



Impact of COVID-19 on Maternal Health

Testimony Prepared By:

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Good afternoon,

My name is Rhonda Boyd, and I serve as a child psychologist in the Department of Child and Adolescent Psychiatry and Behavioral Sciences at the Children's Hospital of Philadelphia and a researcher at CHOP PolicyLab. I am also an Associate Professor at the University of Pennsylvania Perelman School of Medicine.

On behalf of CHOP, I'd like to thank Representative Morgan Cephas for the invitation, the Chairs, and members of this Committee for the opportunity to provide testimony and holding a hearing on this vital issue.

The impact of the COVID-19 pandemic on maternal mental health and functioning is an issue which is hugely important to me and that I witness the importance of every day in my work. As a child psychologist, I recognize the intergenerational impact of perinatal mental health. The pandemic has posed major challenges to new mothers and shed a harsh light on disparities that exist for certain mothers, especially women of color and those from lower economic conditions. In my testimony, I will emphasize three points interrelated to the effects of the pandemic on: 1) postpartum mental health; 2) economic stressors on new mothers; and 3) potential exacerbation of disparities in access to mental health services for postpartum women.

- 1) Perinatal depression is sadly a common occurrence, with estimates that 12-20% of women experience it. Since the start of the pandemic, there have been increased levels of depression and anxiety symptoms for perinatal mothers. Significant depression and anxiety symptoms in mothers can have a negative impact on their parenting, mothers' attachment to her infants, and a child's emotional, behavioral, and developmental outcomes. For example, mothers with depression may be more withdrawn or harsh in their interactions with their infants. Another example is that children of mothers with depression are more likely to have developmental delays and sleep and feeding problems. The public health social distancing protocols put in place during the pandemic have also increased social isolation. This has left new mothers lacking social support, social interactions, and help with childcare. For perinatal women who are of

color, especially Black, Latina, and Indigenous mothers, they are also disproportionately being impacted by family members contracting COVID-19 or dying from it. This situation understandably results in increased stress, worry and grief. Also, mothers have added responsibilities of assisting with virtual education for their older children.

- 2) COVID-19 has caused additional economic stressors for new mothers and families. As a result of job loss and reduced income, new mothers and their partners have concerns about paying bills, eviction from their homes, and feeding their families. For essential workers, who are more likely to be people of color and low-income, working outside of the home during the pandemic puts them and their families at risk for contracting COVID-19. For example, people of color comprise 45% of essential workers while they represent 40% of the US population.¹ With grocery store supply shortages, particularly early in the pandemic, low income mothers had difficulty getting necessary household and infant items, such as diapers.
- 3) Finally, there are long-standing issues of health disparities in accessing mental health treatment for postpartum mothers, especially for mothers of color and for specific populations like adolescent mothers. Many studies have shown that even when mothers screen positive for postpartum depression, few receive the mental health services that they need. When depression is not treated, it persists and can have longstanding negative effects on a mother and her ability to function at home and work. Barriers to care include lack of or inadequate health insurance, family demands, limited knowledge about treatment, limited availability of treatment, stigma, lack of child care, and many others. The pandemic has clearly shown this disparity and has likely exacerbated this problem. While there is an increased need, there is a shortage of mental health providers, and especially those with expertise in postpartum mental health. We must urgently address this gap, while also leveraging the potential of early intervention

¹ <https://www.epi.org/blog/who-are-essential-workers-a-comprehensive-look-at-their-wages-demographics-and-unionization-rates/>

services, home visiting, and expanding telehealth access as vehicles for the provision of services for the most underserved.

I think it is important to note that we are still in the midst of this pandemic. The precise impact to children and mothers is not fully known. However, hearings like the one today and policies to address screening and access to care are necessary steps to acknowledging this issue and addressing it.

Again, I thank the members of this committee for allowing me to testify. I look forward to answering any questions you may have. Thank you.