

APA MATERNAL MENTAL HEALTH RESOLUTION

on Racially Minoritized Women

AUGUST 2025

STATE OF AFFAIRS: MATERNAL HEALTH AND MENTAL HEALTH DISPARITIES

WHEREAS the United States continues to have a maternal health crisis, with racially minoritized women reporting higher rates of maternal mortality and morbidity compared to their non-Hispanic white counterparts (World Health Organization, 2023). Black women, for example, are three times more likely to experience life-threatening pregnancy complications and nearly four times more likely to experience pregnancy-related deaths (Creanga et al., 2014; Howell, 2018). Indigenous and Alaska Native women also have double the rates of maternal mortality compared to non-Hispanic White women. Asian/Pacific Islander women also experience slightly higher rates of maternal mortality than White women. Hispanic women report slightly lower rates of maternal mortality compared to White women (Kaiser Family Foundation, 2022). Many of these disparities exist among racially minoritized women at higher rates than non-Hispanic White women, regardless of education and socioeconomic status (Braveman, 2015). Thus, socioeconomic status (SES) alone cannot explain these differences. These maternal health risks can elevate the risk for maternal mental health risks for racially minoritized women;

WHEREAS maternal mental health conditions are the most common complication of pregnancy and birth, affecting 800,000 families each year in the U.S. (Fawcett et al, 2019, Gavin et al., 2005). Mental health conditions are the leading cause of maternal deaths, with suicide and overdose being the leading cause of death in the first year following pregnancy (CDC, 2024). These maternal mental health and substance use disparities (behavioral health) increase when race, ethnicity, gender, SES and other social drivers are considered;

COMORBIDITIES

WHEREAS there are comorbidities at the intersection of behavioral health and physical health that are important to consider. For example, mental health conditions were the leading underlying cause of pregnancy-related death among Hispanic and non-Hispanic White women (CDC, 2024). However, cardiac and coronary conditions were the leading underlying cause of pregnancy-related deaths among non-Hispanic Black women and hemorrhage was the leading underlying cause of death among non-Hispanic Asian women (CDC, 2024). American Indian/Alaska Native and Indigenous women have the highest rates of pregnancy-associated, drug-related death and suicide than any other racial or ethnic group (Margerison et al., 2022);

WHEREAS birthing trauma, vicarious trauma, race-based trauma as well as the range of other trauma experiences (e.g., IPV, sexual and physical assault, human trafficking, etc.) across the life span impact the mental wellbeing of racially minoritized women. Moreover, it is important for health and behavioral health professionals across disciplines to be aware of the intersection of behavioral health and physical health in seeking to mitigate these disparities for racially minoritized women;

SOCIAL DRIVERS

WHEREAS systemic racism in healthcare and mental health care, economic policies, and social services contributes to racial disparities in maternal mental health outcomes. Access to quality preventative care, childcare, healthy food options, safe and stable housing, and other social drivers impact the mental wellbeing of racially minoritized women. A large body of research indicates that experiences of discrimination in healthcare settings are a primary social driver that contributes to maternal mental health disparities (Bohren et al., 2024). Discriminatory practices in insurance access, hospital policies, and workforce protections exacerbate maternal health disparities for racially minoritized women;

WHEREAS there is a paucity of research that focuses solely on maternal mental health and perinatal behavioral health conditions amongst racially minoritized women. There is also a lack of national data on maternal mental health screening practices by race and ethnicity. Further, there is a lack of data disaggregated by other intersectional social identities, such as SES, age, gender identity, disability status, etc.;

LIMITATIONS AND BARRIERS TO ACCESSING CARE

WHEREAS racially minoritized women experience adverse social drivers that prevent access to maternal mental health treatment including: limited access to prenatal care, lack of transportation, housing, income, paid sick leave, paid parental leave, access to childcare, geography, access to insurance, language translation, and embedded cultural barriers including immigration status, and behavioral health stigma;

WHEREAS embedded cultural values about mental health vary across cultures and internalization of certain cultural values can be both protective and maladaptive. For example, for many Asian American women, depression can be viewed as a sign of weakness (Ta Park et al., 2017). Many Latinx women experience pressure to adhere to the

concept of *marianismo*, which focuses on sacrifice to the detriment of one's own mental health (Ceballos et al., 2016). In addition, Black women experience pressure to adhere to the "Strong Black Woman" or "Superwoman" schema, which is also associated with an obligation to present an image of strength, suppression of emotions, and prioritizing others needs above personal wellbeing (Woods-Giscombe et al., 2016). Thus, racially minoritized women experience some cultural barriers that, combined with structural barriers, can lead to reduced help-seeking and limited access to maternal mental health services;

