

Hearing 3/13 at 1:00 p.m.  
House Health Committee

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



**Position: Favorable**

Chair Bagnall and members of the House Health Committee,

Community After Birth (CAB) strongly **supports** 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.

Community After Birth's mission is to improve postpartum support of parents and families living in Anne Arundel county, Maryland. Since 2024, our small team has been providing postpartum doula support at no cost to military members/spouses and families facing mental health challenges. Our eligible spaces fill every year, and local mental health providers have been reporting positive feedback about referring their patients to our program. The program and doula team have become beloved by parents who receive this life-saving support.

To give you a better idea of our model and finances, our small, Anne Arundel county nonprofit was given \$25,000 in 2025 to pilot a postpartum doula program. This program supports military members and spouses in our community, as well as those with perinatal mental health (PMH) conditions. Our organization uses that \$25,000 to pay our doula team, insurance costs, and operating fees. We currently have no paid staff to support administrative billing, screening, or filing our taxes.

**Even though we are limited on funds, time, and resources, our team still manages to screen parents at intake because we know how important it is to do so. Screening was always a priority for us, from day one, because we know it saves lives.**

At intake, parents are sent the Edinburgh Postnatal Depression Scale (EPDS), an evidence-based and validated tool for use in the perinatal population which addresses anxiety, depression, and suicidal thoughts. If a parent screens at-risk, they are immediately followed up with and additional resources and referrals are offered.

This process has been automated into our intake system. It takes 10 minutes or less for a parent to fill out the form, and 10 minutes or less for a CAB member to score the form. As a non-profit doula organization, Community After Birth is currently not eligible for public or commercial reimbursement for this life-saving screening practice.

<sup>1</sup> Maternal Mental Health Fact Sheet. (2025). Maternal Mental Health Leadership Alliance. Page 3.

<https://static1.squarespace.com/static/637b72cb2e3c555fa412eaf0/t/68a45ac0be50d4791f30a5bd/1755601600598/Maternal+Mental+Health+Overview+Fact+Sheet+-+August+2025.pdf>

<sup>2</sup> Maryland, Maternal Mental Health Overview. (2025). Maternal Mental Health Leadership Alliance. <https://static1.squarespace.com/static/637b72cb2e3c555fa412eaf0/t/68309d2cd278722613a77243/1748016429457/Maryland+State+Fact+Sheet+May+2025.docx.pdf>

Untreated perinatal mental health (PMH) disorders creates a **gaping hole in our state's economy**. Rather than invest in preventative care and stronger screening practices, our state and local economies **hemorrhage money** through reactionary care and perinatal misses. If the state invests – a miniscule amount compared to other state and health payer expenses – in perinatal mental health screening and support systems, that investment can alleviate costs related to maternal and paternal death, maternal and paternal morbidity, infant development, child and adult disability, K-12 education, and public safety and correctional services.

As of 2026, the Maryland Department of Health and Health Services Cost Review Commission tracked specific data points related to Medicaid reimbursement for doulas as a good investment. Doulas can reduce costs for the state in reducing severe maternal morbidity, c-section rates, and NICU admissions. All three of those outcomes are related to perinatal mental health, and the role of doulas and other health providers. Anxiety increases a parent's risk of worsening morbidity and high rates of elected cesareans. Depression increases a parent's risk of worsening morbidity, low birth weight babies, and NICU admissions.<sup>1</sup> In 2025, the Maternal Mental Health Leadership Alliance estimated that Maryland has an estimated 8,735 parents impacted by PMH conditions, approximately 6,551 untreated parents, and spends an estimated **\$210 million on untreated PMH conditions**.<sup>2</sup>

### **Perinatal Mental Health is both a health issue *and* a fiscal issue.**

Providers need education, tools, referral pathways, and **time** to be able to support expecting parents. **Providers need to be supported in that effort by our state government agencies and both public and commercial health payers.**

The health and screening system, as it stands, is not protecting Marylanders from the negative impacts of preventable mental illness and death. Treatment, solutions, and resources exist and are already being utilized in Maryland. SB 891 is a step in the right direction, and will strengthen the existing screening programs across the state.

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

With hope,  
Lauren Thompson, Board Chair  
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<sup>1</sup> Maternal Mental Health Fact Sheet. (2025). Maternal Mental Health Leadership Alliance. Page 3.  
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