

Issue Identification

According to the Centers for Disease Control and Prevention, 1,205 women died of pregnancy related causes in 2021, increasing the maternal mortality rate in the United States (US) from 20 deaths per 100,000 live births in 2019 to 33 deaths in 2021.¹ The World Health Organization defines maternal mortality as, “the death of a woman from direct or indirect obstetric causes, more than 42 days but less than one year after termination of pregnancy.”² Maternal mental health is an umbrella term for a number of conditions, including depression, anxiety, bipolar disorder, obsessive compulsive disorder, post-traumatic stress disorder, psychosis, and substance use disorder.^{3,4} Of these conditions, postpartum depression (PPD) is the most common presenting condition, which impacts 14% of childbearing individuals.⁵ PPD is a serious mental health condition that can result in long-lasting and multigenerational health consequences if not addressed early on. It is often overlooked and underdiagnosed due to the nature of self-reporting and lack of access to care.⁶ PPD not only impacts the birthing person through increased risky behavior and reduced quality of relationships and sleep, but it also negatively impacts infant cognitive and language development.⁶

As of 2021, Idaho's maternal mortality rate is 40 deaths per 100,000 live births, one of the worst in the nation.³ There are various reported causes of maternal mortality. In Idaho specifically, mental health conditions are the most common contributing factor to maternal mortality rates and the primary underlying cause of death.³ The 2023 Idaho Maternal and Infant Health Report states that a quarter of Idaho mothers experienced severe PPD in the three months following pregnancy, with 20% not being screened during prenatal visits and more than 50% not receiving treatment despite a positive diagnosis.³

Media Introduction

The New York Times (NYT) is an internationally recognized and highly respected news source garnering over 10 million viewers, almost all of them digital subscribers.⁷ Covering a broad range of stories and topics, the NYT serves as a reliable source for people spanning different age groups, ethnic and cultural backgrounds, socioeconomic statuses, and phases of life. A 2022 Statista survey found that 52% of Americans viewed the NYT as somewhat or very credible, making its content widely accepted by U.S. readers, and therefore a valuable source of information.⁸

My letter to the editor (LTE) will focus on a NYT article titled “Women With Depression During or After Pregnancy Face Greater Suicide Risk, Even Years Later.” The article was published on January 10, 2024 by Pam Belluck. It details a retrospective cohort study in Sweden between 2001 and 2017 comparing women with perinatal depression to those without and found that perinatal depression can have impacts up to 18 years after someone gives birth.⁹ Researchers found that people with perinatal depression are between 3 and 6 times more likely to die by suicide than people without the condition, highlighting that depression plays a more prominent role in suicidal outcomes than genetics or childhood environment.⁹

The article further draws upon studies that demonstrate that regardless of other mental health conditions, perinatal depression increases the risk of suicidal behavior and death, suggesting that perinatal depression can be more severe than depression outside the perinatal period.⁹ Moreover, it may have long-lasting impacts on the person suffering and their families.⁹ Researchers found that people who had perinatal depression were more likely to live alone, live on lower incomes, be less educated, smoke frequently, and were first time parents.⁹ Understanding that vulnerable populations are at higher risk of experiencing perinatal depression underscores the need for greater access to mental health services and insurance coverage well beyond the 3-month postpartum period. The postpartum period never technically ends, and this article does a great job of demonstrating the long-lasting effects of common postpartum conditions that go untreated due to lack of access to care.

LTE Submissions to the New York Times

To be considered for publication, letters should: preferably be 150 to 200 words; generally refer to an article that has appeared within the past seven days; include the writer's city or town and phone number; not contain attachments; be exclusive to The New York Times. We do not publish open letters or third-party letters. *Readers of The New York Times can submit letters to letters@nytimes.com.*

Letter to the Editor

To the Editor:

The article rightly mentions that perinatal depression impacts 10-20% of birthing people and is a major cause of suicidality and death among pregnant and postpartum individuals. It is clearly an urgent problem, and one that needs awareness and policy reform to address. Alongside the research outlined by the article, the NYT could include a list of signs and symptoms to look out for. One in eight people with a recent live birth experience symptoms including crying, anger, withdrawal, numbness, excessive worry, and guilt.¹⁰ Publicizing these symptoms may educate individuals and be the first step in them receiving necessary care.

Furthermore, access to continuous health insurance that offers mental health services reduces medical costs and decreases maternal deaths. Not all states offer Medicaid to parents through 12 months postpartum, leaving them without care during the most vulnerable period where mental health conditions can develop and exacerbate. Medicaid expansion for individuals 12-months postpartum has been associated with lower rates of maternal mortality by about 7 maternal deaths per 100,000 live births when compared to non-expanded states.¹¹ Highlighting this need in the NYT is critical for policy reform to take place.

Sincerely,
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References

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