

## Insights

# Additional Support, Compassion Needed for Maternal Mental Health

Reflections from maternal and child health researcher and new mom Meera Menon, PhD

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[CDC research](#) shows about 1 in 8 women with a recent live birth experience symptoms of postpartum depression. Estimates of the number of women affected by postpartum depression differ by age, race/ethnicity, and state.

In recognition of Maternal Mental Health Awareness Month, we're taking some time to reflect on maternal mental health and the experiences of a new parent who is also a maternal and child

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health researcher. Read our conversation with NICHQ Associate Director of Research and Evaluation Meera Menon, PhD, and learn more about her experiences navigating these roles and thoughts about how public health practitioners can hold maternal mental health more compassionately for all new parents, but especially those negatively impacted by social determinants of health.

**J: How has your background as a maternal and child health researcher impacted you as a mother, and vice versa?**

M: It's interesting being a parent now because my background is in developmental psychology focusing on children under the age of three. It's interesting seeing it play out, to see her reach a different developmental phase, to see her like gross motor skills develop, you know, her socio-emotional development. To have studied something and to like really intimately understand it, and then the experience of being a parent just kind of like throws it out the door in a way. You appreciate it from a completely different lens. It's like this idea of, we know what to expect. We know the best practices, we know the standards, and then there's the parent-child relationship, right? You really have to adapt to your personal circumstances, which is something related to the work we do in MCH. That's a thing I think I both struggled with and really grew to appreciate about being a parent.

A lot of my work at NICHQ has been with the NAPPSS-IIN project. And you know, that project works to promote breastfeeding and safe sleep at a national level. And those were the two things that were the hardest for me as a new parent. My child had the hardest time feeding. When she was really little, she had a tongue tie. She had really bad reflux. It was like breastfeeding was painful for her. It was painful for me. And because of all of that, she wouldn't sleep because she was uncomfortable. So, you know, it was really, striking to me because we understand like what to do and the messaging and all the barriers behind breastfeeding and safe sleep. And then to live it was a completely different experience.

I feel like the only way that I got through it was knowing where to access resources from being a public health professional. I knew, okay, I need to reach out to an I B C L C, I need to do X, Y, and Z. I kept reflecting on the fact that like, that's not an experience that most parents have. We can't have these really black-and-white messages for parents that completely ignore the nuances of a situation. Like to be told, you have to breastfeed for now up to two years. When that's causing, in my case, like severe mental health problems, just to worry is she feeding enough?

Especially as a public health researcher, I know any amount of breastfeeding, any amount of breast milk is better than nothing. I know that's not a message that most parents get. It's partly just realizing the experience of one parent is not the same as the experience of any other parent. It is such a unique dynamic experience, with your child's personality and temperament, your own personality and temperament. And so it's hard as public health researchers and public health professionals because we do kind of need to live in that sort of population-level messaging, but it really ignores individual experience.

With all of this messaging, there's such importance to having that message out, but it leaves a whole group of parents who are really struggling, feeling such amazing guilt for considering

another option. There's this economist, Emily Oster. She wrote a book called *Expecting Better*. She provides a lot of information about evidence-based and research-based around pregnancy, parenting, and raising children. And she recently put out something about this idea of there's no second-best parenting. It's always like this is the best way, but there's never room for the idea that this is the second-best way. Especially as a new parent, you need to hear that. This is the best thing to do, but there's nothing wrong with the second-best thing to do.

When I, by whatever luck, will have made it to one year of exclusive breastfeeding, that is probably only because I was so committed to doing it. And there were so many points where people said, you don't need to do this. And I probably was a little too hard on myself and I didn't need to do that. It was really hard and the only way I made it was because of my knowledge and my privilege, honestly, to get there.

J: This month is a time dedicated to talking about maternal mental health – something that can significantly affect the health of moms and the development of their babies. Perinatal depression is the most common and underdiagnosed obstetric complication in the U.S. According to the American Academy of Pediatrics, perinatal depression affects 15 to 20 percent of new mothers – almost double that number for mothers living at low income, and triple that for low-income adolescent mothers.

**With your experience as both a mother and researcher, what are some of your reflections on that data?**

M: It feels like highly unrealistic expectations we put on new parents. It's shocking to me that not many people are depressed or anxious because it's just a lot to put on a parent without the village behind them.

