

Briefing

The State of Maternal Mental Health in America

**2026 MMH State Report Cards
& The Harris Poll's State of
Maternal Health Report**



POLICY CENTER
FOR Maternal Mental Health™



The Harris Poll
A STAGWELL COMPANY





Welcome

Joy Burkhard, MBA

Chief Executive Officer

Policy Center for Maternal Mental Health

www.PolicyCenterMMH.org

*The Policy Center is a 15-year-old non-profit
research and policy **think tank**
at the center of practice and policy change*



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Housekeeping

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#PostpartumCareCliff

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Submit Questions Using the Q&A
Feature in Zoom

Recording & Slides will be available

Maternal Mental Health

Maternal Mental Health:

A mother's emotional, social, and psychological well-being

Maternal Mental Health (Perinatal) Conditions:

A range of diagnoses (not just depression) which impact 1 in 5 who are pregnant or in the 12-month postpartum period

Over the last decade, the maternal mental health in the U.S. has worsened:

Between 2016 and 2023, mothers reported a nearly 65% increase of “fair to poor mental health”

Speakers



Christina Lojek
Sr. Research Manager
The Harris Poll



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Research Scientist
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MAY 2026

State Of Maternal Health In America



METHODOLOGY

About this research

The fifth wave of The State of Maternal Health In America study was conducted by The Harris Poll in April of 2026 to continue to highlight where the system is falling short and how providers and policymakers can better support mothers throughout the pregnancy journey.

4,154

U.S. Adults
Ages 18+,
nationally
representative

2,327

Women
Ages 18+

1,516

Women
Currently/ Ever
Been Pregnant
Ages 18+

SECTION 1

Perinatal Mental Health Crisis

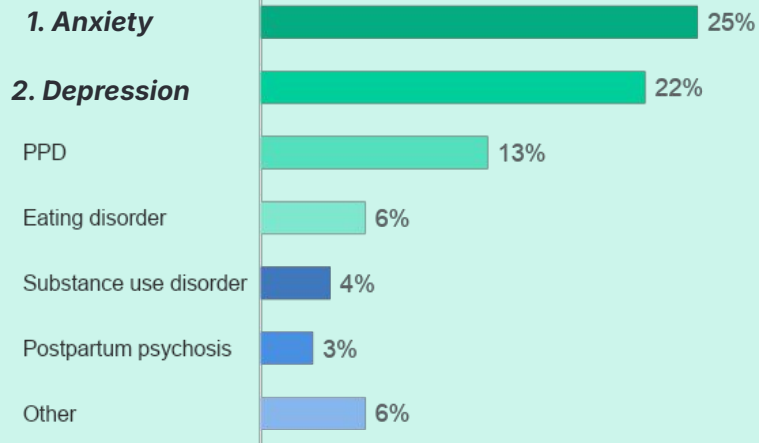
Mental Health Diagnoses During The Pregnancy Journey Persist

1 in 3

(36%) of women who are/have been pregnant have been **diagnosed by a healthcare professional with a mental health condition** while trying to conceive, during pregnancy, or postpartum.

This number remains **consistent over the past three years**: 38% in 2025, 32% in 2024, and 34% in 2023.

Mental Health Diagnoses During Pregnancy Journey



PERINATAL MENTAL HEALTH CRISIS

Perinatal Mental Health Diagnoses Are On The Rise

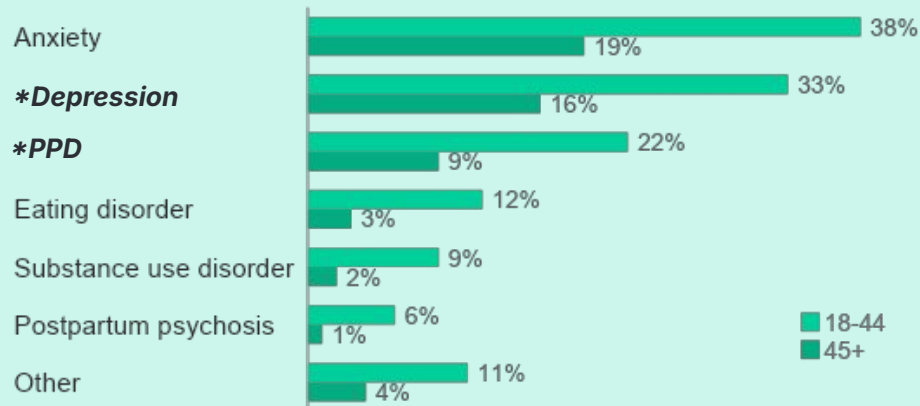
Those currently in their prime childbearing years are twice as likely as their older counterparts to have been diagnosed with a mental health condition during the pregnancy journey.

Women 18-44 who are or have been pregnant are

2x as likely

as those ages 45+ **to have been diagnosed with a mental health condition** during the pregnancy journey (55% vs. 27%)

Mental Health Diagnoses During Pregnancy Journey



SECTION 2

Barriers to Care

BARRIERS TO CARE

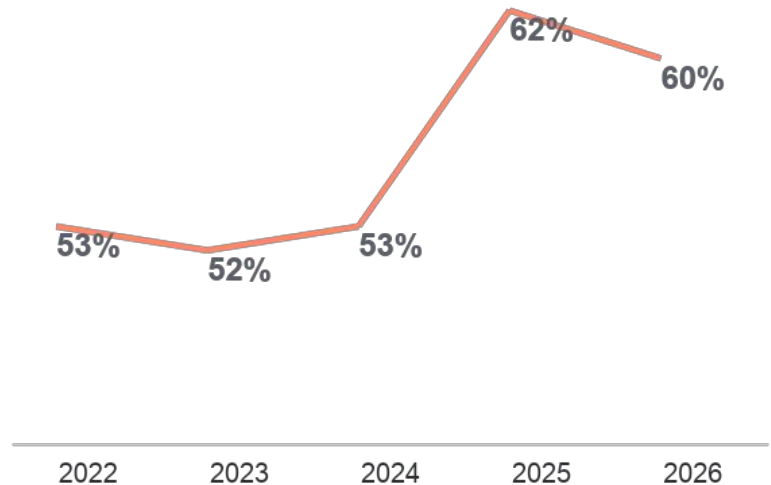
The Struggle For Adequate Medical Care Is Ongoing For Women

