

# Women with serious mental illness want pregnancy information, resources from mental health providers

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Pregnancy test. Credit: public domain

Women with serious mental illness (SMI) who are pregnant or planning a pregnancy face gaps in information, support and resources in mental health services, new research suggests.

The findings, [published](#) April 1 in the peer-reviewed journal *Health Affairs*, highlight the need to integrate [pregnancy](#) and parenting interventions, education, and other resources for women with SMI into mental health services.

Policies that increase mental health provider and clinic capacity to address pregnancy and parenting can dramatically improve care for women living with mental illness, which would ultimately advance maternal and child outcomes, said Dr. Nichole Goodsmith, psychiatrist and health services researcher at Veterans Affairs Greater Los Angeles Healthcare System, and assistant clinical professor of psychiatry at the David Geffen School of Medicine at UCLA.

"Our study suggests that the topic of pregnancy may be under-discussed in mental health care, leading to a missed opportunity to understand patients' pregnancy goals and desires and offer appropriate support and services," said Goodsmith, the study's senior author who conducted the research while in the National Clinician Scholars Program at UCLA. "The women we spoke to wanted more information on the potential impact of their psychiatric medications on fertility, pregnancy, fetal development, and breastfeeding. The mothers we interviewed expressed needing more parenting support and resources—things like parenting classes, on-site childcare during mental health visits, and referrals for resources like baby supplies."

The researchers conducted telephone interviews with 22 reproductive-age women being served at four Los Angeles County Department of Mental Health outpatient clinics in 2020 and 2021. Most participants were Black or Latina and had children.

Among the findings, few women recalled discussions of pregnancy with their mental health providers, and those who did described them as "quick conversations." In addition, many were dissatisfied with the information they received about potential safety concerns of taking their psychiatric medications in pregnancy.

As for parenting, most described their mental health providers as helpful and supportive, though some were concerned that even talking about

their mental health symptoms could lead to losing custody of their children.

The study has some limitations, the researchers write. It was conducted in a large, urban safety-net mental [health system](#), so the findings may not apply to other locations or populations, it surveyed only English-speaking women did not include other languages or gender identities.

But the findings shed light on the need to build mental health providers' capacity to discuss and address their patients' pregnancy- and parenting-related needs.

"Overall, results underscore the need for greater integration of pregnancy and parenting interventions, education, support, and resources into [mental health services](#) for [women](#) living with SMI," the researchers write. "Incorporating [educational content](#) related to pregnancy and parenting into academic, professional, and continuing education curriculums can help close this knowledge gap."

Additional authors are Karissa Fenwick, Kristina Cordasco, and Alison Hamilton of Veterans Affairs (VA) Greater Los Angeles Healthcare System; Emily Dossett of the University of Southern California, and Rebecca Gitlin of the Los Angeles County Department of Mental Health.

**More information:** Karissa Fenwick et al, Addressing Pregnancy And Parenting In Mental Health Care: Perspectives Of Women With Serious Mental Illness, *Health Affairs* (2024). [DOI: 10.1377/hlthaff.2023.01450](https://doi.org/10.1377/hlthaff.2023.01450)

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