

# Post-Dobbs, maternal mental health care is even more complicated

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In the aftermath of the Supreme Court's decision to overturn *Roe v. Wade*, the ecosystem for pregnant women has become far more complicated—not only for women with unexpected pregnancies but also

for those with planned pregnancies and those experiencing fertility issues. It's even more complicated for pregnant women who are also navigating the nation's complicated patchwork of mental health resources.

Those who are pregnant who are also navigating their mental health don't always find clear answers or resources. And many states lack specific [mental health resources](#) for those seeking or unable to get an [abortion](#).

What is available can vary by region. OB-GYNs have fled some states because of new regulations, and the U.S. is simultaneously experiencing a shortage of mental health care providers.

Those seeking both types of care can face a gamut of obstacles.

Multiple people who became pregnant post-Dobbs told CQ Roll Call they had difficulty finding clarity on whether they could continue their medications for mental health disorders while considering their options.

Others experienced mental health issues prior to pregnancy that were exacerbated by pregnancy.

Others were seeking mental health or logistical support for the first time.

## **Next steps**

National efforts to address an already poor maternal mental health rate are in preliminary stages, with the federal government last month releasing a policy blueprint outlining ways to improve maternal mental health broadly.

"The concrete impacts of restrictive laws enacted post-Dobbs and the narrowing of reproductive options is another source of anxiety and strain

on women of reproductive age," said Carole Johnson, administrator for the Health Resources and Services Administration, which supports the National Maternal Mental Health Hotline.

The hotline and formation of the task force that spearheaded the blueprint are both the result of congressional action prior to Dobbs.

Congress and state legislatures have offered some legislative solutions, but little progress has been made on those bills. Bills typically need to have a broader scope with maternal health to gain momentum, as specific callouts to abortion or anti-abortion pregnancy centers can thwart bipartisan momentum.

## Different needs

The mental health implications of the Dobbs decision have largely fallen on [community organizations](#) and specialized providers who face their own costs and scarcity issues.

"There's so many people that need to be supported that we're not able to actually support or get in touch with just because of budget restrictions or resource restrictions," said Ayé Johnson, blueprint manager for Apiary, a national organization that provides logistical assistance to groups that connect people to abortion services. "We're really trying to create a holistic way of caring for folks with very limited resources."

If people need emotional support, Johnson said they might be directed to All Options, which operates a hotline for pregnant individuals and new parents who want to talk about their options; or Exhale Pro-Voice, a text-based line for [emotional support](#) after an abortion. Or they might be connected to a doula for support before, during or after an abortion.

Sumeyye K., a help line coordinator at ARC-Southeast, speaks to callers

in a number of emotionally difficult situations: wanted pregnancies with fetal anomalies, pregnancies resulting from sexual violence, moms calling on behalf of their teenage daughters.

"There's definitely emotional weight in these conversations," said Sumeyye, who declined to use her last name in this report for privacy reasons. "I think a lot of these callers are just looking for someone to listen, and because of the stigma it's really hard to find that."

Simran Singh Jain, membership coordinator for SisterSong, a Southern reproductive justice group, said she has seen a different timeline in patients reaching out for mental support. Before the implementation of the bans, "almost all the work that I was doing was within a span of one week around the actual abortion," she said.

Now, individuals often reach out to process and talk about their abortion even three or six months after the procedure. Because of Dobbs, people are more focused on navigating immediate logistics and changing laws than on their mental health.

"People are so scared of their abortions now because they're so scared that something bad is going to happen that that's all they can think about," she said.

While there are some providers who do postpartum-specific therapy, Kelsey Reep, a North Carolina-based licensed clinical social worker, said there is a "whole missing area" for focusing more on abortion and miscarriage support.

Reep said she has increasingly heard from patients reaching out for issues like anticipatory anxiety—possibly needing an abortion and not having the ability to get one, or feelings of stigma and shame from being unable to share about the barriers they have faced.

Allison Terracio, advocacy campaigns manager for Planned Parenthood South Atlantic, said the reality on the ground is that after navigating the logistics, travel, expenses and the stream of protesters, "all of these stressors compound."

In May, the Policy Center for Maternal Mental Health rated states on their efforts to support maternal mental health. Only four states—Washington, Utah, Pennsylvania and California—exceeded a C+.

"It's just two systems that are part of a larger system that has a lot of problems," Terracio said. "It's very difficult to get abortion care; it's pretty difficult to get mental health care."

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