WHEREAS according to the Maternal Mental Health Leadership Alliance, over 50 percent of cases of postpartum depression in racially minoritized women go under-reported. Further, according to the US Government Accountability Office, 40 percent of Black women suffer from maternal mental health conditions, and experience postpartum depression at a rate higher than their non-Black women counterparts. Latinx women have also been found to express somatization of symptoms at a greater rate than non-Latinx women (Escovar et al., 2018). Further, Latinx women who are undocumented experience more stress due to their undocumented status, which also contributes to a higher risk for postpartum depression (Policy Center for Maternal Mental Health, 2024);

WHEREAS racism and discrimination can lead to chronic stress, which can have negative effects on maternal health and pregnancy outcomes, such as higher rates of perinatal depression and preterm birth (Lewis, 2023; Liu et al., 2025; Markin & Coleman, 2023; Kaiser Family Foundation, 2022) as well as epigenetic changes that affect child health and development (e.g., National Scientific Council on the Developing Child, 2020) and child mental health outcomes (e.g., Tung et al., 2024). In addition, *weathering*, defined as premature aging due to long term stress and discrimination (Geronimus, 1992), impacts racially minoritized women and can make pregnancy riskier for Black women at an earlier age and can also lead to Black women experiencing more chronic health conditions, such as diabetes and obesity further impacting pregnancy risk;

WHEREAS cultural factors, adverse social drivers, and racial discrimination can impact maternal mental health, birth outcomes and postpartum outcomes; these factors are more likely to be harmful for racially minoritized birthing women who have a physical and behavioral health disability (Akobirshoev, et al., 2019; Long-Bellil, et al., 2020; Valentine, et al., 2024);

LACK OF CULTURALLY RESPONSIVE HEALTHCARE WORKFORCE

WHEREAS stigma and under-utilization of care is further exacerbated by a lack of obstetric health care and mental health professionals specializing in providing culturally responsive maternal health and mental health care;

WHEREAS approximately 80 percent of psychologists in the United States identify as White, despite the fact that the U.S. population is becoming increasingly more racially and ethnically diverse (American Psychological Association, 2022). There is a growing behavioral

healthcare workforce shortage, with a dearth of mental health providers who live in rural areas or who can speak multiple languages, which can limit access to culturally responsive and linguistically congruent care for racially minoritized individuals (National Institute for Health Care Management Foundation, 2023);

WHEREAS while certification in perinatal mental health exists (e.g., Postpartum Support International PMH-C certification), there is currently no standardized professional certification or training requirement for clinicians who encounter perinatal individuals who have mental health conditions or predisposition to mental health conditions;

WHEREAS many racially minoritized birthing women in the United States do not have access to coverage for midwives, doulas, and other community health workers to help them overcome the challenges embedded within the United States healthcare system.

WHEREAS while the American College of Obstetricians and Gynecologists recommends screening for perinatal depression at specific intervals during pregnancy and post-partum in the "4th trimester," lack of universal mental health education and screening, particularly during pregnancy, creates missed opportunities to counsel patients on symptoms and management of depression, anxiety, and other mental health disorders and to inform them about prevention and treatment resources available to them in clinical care and community settings;

RESEARCH AND DATA RECOMMENDATIONS

BE IT RESOLVED that the APA supports the routine disaggregation of international, national and state perinatal mental health data by racial and ethnic groups to more accurately reflect the distinct experiences and outcomes of racially minoritized women.

BE IT RESOLVED that in line with maternal mental health screening practices recommended by the the American College of Obstetricians and Gynecologists, American Academy of Pediatrics and the U.S. Preventive Services Task Force, the APA calls for the development of a national funded implementation strategy to monitor maternal mental health screening practices, with publicly available data disaggregated by race and ethnicity to ensure racially minoritized women receive equitable and timely access to care.

BE IT RESOLVED the APA urges the collection and use of intersectional data that captures how intersecting identities, such as race, gender, socioeconomic status, immigration status, and disability, shape perinatal mental health outcomes for racially minoritized women.

ACCESS TO CARE SOLUTIONS

BE IT RESOLVED the APA recommends that Federal and State legislative and economic policies that help to eliminate maternal mental health disparities and empower racially minoritized communities should be increased, prioritized, funded and implemented.