3 in 5

women say women like them must **fight** to get the medical care they need

**Those diagnosed with a mental health condition during the pregnancy journey are more likely to feel this way (70% vs. 58%)*

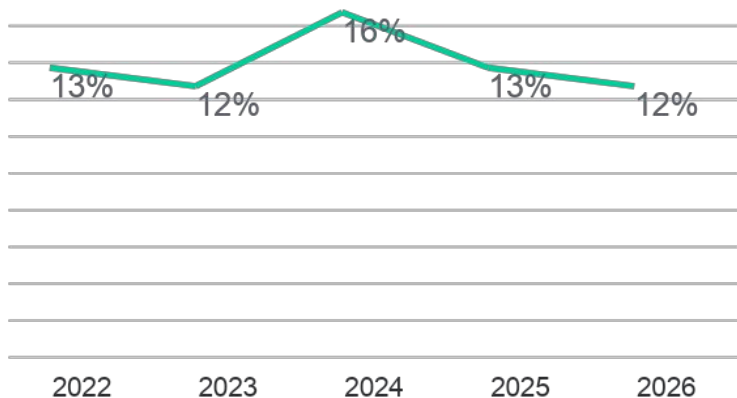
% who agree “Women like me have to fight to get the medical care we need”



BARRIERS TO CARE

Insurance Barriers Are Persistent Obstacle For Maternal Health Care

% who cite insurance-related barriers to pregnancy care



More than

1 in 10

women who are/have been pregnant say **insurance-related barriers prevented them from accessing needed care** during pregnancy/childbirth

Those diagnosed with a mental health condition during the pregnancy journey are more than

2x as likely

to cite insurance related barriers (19% vs. 8%)

BARRIERS TO CARE

Women Want Expanded Insurance Coverage For Maternal Mental Health Care

59%

of women think health insurance companies should **always provide full coverage for mental health counseling** specifically tailored for pregnancy postpartum

**Those diagnosed with a mental health condition during the pregnancy journey are more likely to cite this (67% vs. 57%)*

49%

think health insurance companies should **always provide full coverage for postpartum home health visits**

**Those diagnosed with a mental health condition during the pregnancy journey are more likely to cite this (57% vs. 47%)*

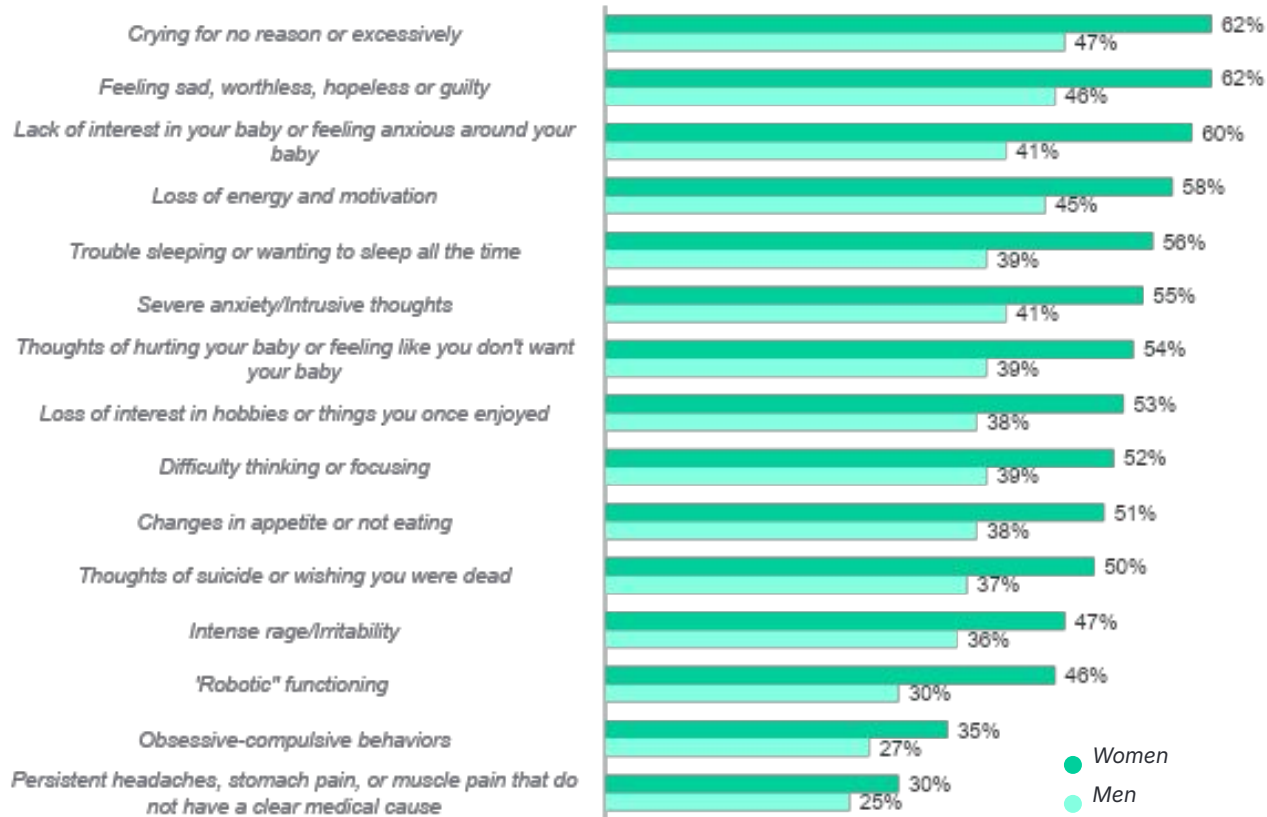
SECTION 3
PPD Knowledge Gap

% Who Correctly Identified Listed Symptoms of PPD

PPD KNOWLEDGE GAP

Widespread Confidence, Limited Knowledge

More than 3 in 4 women (77%) and 71% of men feel confident that they would be able to recognize if they/their partner were experiencing symptoms of postpartum depression after giving birth, but many are unable to accurately identify symptoms when presented in a list.



