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**Ohio Senate**

**Health, Human Services and Medicaid Committee**

**Senate Bill 150**

**Lynanne Gutierrez**

**Groundwork Ohio**

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Chairman Burke, Vice Chair Huffman, Ranking Member Antonio and members of the committee, my name is Lynanne Gutierrez and I am the Policy Director and Legal Counsel at Groundwork Ohio. Thank you for the opportunity to provide written proponent testimony on Senate Bill 150 which would designate the first week of May as “Maternal Mental Health Awareness Week.”

As you may know, Groundwork is a statewide, nonpartisan advocacy organization that champions high-quality early learning and healthy development strategies from the prenatal period to age five, that lay a strong foundation for Ohio kids, families and communities. Our vision is to make Ohio the best place to be a young child so that all children have the opportunity to reach their full potential. Groundwork is led by Executive Director, Shannon Jones, and governed by a robust steering committee of child-focused health and education experts from across the state.

Groundwork is testifying today as a proponent of Senate Bill 150 because healthy children begin with healthy moms. Long before they enter the workforce or begin school, young children begin to acquire social and emotional skills. Infants and toddlers rely on parents or other primary caretakers to provide a safe environment; create positive, new experiences; and guide their emotions. Decades of research on maternal mental health show that maternal depression can impact a mother’s ability to meet these needs. Maternal depression may pose serious mental health problems for mothers and jeopardize their ability to provide safe, responsive, and nurturing care to their young children. The incidence of maternal depression is high, placing many young children at risk for developing mental health and behavioral problems.

The mental health of pregnant moms extends beyond maternal depression alone. Before, during and after pregnancy, mothers also often experience other Perinatal Mood and Anxiety Disorders (PMAD) including anxiety, psychosis, obsessive compulsive tendencies, post-traumatic stress, bipolar moods, and other mental health disorders in addition to the typical stressors experienced by moms in this critical period of their and their child’s lives. PMADs are experienced by 40-80% of new mothers, contributing to a myriad of mental and physical health complications during and after pregnancy. Factors that can place moms at risk for PMADs include prior history, family history, hormonal change and genetics in addition to non-clinical considerations. Moms living in poverty or a poor environment (i.e. food insecurity, poor housing conditions, lack of financial supports and access to quality health care) and who do not have a strong community network of support are at increased risk for developing a PMAD. Unfortunately, women suffering from PMADs often go undiagnosed because the symptoms are often seen as a result of “normal” motherhood stress and not perceived as a mental health disorder. If left undiagnosed, mom’s health and the healthy development of her child are compromised.

The Center on the Developing Child at Harvard University has studied mothers who experience PMADs during their pregnancy and concluded that they produce higher levels of stress chemicals such as cortisol, which impact fetal development and increase the risk for premature birth, a leading cause of infant mortality. Additionally, a child growing up with a mother with a PMAD causes a child to produce high levels of stress chemicals. Because 80% of brain development occurs in the first three years of life including during the prenatal period, these stress chemicals compromise healthy brain development. ZERO TO THREE summarizes this impact as follows:

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- Babies depend on the emotional nurturance, protection, and stimulation that moms with PMADs may not consistently provide, which sets the foundation for a child's long-term physical and mental health.
- Infants of clinically depressed mothers often withdraw from daily activities and avoid interaction with caregivers, which in turn jeopardizes infant language, physical and intellectual and emotional development.
- Evidence of infants experiencing symptoms of depression has been found in children as young as four months of age.
- Older children of mothers depressed during infancy often exhibit poor self-control, aggression, poor peer relationships, and difficulty in school, increasing the likelihood of special education, grade retention and school dropout.

It is our hope that through passage of this legislation, there will be an increase in awareness of maternal and infant mental health which will contribute to the support for policies and investments that address the unmet mental health needs of mothers and babies, including but not limited to, assuring earlier identification and treatment of maternal depression in health care settings, investments in evidence-based interventions that improve the mother-child relationship such as home visiting and supporting a comprehensive network of perinatal services to strengthen mental health in moms, babies and families. Investments in these policies ultimately promote the social and emotional health, school readiness, and future functioning of very young children. Thank you for your time and attention to this important issue. Please feel free to contact me if you have any questions regarding my testimony.