BE IT RESOLVED the APA urges states to establish innovative payment models to incentivize high-quality maternity, mental health, substance use and trauma care and support during and after pregnancy.

BE IT RESOLVED the APA believes it is critical to invest in and evaluate integrated behavioral health care in primary and specialty obstetrical and other women's health settings to increase access to perinatal, pregnancy, and postpartum health and mental health services.

BE IT RESOLVED the APA urges states to establish innovative multidisciplinary clinical services which include behavioral health providers prior to pregnancy to educate, screen, evaluate, and treat persons from racially minoritized communities to prevent and/or reduce their risk for perinatal mental health and substance use conditions impacting their health as well as pregnancy outcomes.

BE IT RESOLVED the APA calls on greater investment in digital and telehealth tools to improve maternal health outcomes for birthing individuals in underserved urban, rural, and frontier communities, undocumented women, and for birthing individuals who are incarcerated. These maternal mental health resources should be linguistically congruent and culturally responsive to promote maternal wellness.

BE IT RESOLVED to better understand the causes of the maternal health crisis in the United States and inform solutions to ameliorate the crisis, the APA encourages the creation of quality assessments to measure access to maternal health and mental health care across the nation.

BE IT RESOLVED the APA upholds that it is imperative that the US and countries across the Globe value, honor and invest in community-led maternal wellness initiatives that integrate culturally responsive, non-traditional, and Indigenous healing practices and settings, including birthing centers, non-traditional medical settings, and provide shared decision making between birthing individuals and their practitioners.

BE IT RESOLVED for all birthing individuals to access maternal health and mental health care, the APA recommends state funded investments to support long-term, respectful, collaborative relationships with community organizations and leaders.

WORKFORCE SOLUTIONS

BE IT RESOLVED the APA supports increasing the number of racially minoritized individuals in the behavioral health workforce. Increasing racially diverse representation in behavioral health can improve trust between patients and providers, and reduce the chances of negative health outcomes for racially minoritized birthing individuals, including maternal mental health conditions.

BE IT RESOLVED the APA affirms that to overcome challenges in the United States perinatal and postnatal health care, it is necessary

to increase access to midwives, doulas, birth workers, and other community health workers.

BE IT RESOLVED the APA recommends investments in training and supporting community health workers, midwives, doulas, and other birth workers to provide culturally sensitive and empathic perinatal mental health services, including expanding peer-led maternal mental health support programs within healthcare and community settings.

BE IT RESOLVED the APA calls on accreditation organizations, graduate and postgraduate clinical training programs and licensing boards to require training for people who encounter pregnant people, including obstetricians, gynecologists, labor and delivery nurses, midwives, other women's health providers, psychiatrists, psychologists, psychiatric nurses and nurse practitioners, social workers and other behavioral health providers to help screen, evaluate, treat, and prevent perinatal mental health issues before and during pregnancy and postpartum. This training should also include an understanding that a range of pharmacological and non-pharmacological psychological and behavioral approaches are often components of treatment for mental health and substance use disorders and may play a vital role in enhancing recovery, stabilizing families, and improving long-term outcomes for families, mothers, and children.

BE IT RESOLVED the APA recommends investments in growing the Black women mental health workforce and investing in Black women-led community-based organizations to aid in addressing the physical, mental and social factors outside of Black women's control that lead to significantly higher maternal risk in this population.

BE IT RESOLVED in order to properly assess maternal mental health among racially minoritized women and birthing people to be heard and empowered during pregnancy and postpartum periods, the APA calls on health and mental health providers to utilize empathic, culturally sensitive and culturally responsive screening tools and treatment interventions.

BE IT RESOLVED the APA believes it is critical to maximize the number of mental health and integrated behavioral health care providers in primary and specialty obstetrical and other women's health settings to deepen the mental health infrastructure to effectively support racially minoritized pregnant and postpartum people.

BE IT RESOLVED the APA advocates for state, national and international funding and policies supporting education, research, practice, and policies promoting and protecting all women's human rights including the specific maternal mental health needs of racially minoritized women.

