POLICY CENTER FOR Maternal Mental Health™

FACT SHEET

Addressing Maternal Mental Health in Rural Communities:

Gaps in Access, Risk Factors, and Opportunities for Policy Action

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Toplines:

- Maternal mental health disorders, such as postpartum depression, affect one in five mothers nationally, with rural women facing even higher risks due to factors like geographic isolation, poverty, and limited access to care.
- Rural communities encounter significant barriers to mental health support, including higher uninsured rates, provider shortages, and challenges accessing obstetric services, exacerbating health disparities.
- Increasing social support and leveraging telehealth can improve access to care and outcomes for maternal mental health in rural areas, addressing the stigma that often prevents women from seeking help.

Maternal mental health is a critical public health issue with significant implications for family stability, child development, and community well-being. Maternal mental health (MMH) disorders, such as maternal depression, affect as many as one in five mothers nationally.1 For those living in rural communities, the risks are even greater. Geographic isolation, health care workforce shortages, and limited access to behavioral health services combine to create significant barriers to timely diagnosis and treatment. As rural hospitals close obstetric units and insurance coverage gaps persist, many pregnant and postpartum individuals face a growing mental health crisis with too few resources. Addressing maternal mental health in rural areas is essential to improving health outcomes for mothers and their families.

Prevalence, Risk, and Research Gaps

- Studies have shown that postpartum depression (PPD) rates in rural women range from 16.7% to 32.7%,[2,3] generally higher than the general United States PPD average of approximately 20%.[1,4]
- Interestingly, a 2025 study on insured patients in the US from 2011-2020 showed that individuals with PPD or anxiety residing in U.S. rural communities were more likely to receive pharmacologic and psychotherapy treatment than urban-residing individuals in the U.S.[5]
    - This difference might be due to rural patients having better access to long-term mental health care for postpartum depression and anxiety because they are more likely to be

treated by a family medicine or internal medicine primary care provider who sees them beyond the typical six-week postpartum period.[5]
    - In contrast, obstetricians and gynecologists, who are more common in urban areas, often feel they lack the training to treat these conditions and typically have a shorter relationship with the patient.[5]
- Rural women may face an increased risk of maternal depression due to factors like isolation, poverty, and reduced access to care.[6]
- Existing research on PPD in rural communities mostly concentrates on data from the southeastern U.S. More research is needed, especially in underrepresented rural regions and populations.[4]
- Rural counties face a disproportionately high risk for maternal mental health disorders, driven by factors like poverty and isolation.[7]

Barriers to Care

Insurance Status

- Compared to urban residents, rural residents face significantly higher rates of uninsurance during all perinatal phases.[8]
  The rural versus urban uninsurance rates were:

	Rural	Urban
Prepregnancy	15.4%	12.1%
At Birth	4.6%	2.8%
Postpartum[8]	12.7%	9.8%

- These higher rates of uninsurance persist even in lower-risk maternal groups (White, non-Hispanic, married, or had intended pregnancy).[8]
- Rural–urban insurance gaps persist across Medicaid expansion state status, income, and education levels.[8]

Provider Availability

- Rural women faced challenges accessing obstetric and mental health care, including a lack of providers, transportation barriers, stigma, and a preference for informal support networks over professional help.[4]
- A 2017 study found that between 2004 and 2014:
    - 9% of rural counties lost all hospital-based obstetric services

    - 45% of rural counties had no obstetric services at all during that period
    - Closures disproportionately occur in poorer, sparsely populated, and higher-minority counties, exacerbating economic and structural stressors that feed into maternal mental health disparities.[9]
- Many rural women must travel 30–100+ miles for delivery care, increasing stress, potential delays in emergency care, and disruption of social support systems, all of which can negatively affect mental health.[9]
- There is a significant urban/rural divide in resources, with many rural areas having a severe shortage or complete absence of maternal mental health providers. This lack of providers is at odds with the rising risk factors in these regions, making access to care a major challenge.[7]

Additional Barriers

- Black, Indigenous, and Hispanic women in rural areas face compounded barriers to care due to systemic inequities, language access issues, and cultural stigma.[10,11]

- Lack of privacy is a common barrier to mental health care cited by rural residents. Individuals are reluctant to seek treatment when anonymity is at risk. This concern can be particularly prevalent in small communities with interconnected social networks.[12]

Facilitators to Improved Outcomes

- Social support as a key factor: strong informal support (especially from female family members) was protective against PPD, but stigma sometimes prevented women from fully using these networks.[4]
- Telehealth, telepsychiatry, and digital therapeutics offer promising ways to expand access to maternal mental health care in rural communities.[6]
- Integrated care models, which include embedding mental health services in obstetric or primary care, are recommended to address gaps in rural settings.[6]

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