PPD KNOWLEDGE GAP

Misunderstandings About PPD Can Pose As Barriers To Timely, Effective Care

Misconceptions about when PPD can develop and how it resolves could be preventing postpartum women from getting the proper care they need.



33%

of women incorrectly believe that **PPD always develops soon after birth**, another 25% are not at all sure if this is the case



51%

of women don't know that **PPD does not typically resolve on its own**

SECTION 4

Postpartum Mental Health Care Gap

Proactive Conversations Are Needed To Help Close The Resource Gap For PPD

While there is a strong desire for PPD education, many are not receiving enough or any info/resources on it.

Nearly

2 in 3

women who've been pregnant (65%) say they would **want a healthcare provider to proactively discuss PPD** with them during prenatal appointments.

Nearly

Half

(46%) of women who've been pregnant say they **didn't receive enough or any information/resources on PPD** from their provider.

PP MENTAL HEALTH CARE GAP

Postpartum Mental Health Care Gap Is Prominent

Women experiencing mental health issue postpartum are not getting the care they need.

56%

Of women who've been pregnant **experienced mental health issues postpartum**

52%

Among those who experienced mental health issues say they **received subpar or no support**



SECTION 5

Postpartum Care Cliff

POSTPARTUM CARE CLIFF

Mothers Often Feel Overlooked During The Postpartum Period

Women are not getting the personalized and continuous care they so rightly deserve.

68%

of women say it feels like **mothers are forgotten once the baby is born**

**Those diagnosed with a mental health condition during the pregnancy journey are more likely to feel this way (74% vs. 66%)*

38%

of women say they **feel like just another number** at their OBGYN/midwife's office (i.e., they don't really know me or care about me)

**Those diagnosed with a mental health condition during the pregnancy journey are more likely to feel this way (49% vs. 35%)*

POSTPARTUM CARE CLIFF

There Is An Urgent Call for Enhanced Postpartum Follow-Up



9 in 10

(86%, consistent with 84% in 2025)
feel there **needs to be more postpartum follow-up as standard care**, with 44% *strongly* agreeing with this sentiment

SECTION 6

Paid Leave Gap

PAID LEAVE GAP

The Benefits and Need for Equitable Parental Leave

77%

of women understand that **extended maternity leave can improve a mother's overall mental health** and attachment with her baby

**Those diagnosed with a mental health condition during the pregnancy journey are more likely to cite this (87% vs. 75%)*

79%

of women feel employers should offer the **same amount of paid leave to parents who lose a baby** to miscarriage or stillbirth as they do for maternity/paternity leave

PAID LEAVE GAP

Paid Maternity Leave Is Inadequate Across The Board

Lack of proper paid maternity leave serves as a barrier to maternal well-being in the U.S.

64%

of women view paid maternity leave offered by most US employers as **not enough**

**Those diagnosed with a mental health condition during the pregnancy journey are more likely to cite this (71% vs. 62%)*



SECTION 7

Demographic Insights

DEMOGRAPHIC INSIGHTS

Hispanic and Black women are more likely than white women to...

01.

have been **diagnosed with a mental health condition** during the pregnancy journey (51% & 43% vs. 31%)

02.

have **experienced mental health issues postpartum** (70% & 66% vs. 51%)

03.

incorrectly believe that PPD always develops soon after birth (39% & 44% vs. 28%)

Black women are more likely than Hispanic and white women to **not know that PPD does not typically resolve on its own** (66% vs. 54% & 48%)

04.

say women like them must **fight for needed medical care** (67% & 76% vs. 54%)

05.

say they **feel like just another number** at their OBGYN/Midwife's office (48% each vs. 34%)

Women ages 18-44 are more likely than women ages 45+ to..

01.

incorrectly **believe that PPD always develops soon** after birth (40% vs. 28%)

02.

not know that PPD does not typically resolve on its own (61% vs. 44%)

But are **less likely** than 45+ to know that extended maternity leave can improve a mother's overall mental health and attachment with her baby (72% vs. 81%)

03.

say it **feels like mothers are forgotten once** the baby is born (72% vs. 65%)

04.

feel women like them must **fight for needed medical care** (70% vs. 53%)

05.

say they **experienced mental health issues** postpartum (72% vs. 47%)

Disparities exist based on urbanicity...

01.

Those in urban areas are more likely than those in rural and suburban areas to **incorrectly believe that PPD always develops soon** after birth (41% vs. 31% & 29%)

02.

Those in urban & rural areas are more likely than those in suburban areas to **not know that PPD does not typically resolve on its own** (60% & 53% vs. 45%)

03.

Those in urban areas are more likely than those in suburban or rural areas to say they were **diagnosed with a perinatal mental health condition** (46% vs. 32% & 33%)

04.

Those in urban areas are more likely than those in suburban or rural areas to say they **experienced mental health issues postpartum** (64% vs. 53% & 51%)

05.

Those in suburban & rural areas are more likely than those in urban areas to **say they received subpar or no support for postpartum mental health issues** (57% & 58% vs. 40%)

06.

Those in urban areas are more likely than those in suburban or rural areas to **feel like just another number** at their OBGYN/midwife's office (45% vs. 36% & 32%)

SECTION 8

Call to Action

Maternal Healthcare Policies & Practices Need To Change

01.

Integrate Comprehensive Mental Health Services into Maternal Care

02.

Prioritize Personalized and Continuing Care Approaches

03.

Address Disparities in Healthcare Delivery

04.

Enhance Insurance Coverage and Reduce Barriers

05.

Extend and Improve Maternity Leave Policies

06.

Promote Educational Programs and Provider Training



Thank you.

**See the latest from the
2026 State of Maternal Health In
America Report**

<https://theharrispoll.com/state-of-maternal-health-in-america-study/>



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2026 Maternal Mental Health State Report Cards



Caitlin Murphy, MPP, DrPH(c)
Research Scientist
Policy Center for Maternal Mental Health
and The George Washington University

Why were the Maternal Mental Health State Report Cards developed?

