

Hearing 2/27 at 1:00 p.m.
Senate Finance Committee

Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions
(SB 891)

Position: Favorable

Chair Beidle and members of the Senate Finance Committee,

My name is Dr. Nicole Kumi, and I write this letter in strong **support** of SB 891, Health, Health Insurance, and Health Occupations - Perinatal Mental Health Conditions. This bill would expand perinatal mental health screenings and require patient and provider training related to perinatal mental health. In short, this bill will save lives.

I am here in strong support of this perinatal mental health bill, not only as a professional in the field, but as a mother who lived through the very gaps this legislation seeks to address.

When I became a mother, I *knew* something was wrong. I knew I needed help. I knew what I was feeling wasn't "typical new mom exhaustion." Despite my own insight, I was not informed, screened, or connected to anyone who could help me. I left the hospital with instructions for my baby, but none for myself. I was given feeding guidance, diaper logs, and sleep expectations... yet nothing to help me understand the overwhelming emotional and identity shifts I was experiencing. I had the awareness that I was struggling, but no pathway to support.

Since I was not educated on what postpartum mental health actually looks like, because there was no proactive follow-up, and because no one explained the signs, stages, or risks, I delayed seeking help. That delay had consequences. My symptoms worsened, my functioning declined, my ability to bond, rest, and cope was affected, and my family felt the weight of that struggle. Not because I was unwilling to seek help, but because **the system did not prepare me, guide me, or connect me.**

I tell this story because it is not unique. It is the experience of countless mothers across Maryland. Mothers who are aware they are struggling, but who:

- aren't educated about postpartum mental health
- don't know what the symptoms mean
- think it's "normal" because they've been told it is
- don't know where to go
- don't know who to ask

- don't think they're "bad enough" to deserve support
- or assume feeling miserable is part of motherhood

These are preventable delays in care, and they come at a cost, emotionally, psychologically, relationally, and economically.

In my professional work with The Whole Mom, I see this pattern every day: Mothers are not suffering due to a lack of willingness. They are suffering due to a lack of education, connection, screening, and specialized support.

The postpartum period is a profound psychological transition, one of the most significant in a woman's life. Yet our systems treat it as a brief afterthought, leaving mothers unsupported during the very window when they are most vulnerable.

This bill changes that. It brings us closer to a model where mothers receive:

- proactive education about the fourth trimester
- universal, repeated mental health screening
- clear guidance on what the emotional recovery process looks like
- connections to specialized providers
- follow-up care that doesn't end at six weeks
- support that strengthens families instead of leaving them isolated

Mothers who are informed, supported, and connected have better outcomes. Families and babies have better outcomes. This legislation is more than a policy update; it is a life-changing and life-saving shift toward treating postpartum mental health with the seriousness it deserves.

For my own story, for the families I serve, and for the mothers who will come after us, I urge you to pass this bill. Thank you for your time and for prioritizing maternal mental health.

Moms, families, and communities in Maryland would greatly benefit from the passage of this bill. As such, I ask for a favorable report.

Sincerely,

Dr. Nicole Kumi, PhD, PMH-C

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