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**SB 891: Health, Health Insurance, and Health Occupations – Perinatal Mental Health Conditions
Position: FAVORABLE
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Senate Finance Committee**

Chair Beidle, Vice Chair Hayes and members of the committee, thank you for the opportunity to provide testimony today in support of Senate Bill 891. My name is Alana Aronin, and I am Program Manager for the Community Mental Health CORE at Children's National Hospital. As the region's only standalone children's hospital, Children's National has been serving the nation's children since 1870. For 155 years, we have delivered expert pediatric care to thousands of children and their families every year, which can include multigenerational and dyadic care. Sixty percent of our patients and their families are residents of Maryland, and we maintain a large network of community-based pediatric practices, surgery centers and regional outpatient centers in Maryland.

Children's National Hospital appreciates Senator Giles' introduction of this legislation, which aims to strengthen screening, education, and training on perinatal mental health conditions. Perinatal mental health disorders are the most common complications of pregnancy. One in five perinatal individuals will experience a perinatal mental health condition¹, with vulnerable and minoritized populations suffering at even more alarming rates². Perinatal mental health conditions are the leading cause of maternal death, yet completely preventable³. Perinatal mental health conditions impact parent-child relations, and can cause behavioral, cognitive, and emotional delays in children that can have an extended impact as children develop.

Prior efforts in Maryland have outlined important steps and now provide a roadmap to protecting and supporting perinatal individuals through a critical period, including recommendations on screening, treating and training on perinatal mental health conditions. The Report of the *Task Force to Study Maternal Mental Health*⁴, established by the General Assembly

¹ Fawcett, E., Fairbrother, N., Cox, M., White, I., & Fawcett, J. (2019, July 23). The prevalence of anxiety disorders during pregnancy and the postpartum period: A multivariate Bayesian meta-analysis. *The Journal of Clinical Psychiatry*.

² Ertel, K., Rich-Edwards, J., and Koenen, K., "Maternal Depression in the United States: Nationally Representative Rates and Risks," *Journal of Women's Health* 20 (11). (2011): 1609-1617.

³ Trost, S., Beauregard, J., Chandra, G., Njie, F., Berry, J., Harvey, A., & Goodman, D. A. (2022, September 19). Pregnancy-related deaths: Data from Maternal Mortality Review Committees in 36 US States, 2017–2019. Centers for Disease Control and Prevention.

⁴ Report of the Task Force to Study Maternal Mental Health, published December 2016. Accessed February 25, 2026 at <https://msa.maryland.gov/megafile/msa/speccol/sc5300/sc5339/000113/021600/021622/20170014e.pdf>

in 2015, identified recommendations to increase screening and access to services, improve provider training, and expand the perinatal mental health workforce. Ten years later, the *2025 Maryland Maternal Health Improvement Plan*⁵ provided guidance on the screening, diagnosis and treatment of behavioral health conditions, along with workforce training to support the behavioral health needs of perinatal individuals. While Maryland has provided insurance and treatment payment above the national average, the *2025 Maternal Mental Health Report Card* noted that Maryland received a failing grade for its rates of prenatal and postpartum perinatal mental health screening and accountability⁶.

SB 891 reinforces many of the recommendations already outlined in the reports above, which will result in increased screening and identification of perinatal mental health conditions. Early identification can result in intervention that can prevent more severe conditions and improve relational health (also known as dyadic care or multi-generational relations)⁷. Children's National Hospital providers aim to screen for perinatal mental health conditions at well child visits in alignment with the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, and best practice recommendations, and provide resources, referrals, and brief interventions through HealthySteps or other behavioral health specialists on staff where available.

Children's National Hospital believes that the treatment of perinatal mental health conditions is in the best interest of the infant/child, in addition to the perinatal individual. When we treat a child, we consider the whole family as an extension of that child. Efforts to identify individuals with perinatal mental health conditions span across our primary care providers, as well as in specialty departments including the Neonatal Intensive Care Unit (NICU), the Emergency Department (ED), the Zickler Family Prenatal Pediatrics Institute (PPI), and more.

Perinatal mental health conditions deserve our immediate attention, and we are encouraged by the ongoing discussions among stakeholders to develop language that centers a holistic approach to screening, referring, and treating individuals with perinatal mental health conditions while supporting providers as they care for patients in this critical time.

I applaud Senator Gile for introducing this important legislation, which will have life-long benefits for our state's youngest residents and their families and respectfully request a favorable report on Senate Bill 891. Thank you for the opportunity to submit testimony.

For more information, please contact:

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⁵ Maryland Maternal Health Improvement Strategic Plan, September 2025. Developed by the Maryland Maternal Health Improvement Task Force. Accessed February 25, 2026 at [Maryland Maternal Health Improvement Strategic Plan 2025 vF.pdf](#)

⁶ The Policy Center for Maternal Mental Health (2024, May). 2024 Maternal Mental Health State Report Cards. Policy Center for Maternal Mental Health. www.doi.org/10.69764/YHVM1354

⁷ Freeman SE, Reznik J, Jain M, Sokol EE, Manning D, Rohde H, Loverich TM, Lawler JM. Perinatal Mental Health Interventions with a Parent-Child Relational Component: A Systematic Review of the Effects on Mothers and Dyads. *Clin Child Fam Psychol Rev*. 2025 Sep;28(3):650-683. doi: 10.1007/s10567-025-00535-5. Epub 2025 Jul 7. PMID: 40622559.