**Note: The spirit of this Resolution is to apply to all racially minoritized birthing individuals regardless of gender identity. The term "women" is utilized throughout this Resolution as the majority of current empirical work is limited to birthing individuals who identify as women.*

REFERENCES

- American Psychological Association. (2022). Demographics of U.S. Psychology Workforce. Retrieved May 16, 2025, from <https://www.apa.org/workforce/data-tools/demographics>
- American Psychological Association (2024). Resolution Supporting Psychologists' Education and Research about, and Advocacy against Violations of Girls' and Women's Human Rights Globally. Retrieved March 1, 2025 from <https://www.apa.org/about/policy/girls-women-human-rights#:~:text=Approved%20by%20APA%20Council%20of,2024Date%20created:%20August%202024>
- Barry, M. J., Nicholson, W. K., Silverstein, M., Coker, T. R., Davidson, K. W., Davis, E. M., Donahue, K. E., Jaén, C. R., Li, L., Ogedegbe, G., Pbert, L., Rao, G., Ruiz, J. M., Stevermer, J., Tsevat, J., Underwood, S. M., & Wong, J. B. (2023). Screening for anxiety disorders in adults: US Preventive Services Task Force recommendation statement. *JAMA*, 329(24), 2163–2170. <https://doi.org/10.1001/jama.2023.9301>
- Braveman, P. A., Heck, K., Egert, S., Marchi, K. S., Dominguez, T. P., Cubbin, C., Fingar, K., Pearson, J. A., & Curtis, M. (2015). The role of socioeconomic factors in Black-White disparities in preterm birth. *American Journal of Public Health*, 105(4), 694–702. <https://doi.org/10.2105/AJPH.2014.302008>
- Ceballos, M., Wallace, G., & Goodwin, G. (2016). Postpartum Depression among African-American and Latina Mothers Living in Small Cities, Towns, and Rural Communities. *Journal of Racial and Ethnic Health Disparities*, <https://doi.org/10.1007/s40615-016-0295-z>
- Centers for Disease Control and Prevention (2024). Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 38 U.S. States, 2020. Retrieved June 16, 2025 from <https://www.cdc.gov/maternal-mortality/php/data-research/index.html>
- Creanga, A. A., Bateman, B. T., Kuklina, E. V., & Callaghan, W. M. (2014). Racial and ethnic disparities in severe maternal morbidity: a multistate analysis, 2008–2010. *American Journal of Obstetrics and Gynecology*, 210(5), 435.e1–435.e4358. <https://doi.org/10.1016/j.ajog.2013.11.039>
- Earls, M. F., & Committee on Psychosocial Aspects of Child and Family Health, American Academy of Pediatrics. (2010). Incorporating recognition and management of perinatal and postpartum depression into pediatric practice. *Pediatrics*, 126(5), 1032–1039. <https://doi.org/10.1542/peds.2010-2348>
- Escovar, E. L., Craske, M., Roy-Byrne, P., Stein, M. B., Sullivan, G., Sherbourne, C. D., Bystritsky, A., & Chavira, D. A. (2018). Cultural influences on mental health symptoms in a primary care sample of Latinx patients. *Journal of Anxiety Disorders*, 55, 39–47. <https://doi.org/10.1016/j.janxdis.2018.03.005>
- Fawcett, E. J., Fairbrother, N., Cox, M. L., White, I. R., & Fawcett, J. M. (2019). The Prevalence of Anxiety Disorders During Pregnancy and the Postpartum Period: A Multivariate Bayesian Meta-Analysis. *The Journal of Clinical Psychiatry*, 80(4), 18r12527. <https://doi.org/10.4088/JCP.18r12527>
- Gavin, N. I., Gaynes, B. N., Lohr, K. N., Meltzer-Brody, S., Gartlehner, G., & Swinson, T. (2005). Perinatal depression: a systematic review of prevalence and incidence. *Obstetrics and Gynecology*, 106(5 Pt 1), 1071–1083. <https://doi.org/10.1097/01.AOG.0000183597.31630.db>
- Geronomius, A. The weathering hypothesis and the health of African-American women and infants: evidence and speculations. (1992). *Ethnicity and Disease*. Retrieved December 1, 2024 from <https://pubmed.ncbi.nlm.nih.gov/1467758/>.
- Howell E. A. (2018). Reducing Disparities in Severe Maternal Morbidity and Mortality. *Clinical Obstetrics and Gynecology*, 61(2), 387–399. <https://doi.org/10.1097/GRF.0000000000000349>
- Landon, B. E., Keating, N. L., Barnett, M. L., Onnela, J.-P., Paul, S., O'Malley, A. J., ... Christakis, N. A. (2012). Variation in patientsharing networks of physicians across the United States. *JAMA*, 308(3), 265–273. <https://doi.org/10.1001/jama.2012.7615> europepmc.org+7jamanetwork.com+7europepmc.org+7