- Maternal mental health **need** is massive (1-in-5 mothers impacted; contributing to nearly 30% of maternal deaths)
- Screening is **not** occurring (>50% disorders going undiagnosed)
- Treatment is **not** occurring (only 15-25% that need treatment receive it)
- Filling these gaps **is not only a matter of life or death, but foundational for children to thrive**

Until 2023, states had not been “scored” on their efforts to meet MMH needs and fill gaps

27 key measures provide a snapshot of state efforts to address MMH across four categories.

Screening/ Detection

- Screening rates
- Screening as a performance measure

Providers and Treatment

- Provider-patient ratios
- MMH inpatient & outpatient programs
- CBOs with MMH services
- Perinatal psychiatry consultation programs

Policy and Payment

- Medicaid coverage
- Quality improvement programs
- State MMH strategic plan
- PQC MMH efforts

Parental Support (New!)

- Paid leave
- Childcare availability and affordability

New in 2026: Parental Support Domain

States can score up to five stars (★★★★★) on new measures related to paid leave and childcare.

Paid Leave:

- **Public paid parental leave is available and is at least 8 weeks (★)**
- **Public paid parental leave is at least 12 weeks (🏠)**
- **Pay during leave is 100% of wages for the lowest income families (★)**

Childcare:

- **Childcare availability (“gap” between slots and those who need it is < 10%) (★)**
- **Childcare affordability (costs are < 30% wages of a single income household) (★)**
- **Eligibility for childcare subsidies is $\geq 85\%$ state median income (🏠)**

New in 2026: Perinatal psychiatry consultation programs

Providers and Treatment

- Provider-patient ratios
- MMH inpatient & outpatient programs
- CBOs with MMH services
- Perinatal psychiatry consultation programs