The one thing I feel I'm starting to appreciate as a parent is that there's never a right answer. Everything you do, you're wondering, am I doing the right thing? But, there is no right thing and it's really what's best for you and what's best for your child.

With perinatal depression in particular, a lot of new parents feel like they have to suffer and sacrifice for their child and forget that your child needs your mental health at its best. It needs a caregiver that is functioning optimally. And I say that like completely guilty of it myself, the fact that I've been able to exclusively breastfeed for a year is a little bit ridiculous given how hard it was for me to do. Again, I'm shocked that I never dipped into that level of clinical depression. I have friends who've had tough times as well and never once have I said, "You must breastfeed exclusively for one year." I said, "You need to do what's best for you and your child and what's best for your mental health because your child needs a caregiver that's taking care of themselves." Something that I reflected a lot on during my postpartum time was being hyper-aware of... is this normal or is this depression? And I can't help but think that because of my circumstances, I never dipped into depression because I had a lot of social support. My mom stayed with me for the first three months postpartum. I knew who to access. I had the financial resources to access support. I had support so I could take a nap if I needed to.

J: Screening is an important tool to notice changes in mental health – the AAP recommends five touchpoints for screening for postpartum depression: once during pregnancy, and again at 1-month, 2-month, 4-month, and 6-month well-child visits. Early intervention and access to

community supports and treatment are crucial to improving mental health. The message we can repeat is: Caring for yourself is the same as caring for your child.

**What was your experience with mental health screenings related to postpartum care?**

M: There's so much care for a pregnant person and then once the pregnancy is over, it's kind of like, here's your six-week checkup, and hope you're great. Each visit, it's like operating within our traditional healthcare system. In all of my pediatrician appointments, there was a form in each visit that clearly asks you about depressive symptomatology. But I will tell you that when I went to those visits with my pediatrician, all I wanted to talk about was the fact that my daughter was not gaining weight, and the fact that she wasn't sleeping. So it's not even like we would've gotten to that. That's just putting a lot on a single provider to assuage a parent's worries about their child, to check in on their mental health, to connect them to resources, to make sure they've been connected, to make sure they've taken up on those resources. It's just a lot to put on one, like one provider, especially if the workflows aren't in place to do that.

J: When we consider the impact of social determinants of health on mental health, it's important to note that caregivers who experience poverty are more than three times as likely to have depression as caregivers who don't. Medicaid plays a central role in improving children's health and mandates coverage of services recommended by the U.S. Preventative Services Task Force, such as screening for depression. Healthcare providers, families, and policymakers can come together to reduce stigma, normalize talking about mental health, and improve systems of care.

**Now that you have this new level of lived experience layered over your research experience, what do you see as being a way forward?**

M: It all goes back to aligning systems, right? The fact that there are all of these different systems that parents and kids operate within. So a good example is gynecological care prior to giving birth, or midwife care, whatever you receive, the fact that is not being interfaced with pediatric care. The fact that that's not being interfaced with any lactation support that you might like. There's just a lot of disconnect between the systems we operate within. I know that as we continue on this path, there's a lack of connection between all of the early childhood systems, the school system, early intervention, and the healthcare setting. I think that really to provide support to parents, we need to get systems working together. We need to align efforts and have folks communicate with each other. And I recognize that is extraordinarily hard to do because it's the work that I do. But having lived it, I can tell you an integrated system is really the way to feel supported in the absence of having that village of support that parents want.

J: Providers across the continuum of care can hold the insights and recommendations shared today to improve the experiences of mothers and birthing people before birth and beyond, while keeping in mind how social determinants of health and disparities related to racism and other forms of oppression impact people's experiences and health outcomes even further. Reflection on the challenges of parenthood can also bring reflections on the joy.

**What has been an unexpected joy for you?**

M: Seeing the throughline of her personality has been really interesting. She, probably from birth has always been the kind of person who wants to do things herself. Now that she's turning into

like a toddler, I see it really happening. She wants to try everything on her own first and then she'll let you help. it's really interesting to see that happen and, to know that that's who she is. With all of the challenges that I had with parenting, it's just so great to see her smile and laugh.