

PILLAR 1: Build a National Infrastructure that Prioritizes Perinatal Mental Health and Well-Being

Priority 1.1:

Establish and Enhance Federal Policies That Promote Integrated Perinatal and Mental Health/SUD Care Models with Holistic Support for Mother-Infant Dyads and Families from Multidisciplinary and Interdisciplinary Teams

Recommendation 1.1.1: Enact federal laws and align incentives for states, D.C., & territories to mirror the expansion, funding, and enhancement of federal- and state-level integrated perinatal and mental health/SUD care models involving multidisciplinary and interdisciplinary teams that extend from pregnancy through at least 1 year postpartum—including two-generation (maternal and pediatric care) practices, evidence-based screening and prevention, provision of treatment, and linkages to follow-up and support services.

Recommendation 1.1.2: Enact federal laws that require the implementation of six (6) months of paid family and medical leave and universal child-care in all states, D.C., and U.S. territories.

Recommendation 1.1.3: Establish policies that support non-stigmatizing and non-punitive approaches to screening for substance use disorders, mental health conditions, and suicide in pregnant and postpartum individuals and ensure access to culturally responsive, evidence-based, trauma-informed, family-centered care.

Recommendation 1.1.4: Invest federal funding to create trauma-informed, accessible and equitable family-friendly health care facilities across the spectrums of inpatient, residential, and outpatient care by ensuring free embedded child-care.

Recommendation 1.1.5: Increase the implementation of well-deliberated, clinically sound recommendations, practice guidelines, and evidence-based interventions related to the treatment and support of individuals and mother-infant dyads with perinatal mental health conditions, substance use, and SUDs in all relevant health care systems.

Priority 1.2:

Establish and Enhance Federal Policies That Promote Perinatal Mental Health and Well-Being with a Focus on Reducing Disparities



Recommendation 1.2.1: Expand, enhance, and increase funding for federal programs serving perinatal populations to ensure that mental health, SUD, and GBV screening and preventive services, linkages to timely holistic treatment, and resources and referrals to community-based recovery support services for mental health conditions and SUDs are included.

Recommendation 1.2.2: Recognize the effects that structural racism and historical trauma have on creating and worsening mental health and SUDs and prioritize solutions for improving racial equity, addressing trauma and resolving disparities in care.

Recommendation 1.2.3: Appropriate sufficient funds to maintain and federally administer the work of the current Task Force on Maternal Mental Health to enhance, coordinate, and sustain efforts and partnerships on perinatal mental health and substance use. Establish in future legislation with funding - before the 2027 sunset of the task force - an ongoing coordinating committee on maternal mental health that includes federal and nonfederal representatives.

PILLAR 2: Make Care and Services Accessible, Affordable, and Equitable

Priority 2.1:

Implement culturally relevant and trauma-informed clinical screening and diagnosis and improve linkages to accessible timely intervention and treatment.

Recommendation 2.1.1: Establish comprehensive pathways to improve routine culturally relevant and trauma-informed screening for the presence of and assessment of risk factors related to developing perinatal mental health conditions and substance use, and SUDs, along with GBV, trauma, and SDOH— with the provision of appropriate preventive resources, referrals, and linkages to timely intervention in all relevant care settings.

Recommendation 2.1.2: Clarify, modify, and adopt universal diagnostic criteria (e.g., language and definitions) that reflect more accurate symptom presentation, range, timing, frequency, and severity of perinatal mental health disorders and that improve reimbursement for screening, assessment, and intervention.

Priority 2.2:

Create Accessible and Integrated Evidence-Based Services That Are Affordable and Reimbursable



Recommendation 2.2.1: Create federal mechanisms to fund and develop infrastructure that supports innovation in care delivery models for mental health conditions, substance use, and SUDs, and GBV during the perinatal period to reduce barriers to more accessible, holistic, and multigenerational dyadic care.

Recommendation 2.2.2: Improve federal funding and support for implementation of integrated crisis intervention services for perinatal populations and their families, training of the workforce on crisis care provision that is trauma-informed and culturally relevant, and development of infrastructure that leverages the support of state and local crisis systems.

Recommendation 2.2.3: Work with states and all payors to help establish financial incentives, including increased reimbursement, and support for perinatal mental health and SUD interventions that demonstrate positive outcomes.

Recommendation 2.2.4: Strengthen the continuity of care in the community by encouraging federal agencies to add requirements to their notices of funding opportunities that direct recipients to collaborate with other federally funded programs and develop partnerships with community-based organizations, and regional/state programs, to expand access and referral to treatment and recovery support services.