- Lewis, J. A. (2023). Contributions of Black psychology scholars to models of racism and health: Applying intersectionality to center Black women. *American Psychologist*, 78(4), 576–588. <https://doi.org/10.1037/amp0001141>
- Liu, S. R., D'Anna-Hernandez, K., Sandman, C. A., Davis, E. P., & Glynn, L. M. (2025). Discrimination and adverse birth outcomes among Latina women: The protective role of social support. *Cultural Diversity & Ethnic Minority Psychology*, 31(2), 221–232. <https://doi.org/10.1037/cdp0000628>
- Long-Bellil, L., Valentine, A., & Mitra, M. (2020). Achieving equity: Including women with disabilities in maternal and child health policies and programs. In *Public Health Perspectives on Disability: Science, Social Justice, Ethics, and Beyond* (pp. 207–224). New York, NY: Springer US.
- Margerison, C. E., Roberts, M. H., Gemmill, A., & Goldman-Mellor, S. (2022). Pregnancy-Associated Deaths Due to Drugs, Suicide, and Homicide in the United States, 2010–2019. *Obstetrics and Gynecology*, 139(2), 172–180. <https://doi.org/10.1097/AOG.0000000000004649>
- Markin, R. D., & Coleman, M. N. (2023). Intersections of gendered racial trauma and childbirth trauma: Clinical interventions for Black women. *Psychotherapy*, 60(1), 27–38. <https://doi.org/10.1037/pst0000403>
- Matthews, K., Morgan, I., Davis, K., Estriflet, T., Perez, S., & Crear-Perry, J. A. (2021). Pathways to equitable and antiracist maternal mental health care: Insights from Black women stakeholders. *Health Affairs*, 40(10), 1597–1604. doi: 10.1377/hlthaff.2021.00808
- National Institute for Health Care Management Foundation. (2023). The Behavioral Healthcare Workforce. Retrieved June 16, 2025 from <https://nihcm.org/publications/the-behavioral-health-care-workforce-shortages-solutions>
- National Scientific Council on the Developing Child (2020). *Connecting the Brain to the Rest of the Body: Early Childhood Development and Lifelong Health Are Deeply Intertwined Working Paper No. 15*. Retrieved from www.developingchild.harvard.edu.
- Nolan, N., Leaphart, K., Wright, T. (2023). Black Women, Birthing People, and Maternal Mental Health [Fact Sheet]. Retrieved January 10, 2025 from <https://www.mmhla.org/articles/black-women-birthing-people-mothers-and-maternal-mental-health-fact-sheet>
- Policy Center for Maternal Mental Health (2024). Latina and Hispanic Maternal Mental Health Issue Brief. Retrieved May 16, 2025 from <https://policycentermmh.org/latina-and-hispanic-maternal-mental-health-issue-brief/>
- Ta Park, V. M., Goyal, D., Nguyen, T., Lien, H., & Rosidi, D. (2017). Postpartum Traditions, Mental Health, and Help-Seeking Considerations Among Vietnamese American Women: A Mixed-Methods Pilot Study. *The Journal of Behavioral Health Services & Research*, 44(3), 428–441. <https://doi.org/10.1007/s11414-015-9476-5>
- Tung, I., Hipwell, A. E., Grosse, P., Battaglia, L., Cannova, E., English, G., Quick, A. D., Llamas, B., Taylor, M., & Foust, J. E. (2024). Prenatal stress and externalizing behaviors in childhood and adolescence: A systematic review and meta-analysis. *Psychological Bulletin*, 150(2), 107–131. <https://doi.org/10.1037/bul0000407>
- Valentine, A., Vetter, M., Horner-Johnson, W., Snowden, J., Akobirshoe, I., Slaughter-Acey, J., & Mitra, M. (2024). Pregnancy Intendedness Among Racial and Ethnically Minoritized Women with Disabilities. *Journal of Women's Health*, 33(10), 1334–1343.

- Ward, E. C., Clark, L. L., & Heidrich, S. (2009). African American Women's Beliefs, Coping Behaviors, and Barriers to Seeking Mental Health Services.. *Journal of Qualitative Health Research*, 19, 1589-1601.
- Woods-Giscombe, C., Robinson, M. N., Carthon, D., Devane-Johnson, S., & Corbie-Smith, G. (2016). Superwoman Schema, Stigma, Spirituality, and Culturally Sensitive Providers: Factors Influencing African American Women's Use of Mental Health Services. *Journal of Best Practices in Health Professions Diversity : Research, Education and Policy*, 9(1), 1124-1144.
-

Copyright © 2025 by the American Psychological Association.