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House Concurrent Resolution 16

Proponent Testimony

Ohio House Behavioral Health Committee

Chair Pavliga, Vice Chair White, Ranking Member Brewer, and Members of the Ohio House Behavioral Health Committee, my name is Danielle Firsich, and I am the Director of Public Policy for Planned Parenthood Advocates of Ohio and Planned Parenthood of Greater Ohio. Thank you for allowing me the opportunity to present testimony in support of House Concurrent Resolution 16.

According to the World Psychiatry journal, perinatal mental disorders are the "most common complication of child-bearing--and are associated with considerable maternal and fetal/infant morbidity and mortality." There is also a prevalent under-detection and under-treatment of these issues, with many pregnant people only seeking services post-birth despite symptoms appearing during the actual pregnancy. The CDC estimates that more than half of pregnant women suffering from depression don't receive treatment. The complications of untreated mental health issues amongst pregnant individuals can often lead to preterm births, fetal growth impairments, and "increased risks of pre-eclampsia, antepartum and postpartum hemorrhage, placental abruption and still-births."

The complexities of adverse perinatal mental health are vast, with the need for providers to comprehensively examine particular risk factors like "young age, low educational level, interpersonal violence, poor social support, and substance misuse." Research consistently shows that "psychological and psychosocial interventions for postnatal depression are effective and cost-effective," and lead to improved infant health outcomes—particularly if they adhere to a trauma-informed model. Public health and social services are also critical points of intervention, including "provision of targeted support for low-income young families" and "parenting support including free childcare." Ohio ranks 51$^{st}$ in the nation for Publicly Funded Childcare eligibility for kids 0-5. This is an added burden for parents who are already struggling in the postnatal period, particularly if mental health stressors are compounded with a desperate need for affordable and accessible childcare.

In 2022, the World Health Organization launched their guide for integration of perinatal mental health in maternal and child health services, highlighting the fact that "almost 1 in 5 women will experience a mental health condition during pregnancy or in the year after the birth," and noting that "among women with perinatal mental health conditions, 20% will experience suicidal thoughts or undertake acts of self-harm." The guide states that "MCH services during the perinatal period represent a unique opportunity to support women in a respectful and stigma-free environment, leading to increased attendance and better engagement in care for women and their babies and to greater well-being and advancement of society."

According to a recent Ohio Capital Journal article, "Ohio ranks 44th of the 50 states in "health value," which the institute defines as "a combination of population health and health care spending metrics" that includes "access to care, public health and prevention, the health care system, and social and economic environments." In fact, one of the greatest highlighted areas of need was mental health

treatment for adults, with The Health Policy Institute of Ohio directly recommending "improved access to mental health services" as an ongoing priority. While Ohio has greatly improved in areas like breastfeeding and infant care, pregnant people continue to face significant challenges in seeking the long-term pre- and post-natal care they deserve.

According to the Policy Center for Maternal Mental Health, nearly "70% of US counties don't have enough practicing maternal mental health providers." In a 2023 report released by the nonprofit, "all but 10 US states received either a D or F grade on a number of key measures of maternal mental health risk policies and access to care — including access to therapists, psychiatrists or mental health treatment programs." The report revealed that, astonishingly, there are only 5 states that require ob/gyns to even conduct maternal mental health screening during prenatal and postpartum visits. This is an unacceptable public health policy failure that must be ameliorated if we are to comprehensively address the physical, emotional, and mental health and wellbeing of both pregnant people and their children.

All of this is particularly important when Ohio faces an "alarming increase in sexually transmitted infections," including an 82% increase in syphilis cases across the state. According to the Centers for Disease Control, congenital syphilis, which is caused by transmission from the pregnant person to the fetus, is one of the most alarming concerns. Congenital syphilis—outside of leading to greater stigma and shame for the pregnant person—can often lead to "miscarriage, stillbirth, premature birth and other in-vitro complications, along with impacts after a baby is born." According to the MAYO Clinic "women with STDs experience frustration, anxiety, anger, fear of rejection, isolation, guilt, embarrassment, shame and feelings of physical filth or contamination, and "these negative psychological effects are potentially more important than the medical effects of the disease."

In 2022, Planned Parenthood centers across the state saw double the number of cases of syphilis among patients as they did in 2020, and six times as many cases as they saw in 2013. Cleveland's public health department has seen a "surge" of congenital syphilis, with a 500% increase between 2021 to 2022. According to 2022 data, Ohio ranks 21$^{st}$ in the country for congenital syphilis cases. Improved mental health services for pregnant people facing this public health crisis are a necessary investment in this state, and will lead to earlier treatment, a reduction in stigma, and long-term mental and physical health benefits for both the pregnant person and their child.

Perinatal mental health disparities are most prevalent amongst Black Ohioans, who receive treatment in healthcare environments that is "13.7 times worse" than their White counterparts. According to the Black Mamas Matter Alliance, approximately 40% of Black women experience maternal mental health issues but are less likely to access services because of "fear of stigma, involvement of child welfare services and financial barriers." And even though around 60% of pregnancy-related deaths are preventable, Black women are 3-5 times more likely to die from pregnancy-related complications than White women.

While maternal and infant mortality has been uplifted as a priority in this state, the fact remains that Black Ohioans experience these outcomes at a rate 164% higher than White Ohioans. Progress over the last decade has been minimal, and "inadequate access to prenatal and post-natal care" has been continually cited as a leading cause in the ongoing rise in maternal and infant mortality nationwide. The Health Policy Institute of Ohio "recommended that impact assessments be required of the state General Assembly," and has urged lawmakers to "continue to implement and fund evidence-informed policies in existing plans designed to achieve equity in community conditions and birth outcomes."

At Planned Parenthood Advocates of Ohio, we believe that every pregnant person deserves high-quality, accessible, and affordable healthcare that is delivered with humanity, dignity, and respect. We require not only robust public health systems and policies that support perinatal mental health, but also a true dedication to combatting stigma and increasing access so that all pregnant people and their children can flourish and thrive. I highly encourage you to vote yes on this resolution.

Thank you, and I will now take any questions you may have.

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