Priority 2.3:

Build Capacity by Training, Expanding, and Diversifying the Perinatal Mental Health Workforce

Recommendation 2.3.1: Require all relevant existing federally funded training, curricula, and technical assistance programs to incorporate how to prevent, screen, assess, and treat perinatal mental health conditions, inclusive of SUD and GBV.

Recommendation 2.3.2: Educate future and current clinical providers in perinatal mental health conditions, substance use, SUDs, and GBV by ensuring that these topics are included in the curricula for both health care and mental health care providers (e.g., in medical and nursing school, mental health and substance use training programs, and allied health and mental health programs) and in continuing education requirements.



Recommendation 2.3.3: Allocate long-term funding to establish, expand, and sustain perinatal mental health, substance use, and GBV consultation programs for medical, mental health and substance use, nursing, allied health providers, as well as non-clinical community-based workers.

Recommendation 2.3.4: Fund, incentivize, and bolster recruitment and training efforts to expand and diversify the perinatal clinical and non-clinical mental health and substance use workforce, particularly in under-resourced areas.

PILLAR 3: Use Data and Research to Improve Outcomes and Accountability

Priority 3.1:

Use Data and Research to Support Strategies and Innovations That Improve Outcomes

Recommendation 3.1.1: Establish an interdisciplinary, interagency expert panel to determine high-priority areas of research, surveillance, and implementation science that will directly affect national improvements in perinatal mental health conditions and SUDs. The expert panel would be charged with ensuring coordination across the federal government, translating data to action, and monitoring and sustaining research and surveillance in this area.

Recommendation 3.1.2: Invest in ways to build the trust of under-resourced communities who have experienced abuses when participating in research and data collection efforts. Rebuild safety by engaging communities- namely pregnant and postpartum people with higher risk- in partnerships (e.g., through community-based participatory research) to ensure that research, data collection, analysis and reporting on perinatal mental health and substance use are equity-focused, are representative, are culturally relevant, are trauma-informed, and maintain necessary confidentiality protections with the highest ethical regard for vulnerable and under-resourced populations.

Recommendation 3.1.3: Support and fund integrated data systems by sharing data across health care and community-based services while preserving patient confidentiality. Use data to inform and drive the development of more equitable policies, effective practices, innovative interventions and approaches to treatment, and improved outcomes.

Recommendation 3.1.4: Increase investment in current perinatal health data collection programs and create a central clearinghouse of information so that



providers, public health and government officials, and the public can quickly identify and use resources for perinatal health data.

Recommendation 3.1.5: Create mechanisms to pair implementation guidance and dissemination strategies with research, scientific and surveillance findings on perinatal mental health, substance use, SUDs, and GBV for wide use, application, and adoption of the most up-to-date interventions, guidelines, and data.

Priority 3.2:

Build a Foundation for Accountability in Prevention, Screening, Intervention, and Treatment

Recommendation 3.2.1: Establish and implement quality improvement metrics for providers, hospital systems, and insurers—with multiyear longitudinal tracking of costs and outcomes. Create mechanisms to ensure implementation of evidence-based solutions.

Recommendation 3.2.2: Fully fund and expand support for perinatal quality collaboratives (PQCs) fully in all 50 states, D.C., and all U.S. territories, including military and veteran spaces.

Recommendation 3.2.3: Continue to fully fund maternal mortality review committees (MMRCs) in all 50 states, D.C., and all U.S. territories.

PILLAR 4: Promote Prevention and Engage, Educate, and Partner with Communities

Priority 4.1:

Promote and Fund Primary Prevention Strategies at the Community Level

Recommendation 4.1.1: Elevate and fund the implementation of evidence-based best practices and programs that promote person-centered, culturally relevant, and community-level detection and prevention of perinatal mental health conditions and SUDs, especially in under-resourced communities at high risk for these conditions and ensure related Medicaid and private payer coverage.

Priority 4.2:

Elevate Education of the Public About Perinatal Mental Health and Substance Use and Engage Communities with Outreach and Communications



Recommendation 4.2.1: Support a nationwide approach to clarifying the messaging and target audiences of all mental health, SUD, GBV and crisis support warmlines and hotlines for the perinatal populations and their families.

Recommendation 4.2.2: Improve federal strategies to communicate with and engage families, personal networks, those with lived experience, and communities in conversations about perinatal mental health, substance use, SUDs, and care—with a focus on decreasing stigma, raising awareness, and addressing safety—on an ongoing basis.

PILLAR 5: Lift Up Lived Experience

Priority 5.1:

Listen to the Perspectives and Voices of People with Lived Experience

Priority 5.2:

Prioritize the Recommendations from People with Lived Experience