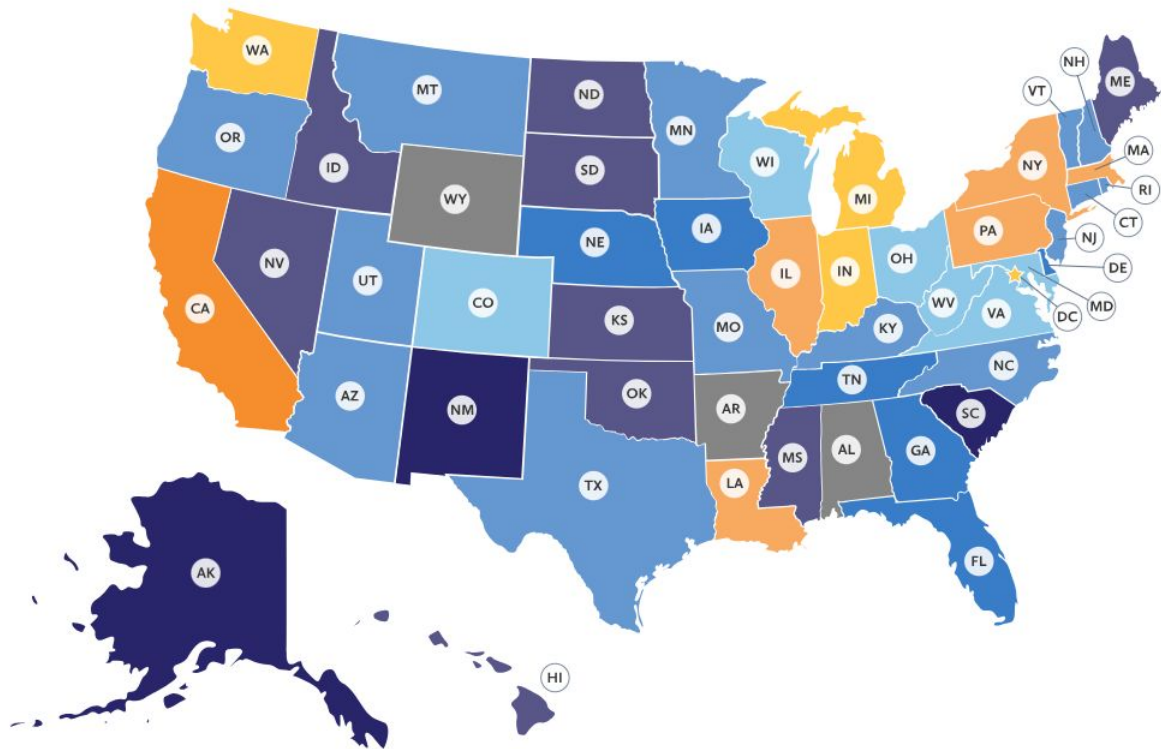


2026 State Grades

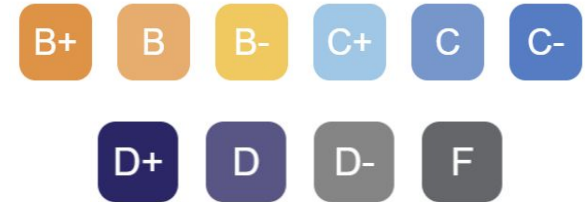
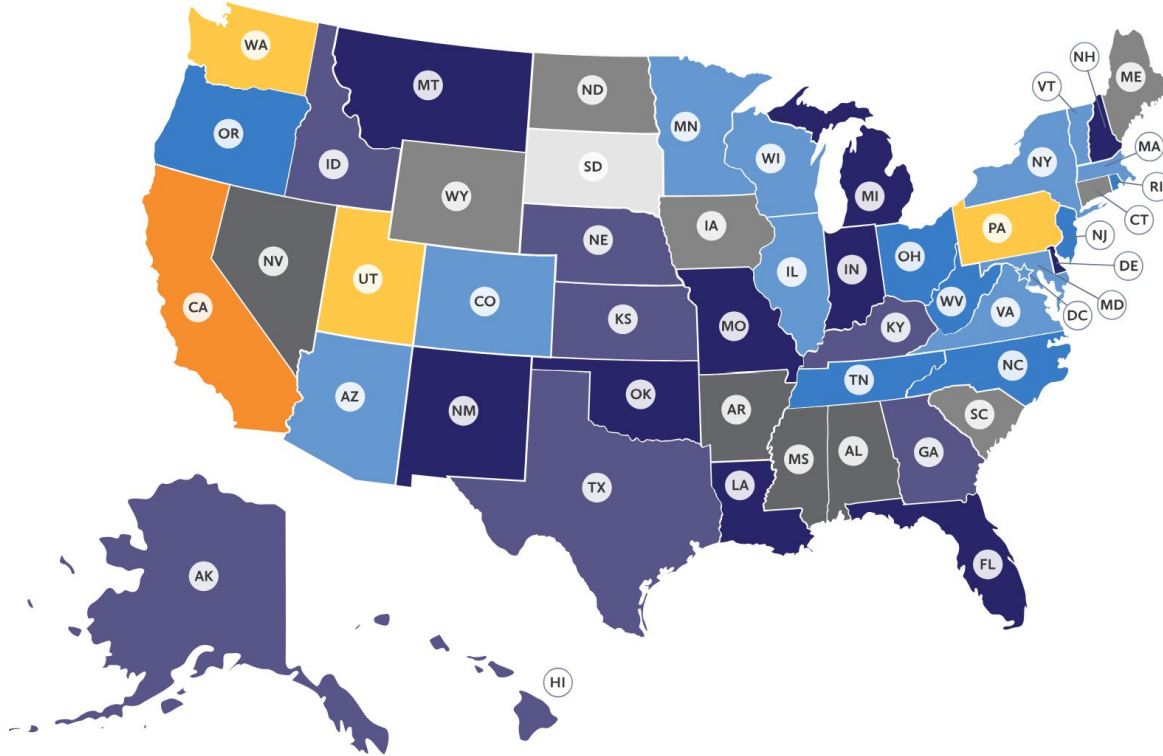
2026 Maternal Mental Health Report Cards

US Grade is a “C”

