the federal government, state governments, advocacy agencies, there's a lot of attention coalescing around this issue and there are a lot of resources out there for individuals and employers who want to make a difference. That just gives me a lot of hope. After many years of really what felt like no one was listening, now people are listening, and that's really exciting.

Ellen Kelsay

Well, this conversation has illuminated so much. No doubt, this is a significant issue. The magnitude is enormous. It's much more expansive in terms of the scale and scope of the issue than probably most people imagined it could ever be. But as you all really did such a nice job throughout the conversation, there are interventions and remedies within reach and so that does bring a lot of promise and potential to the future. Hopefully that D+ goes up to an A+ in our lifetime. As long as we keep making integral progress, that would be great. Emily, Joy, thank you so much for joining me in conversation today. I really appreciate your time and your expertise.

Joy Burkhard

Thank you so much. It's been a privilege.

Dr. Emily Dossett

It's been a pleasure. Thank you.

Ellen Kelsay

I've been speaking with Dr. Emily Dossett and Joy Burkhard, experts focused on improving maternal mental health. For additional information on this topic, check out the April 2024 issue of *Health Affairs*, focused on perinatal health and well-being, and visit the Policy Center for Maternal Mental Health website, where you can find practical resources and more information.

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