Dear Chairman Arch and Members of the Health and Human Services Committee,

Thank you for allowing me to testify today. My name is Sara Howard and I am a policy advisor at First Five Nebraska. First Five Nebraska is a statewide public policy organization focused on promoting quality early care and learning opportunities for Nebraska’s youngest children. My work at First Five Nebraska is focused on maternal and infant health policy, a new area of focus for the organization, and recognizes what we all know already: that healthy moms and babies are critical to ensuring the long-term success of children in our state. I am here to testify in support for LB905, a bill regarding maternal mental health screenings.

First, I want to thank Senator Walz for introducing LB905 and for her true heart for moms and babies in Nebraska. Maternal depression is the most common pregnancy and postpartum complication in America, impacting one in every seven women who cease to be pregnant in America. Even with those statistics, many provider groups agree that this condition remains underdiagnosed, which means even more mothers may be suffering from depression than we realize.

Equally critical is the impact of maternal depression on babies. Postpartum depression is often linked to issues with infants that range from failure to thrive, attachment disorders and developmental delays. In short, when mothers struggle with their mental health, the impact on their children can be long lasting.

There are a few Nebraska-specific statistics I want to highlight for the committee:

1. According to Nebraska Vital Statistics there is, on average, one completed suicide annually for women who were pregnant or pregnant within the past year at the time of their death;
2. According to the Foster Care Review Office, 315 children under age 1 were removed and placed in out-of-home placement in Nebraska in 2021 (not including informal placements) and of those, 77 were reviewed. From the cases that were reviewed, 16% have mother's

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3 Formal request to DHHS from FFN 12/23/2021
mental health as a reason for the removal of the child, but we know that parent mental health is often an underlying factor in substance use, which was a factor in 58% of the reviewed cases;⁴

These statistics reveal that maternal mental health issues have a direct impact on mothers and babies in our state. Further, the No. 1 recommendation of the state’s Maternal Mortality Review Committee report released in September 2021 was “peripartum implementation of mental health & substance use screening, assessment and referral.”⁵ There is wide recognition that a maternal mental health screening is an important prevention tool, however according to the Nebraska Perinatal Quality Improvement Collaborative, of Nebraska clinics that provide care to pregnant women, only 65% screen prenatally, and 78% screen at the postpartum visit. Maternal mental health screenings for mothers at their baby’s pediatric well-child visits peak at 43% of pediatric providers who screen mothers at the one-month checkup and the percentage goes down from there for subsequent visits. We know the ideal is 100% of mothers being screened using a validated tool prenatally, postnatally and at every well-child visit during their baby’s first year of life, but how do we get there?

LB905 presents a unique Nebraska solution to this challenge by essentially recommending that the Board of Medicine and Surgery craft policies with hospitals and medical providers to ensure mental health screens occur for mothers prenatally, postnatally and at well-child checkups. Further, the Board of Medicine may also work with providers to ensure there is a referral network available if a mother is found to have a mental health issue. LB905 is a first step in what will be a long process of ensuring every mother in Nebraska receives a mental health screening.

First Five Nebraska is committed to ensuring that every mother is screened using a validated tool, but we also recognize the importance of data to guarantee that our efforts are making a difference. To that end, First Five Nebraska has begun a partnership with Nebraska’s Health Information Exchange, Cync Health, to examine several indicators relative to maternal mental health in Nebraska. Specific data includes:

- Number of mothers with a child born in the previous 12 months in the state of Nebraska;
- Race and ethnicity of mothers with a child born in the previous 12 months;
- Number of mothers with a child born in the previous 12 months who received a mental health screen;
- Number of mothers with a child born in the previous 12 months who received a diagnosis of depression or post-partum depression;
- Number of mothers who received a mental health intervention, including:
  - Discharge planning and any intervention,
  - Emergency room and hospitalization for psychiatric conditions, and
  - A prescribed antidepressant.

Through this data, First Five Nebraska will be able to closely monitor efforts to improve maternal mental health screening in the state, and LB905 is a critical piece of the puzzle to ensuring every mother is screened while she is pregnant and after she has her baby.

⁴ Formal data request to FCRO from FFN 12/30/2022
I want to again thank Senator Walz for bringing this important bill and the committee for their careful consideration of this legislation. I am happy to try to answer any questions you may have.

Sincerely,

Sara Howard
Policy Advisor
First Five Nebraska