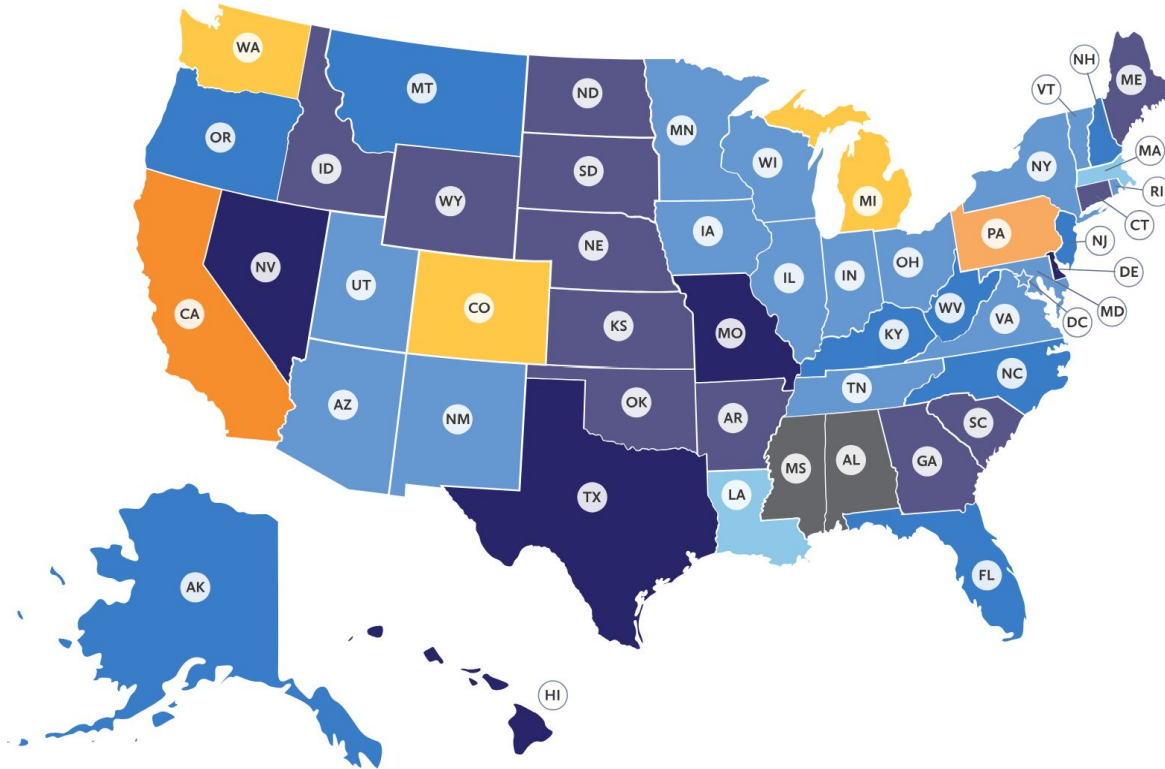
No As or Fs; 15 states received Ds



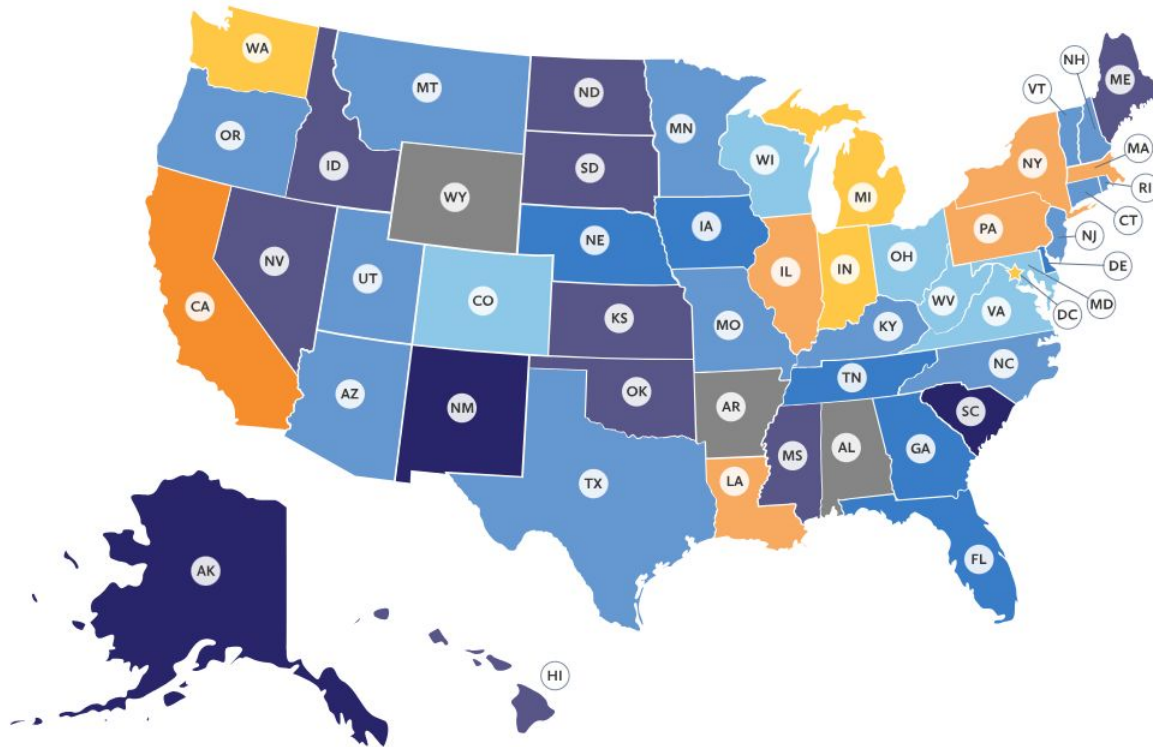
Where We Started: 2024 Maternal Mental Health Report Cards



Where We Started: 2025 Maternal Mental Health Report Cards



Where We Are: 2026 Maternal Mental Health Report Cards



Top line changes from 2025 to 2026



1) The US grade improved slightly
from a C- to C



2) State grades inched upwards:

10 states earned Bs (new states include: DC, IL, IN, LA, MA, NY)
No states earned Fs (AL & MS increased to “D” in 2026)



3) Progress is still needed:
15 states received Ds



4) States still have far to go on
paid leave and childcare:
US earned the equivalent of an “F” on
“Parental Support”

States with **MMH** inpatient & outpatient programs

State has at least one inpatient or residential MMH treatment program

2025

5 states
(AR, CA, LA, NC, NY)

2026

5 states
(AR, CA, LA, NC, NY)

State has at least one MMH intensive outpatient or partial-hospitalization treatment program

18 states and DC

23 states and DC
(Addition of CT, GA, MA, ND, SC, and TN; loss of NV)

States with adequate MMH providers

2025

2026

Meets ratio of non-prescriber MMH providers to perinatal population
(5 providers per every 1,000 births)

2 states and DC

3 states and DC
(NH newly meets ratio)

Meets ratio of MMH prescribers to perinatal population
(3 providers per every 5,000 births)

N/A

27 states and DC

Ratio updated in 2026 to reflect more realistic case loads

States with a perinatal psychiatry consultation program and MMH community resources

2025

2026

State has a perinatal psychiatry consultation program

N/A

38 states and DC

Meets ratio of community based orgs (CBOs) providing direct services for MMH (*at least 1 per 50,000 births*)

36 states and DC

36 states and DC

States that require Medicaid insurers to measure MMH screening

Prenatal depression screening measure required

Postpartum depression screening measure required

2025

9 states

2026

16 states

(CA, IN, IL, MI, NC, NE, NH, NJ, NM, NV, NY, PA, TX, WI, WA, WV)

9 states are “top prenatal screening performers”

8 states

19 states

(CA, DE, IL, IN, MI, MO, MS, NE, NH, NJ, NM, NV, NY, PA, TX, VA, WA, WI, WV)

8 of these states are “top postpartum screening performers”

States that have the highest MMH screening rates

Prenatal depression screening
HEDIS rates >10%

2025

10 states

2026

21 states and DC

(CA, CO, CT, DC, GA, IA, IL, IN, KY, LA, MA, MD, MI, MN, NM, NY, OH, PA, VA, WA, WI, WV)

Postpartum depression screening
HEDIS rates >10%

16 states

9 states and DC

(CA, DC, IL, IN, LA, MI, PA, VA, WA, WI)

States with a state-sanctioned **MMH** strategic plan

2025

★ 13 states and DC: AZ, CA, DC, FL, KY, LA, MA, MD, NY, OH, OR, TN, TX

2026

★ 14 states and DC: AZ, CA, CT, DC, FL, KY, LA, MA, MD, NY, OH, OR, TN, TX

States that **provide health coverage** to those who need it most

State has expanded Medicaid

2025

40 states
and DC

2026

40 states
and DC

State has extended Medicaid
postpartum coverage up to 1 year

48 states
and DC

49 states
and DC

Medicaid coverage under threat due
to work requirement roll-out

States that require insurers to **develop MMH quality management programs**

2025

★ 2 states: CA, LA

2026

★ 2 states: CA, LA









Data stayed steady in 2026

“Parental Support” Domain: US earns an “F”

31 states earn less than 1 star; only 14 states earn 2+ stars

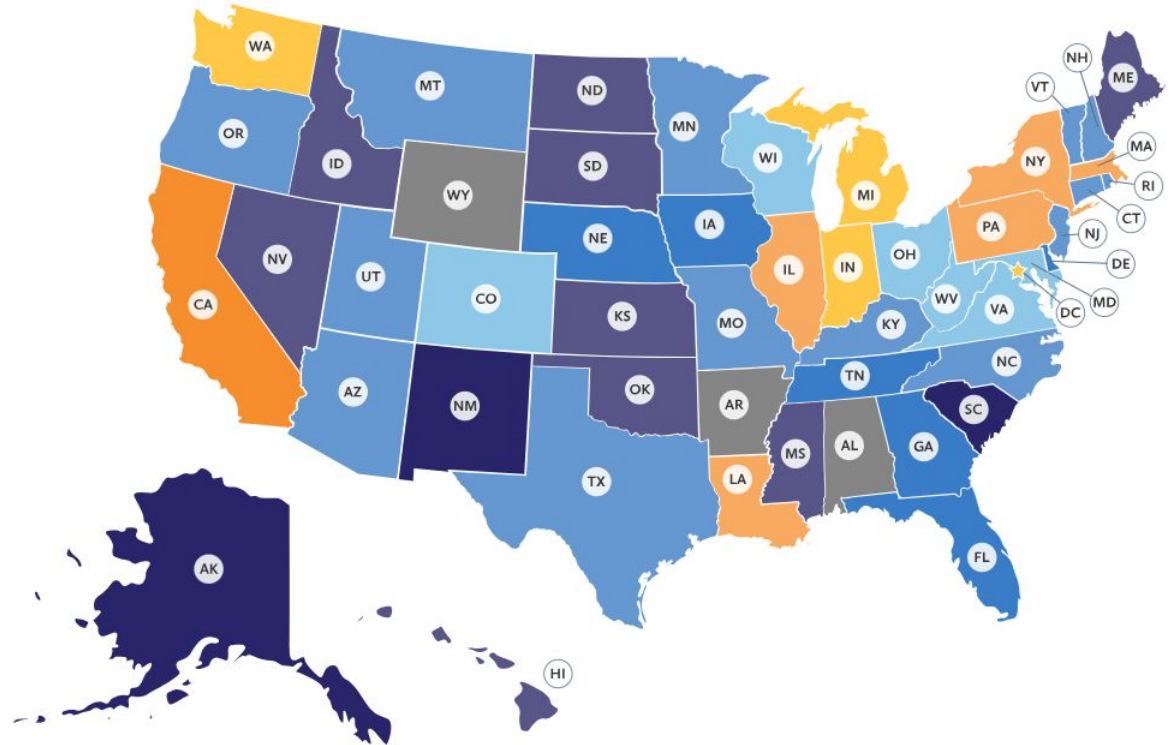
2026 Parental Support Domain Scores (0-5 stars)

 5 stars	0 states
 4-4.5 stars	0 states
 3-3.5 stars	2 states (ME, VA)
 2-2.5 stars	12 states (CO, CT, DC, DE, MA, MD, MN, NJ, NY, OR, TX, WA)
 1-1.5 stars	6 states (AR, AZ, CA, RI, MS, SC)
 0.5 star	18 states (AK, AL, FL, GA, IA, ID, KS, KY, LA, NE, NH, NM, OH, OK, SD, UT, VT, WV)
0 stars	13 states (HI, IL, IN, MI, MO, MT, NC, ND, NV, PA, TN, WI, WY)

Get Your 2026 State Report Card

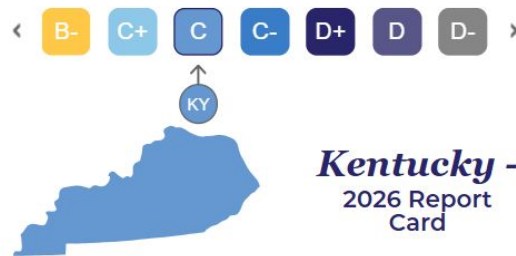


Access on
The Policy Center website:
[https://policycentermmh.org/
state-report-cards/](https://policycentermmh.org/state-report-cards/)



KY 2026 State Report Card

State grade of “C”; Parental Support score of 0.5 stars



Kentucky -
2026 Report Card

Screening & Detection

- Medicaid requires MCOs to report “prenatal depression screening” HEDIS measure ⊗
- Medicaid requires MCOs to report “postpartum depression screening” HEDIS measure ⊗
- Top performer on the HEDIS “prenatal depression screening” measure (among commercial insurance and/or Medicaid) ⊙
- Top performer on the HEDIS “postpartum depression screening” measure (among commercial insurance and/or Medicaid) ⊗

Providers & Treatment

- Meets ratio of MMH therapists and other non-prescribers (5 per 1,000 births) ⊗
- Meets ratio of MMH psychiatric provider prescribers (3 per 5,000 births) ⊗
- Has a perinatal psychiatry consultation program for OBs ⊙
- Has at least one inpatient or residential MMH treatment program ⊗
- Has at least one MMH intensive outpatient program (IOP) or partial hospitalization program (PHP) ⊗
- Meets ratio of community-based organizations (CBOs) providing direct service for MMH (at least 1 per 50,000 births) ⊗

Policy & Payment

- State Perinatal Quality Collaborative (PQC) has prioritized MMH ⊙
- Has or has had a state-sanctioned MMH Task Force or Commission ⊙
- Requires Medicaid/commercial health plans to develop an MMH quality management program ⊗
- Expanded Medicaid (is an ACA Medicaid expansion state) ⊙
- Extended Medicaid coverage to one year postpartum ⊙
- Provides enhanced Medicaid reimbursement or state investment in group prenatal care ⊗
- Medicaid provides reimbursement for group parenting programs (without requiring the child have a diagnosis) ⊙
- Maternity provider prenatal MMH screening claim submission rate meets threshold (private insurance) ⊗
- Maternity provider postpartum MMH screening claim submission rate meets threshold (private insurance) ⊙
- Provider prenatal MMH treatment claim submission rate is at least 10% (private insurance) ⊙
- Provider postpartum MMH treatment claim submission rate is at least 10% (private insurance) ⊙

Parental Support



- Public paid parental leave is available 0 points
- Public paid parental leave is at least 12 weeks 0 points
- Pay during leave is 100% for the lowest income families 0 points
- Childcare availability 0 points
- Childcare affordability 0 points
- Eligibility for childcare subsidies is \geq 85% state median income 0.5 points





Dig Into State-Level Changes Over Time



Access on
The Policy Center website:
[https://policycentermmh.org/
 2026-maternal-mental-health-state
 -report-cards/](https://policycentermmh.org/2026-maternal-mental-health-state-report-cards/)

U. S. State	2023 Grade	2024 Grade	2025 Grade	2026 Grade	2026 Parent Support Score	What Changed in 2026?
AK	D-	D	C-	D+	0.5 star	<ul style="list-style-type: none"> + Providers' prenatal MMH screening claim submission rate meets threshold (private insurance) + Providers' prenatal MMH treatment claim submission rate is 15%+ (private insurance) - Postpartum MMH screening fell below 10% via HEDIS · Grade dropped: Lost points offset gained points
AL	F	F	F	D-	0.5 star	<ul style="list-style-type: none"> + Providers' prenatal and postpartum MMH screening claim submission rate meets threshold (private insurance) + Providers' prenatal MMH treatment claim submission rate is at least 10% (private insurance)
AR	F	F	D	D-	1.5 stars	<ul style="list-style-type: none"> + Has a perinatal psychiatry consultation program + Providers' prenatal and postpartum MMH screening claim submission rate meets threshold (private insurance) - Postpartum MMH screening fell below 10% via HEDIS · Grade dropped: Lost points offset gained points
AZ	C	C	C	C	1 star	<ul style="list-style-type: none"> + Has a perinatal psychiatry consultation program + Provides enhanced Medicaid reimbursement or state investment in group prenatal care + Providers' postpartum MMH screening claim submission rate meets threshold (private insurance) + Providers' postpartum MMH treatment claim submission rate is at least 10% (private insurance) · Grade unchanged: gains not enough to raise a letter grade

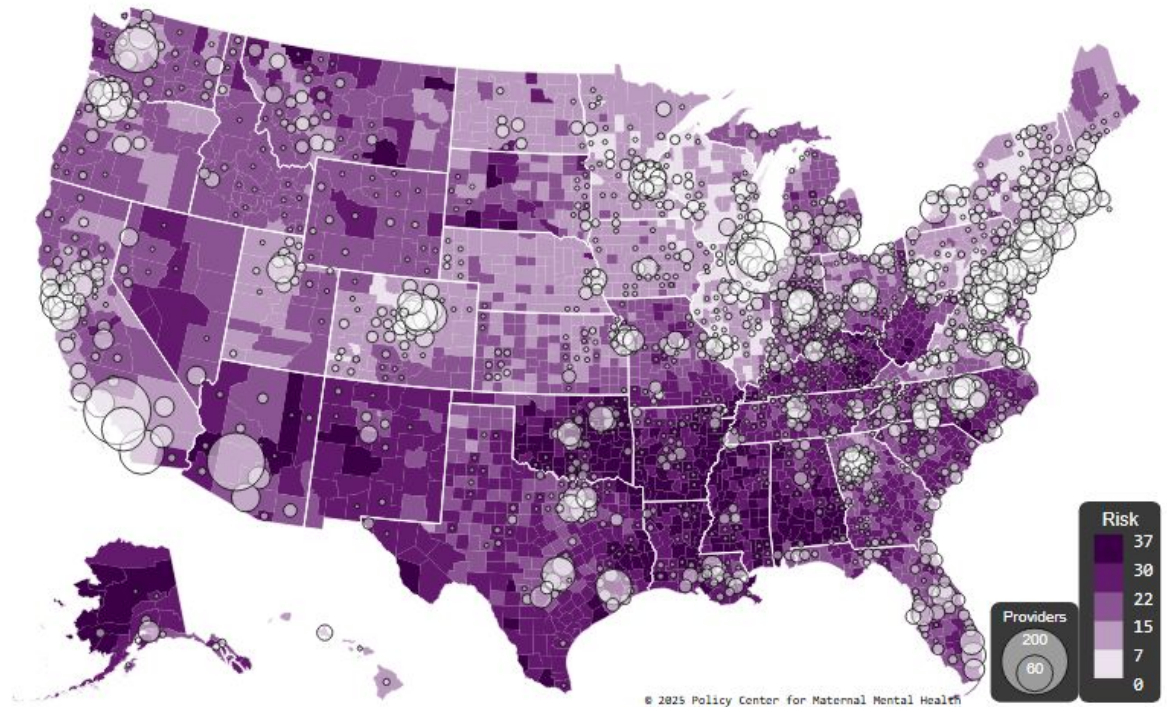
What will help states improve grades in 2027?

-  **Increase number of** therapists with specialties in MMH disorders (PMH-Cs)
-  Increase number of **MMH residential/inpatient and outpatient treatment programs**
-  States and healthplans can **require reporting of MMH screening rates**
-  **Healthplans** can create MMH quality improvement plans

2025 U.S. Maternal Mental Health Risks & Resources by County

A comprehensive report and interactive county-level map:

- 1) Counties with the **greatest risk for MMH disorders**
- 2) Counties with the **least MMH providers/programs**



- Maternal Mental Health Providers
- Provider Shortage Gap

CLEAR

RESET

What **will help states improve** “Parental Support” scores in 2027?



States need to provide **paid leave that is at least 12 weeks**



States can **provide 100% wages during paid leave** to the lowest income families



States can **reduce “childcare gap” to <20%**



States can address **childcare affordability (<30% of the median single-income household earnings)**

Key Policy Recommendations



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Mental Health



More! MMH Policy Roadmap:

<https://policycentermmh.org/maternal-mental-health-policy-roadmap/>

Policy, Partner & Philanthropic Pathways

Address the postpartum cliff by:





- **Expanding OB care to include more touch-points** including mother-baby group care, home visits and remote patient monitoring
- Defining roles/handoffs so there is always a **postpartum care medical home**

Scale access to comprehensive Maternity Care Centers (cMMC) FQHCs

Expand maternity care **measurement** including screening and follow-up to **include OB claims data**

Provide OBs/PCPs in all states with **psychiatric consultation through regional hubs**

Policy & Philanthropic Pathways

-  **Reduce the cost of maternity care** under high deductible plans
-  Invest in maternal **cash-assistance initiatives to address the cost of living**
-  Support scaling of providing evidence based maternal mental health care by non-profit **community based organizations**
-  **Fund** state and federal **frameworks/advocacy that aligns with these priorities**

Want to learn more? Email info@PolicyCenterMMH.org

Q & A



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Now is the Time for Maternal Mental Health!



Learn More: www.PolicyCenterMMH.org



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FOR Maternal Mental Health