Addressing Postpartum Mood & Anxiety Disorders in Individuals Who Have Placed a Child for Adoption

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Postpartum Mood and Anxiety Disorder (PMAD) is a pregnancy complication that impacts an estimated 1 out of every 5 women (or more than 750,000 women) who give birth annually in the United States, with estimates indicating that PMAD is a $14 billion problem. PMAD is typically diagnosed by a pediatrician, which means that birthing women who place their child for adoption, referred to as birthparents within the adoption industry, while at higher risk for developing PMAD due to the trauma of a crisis pregnancy and placing their child for adoption, are not assessed since they do not see a pediatrician following the birth of their child. If we use the available data to extrapolate the rate of PMAD in birthparents, and we adjust for the higher rates of adverse outcomes in birthparents, we can conservatively assume that PMAD affects at least 1 in 3 birthparents, or more than 6,000 birthparents annually. Using the most recent data on the cost of leaving PMAD untreated ($32,000/birthing person), we arrive at a nearly $200 million problem within adoption alone (excluding birthfathers and adoptive parents who are also at risk of developing PMAD).

On Your Feet Foundation, founded in 2001, is the only secular, independent non-profit organization in the United States dedicated to improving outcomes in adoption through direct service to birthparents. On Your Feet defines a birthparent as a person who has placed a child for adoption. Their mission is to "provide the comprehensive support, services, and community that birthparents deserve no matter when they placed their child for adoption and advocate for birthparent rights and ethical practices in adoption in order to improve outcomes for all members of the adoption constellation (On Your Feet, 2024)." In 2023, On Your Feet served 582 birthparents across 46 states and Canada. The services provided by On Your Feet include peer-led support groups, therapeutic retreats, access to adoption-competent therapy, grants for counseling and education, and education and advocacy through Activism in Adoption (On Your Feet, 2024).

On Your Feet recently connected with Mammha, a website and app designed to enable patients to interact directly from their smartphones, starting with an initial PMAD assessment to referrals and continuing through care coordination. By making assessments available on a smartphone, patients do not have to travel to an appointment or arrange for childcare or time off work, and the assessment is free. This eliminates several barriers to entry, particularly for birthparents. A positive screening result and/or indication of thoughts of self-harm immediately trigger a follow-up. This model has shown promising results: patients are 5x more likely to engage in care and report feeling better within 7 days of connecting with a care coordinator. Further, it only takes Mammha an average of 4 days to get a patient connected with a therapist and 3 days for an appointment with a psychiatrist (mammha.com).

The Nature and Extent of the Problem

In the United States, there are approximately 5 million pregnancies annually, 25% of which are terminated (Sisson, 2024, Turnaway Study, Gallup). Of the estimated 4 million annual births nationally, 19,000 (<1%) infants are placed for adoption through private infant adoption (Sisson, 2024, p. 2-3). For women who carry a pregnancy to term and then place their child for

adoption, there is no mandate or accepted best practices for postplacement care. These mothers and fathers are subject to the stigma and stereotypes that have plagued birthparents for decades. The prevailing narrative, steeped in systemic and structural racism – that birthparents do not want or love their children, that they are Black, uneducated teenagers who often struggle with substance abuse – enables the adoption industry to continue to ignore the harm and trauma experienced by birthparents. The available data on birthparents, however, tells a very different story from the popular narrative perpetuated in the entertainment media and beyond: Relinquishing mothers are predominantly white, older (mid-twenties), have at least some college education, and are of a higher socio-economic status than mothers who end up parenting (Khazan, 2019). The stereotypes are wrong, but the issues facing birthparents of all demographics are very real. Further, while adoption is an unpopular choice for individuals in an unexpected/crisis pregnancy, there are an estimated 5 million adoptees living in the US and, by extrapolation, 10 million birthparents (Wiley et al., 2005).

In considering the issues facing birthparents, it is first important to understand that adoption in the United States has a long and turbulent history. From slavery (1776-1865) to the orphan trains (1854-1929) to Native American children being taken from their families and tribes and sent to boarding schools (1869-1960s) to the Baby Scoop era (1945-1973), there is a consistent thread of systemic racism, white supremacy, and a failure of our social welfare system (Herman, 2012). Adoption has long been an answer to privileged white couples' desire to achieve the American dream when unable to have their own biological children, and that privilege overshadows the rights and needs of individuals deemed less worthy or desirable. For decades, single women who found themselves in a crisis pregnancy were sent away to give birth and, following their child's birth, were instructed to return home, resume their lives, and never speak of their child to anyone, ever.

Factors Contributing to the Problem

Adoption is a traumatic experience for both adoptees and birthparents, and the outcomes are concerning. Adoptees and birthparents are:

- 4x more likely to attempt suicide
- 2x more likely to have substance use disorders
- 2x more likely to be referred for mental health and behavioral issues, including anxiety, depression, attachment issues, ADHD, PTSD, and bipolar disorder
- Overrepresented in the criminal justice system (Keyes, 2013).

Postpartum Mood and Anxiety Disorder (PMAD), colloquially known as Postpartum Depression, has garnered more attention in recent years due, in part, to an observed uptick in diagnosis among insured women – as many as 1 in 5 women are diagnosed with PMAD within the 12 months following giving birth, making this the most common complication of pregnancy (Frellick, 2024). And researchers contend that the number of women struggling with PMAD is actually much higher. While birthparents are not specifically studied, according to researcher Janette Logan, 82% of birthparents "reported significant depression as a result of surrender

(Logan, 1999).” Further, in Logan’s study, 21% of birthmothers reported making an attempt on their lives. Compare this to .6% of the general population aged 18 and older, with a disproportionally higher number of attempts among BIPOC individuals (American Foundation for Suicide Prevention, 2022).

According to Mathematica Policy Research, it is estimated “that the total societal cost of untreated PMADs in the U.S. is $14.2 billion for all births in 2017 when following the mother-child pair from pregnancy through five years postpartum (Luca et al, 2018).” Further, in a study spanning more than 750,000 women from 2008 – 2020, an “increasingly rapid worsening of US maternal mental health” was observed (Frellick, 2024). It is important to note that this study did not include those on Medicaid or women who were uninsured, which includes 80% of birthparents (Sisson, 2024). Individuals facing a crisis pregnancy or who experience trauma during their pregnancy or childbirth are significantly more likely to develop PMAD.

PMAD is typically assessed by a pediatrician; however, birthparents are not evaluated by pediatricians since their parental rights have been terminated. Lacking any state or federal standard for post-placement care for birthparents, birthparents are left to struggle in silence and secrecy. Even if adoption agencies provide access to therapy after placement, birthparents are not required to attend therapy, and they often resist returning to the place where their parental rights were terminated due to the trauma and shame associated with their placement.

While Medicaid covers 41% of births annually, 80% of birthmothers are on Medicaid, twice the national rate (Gordon et al, 2024). This limits birthparents' access to therapy, and very specifically, adoption-competent therapy. Depending on the state, Medicaid coverage may last 30 days postpartum and up to 1 year (Gordon, 2024). On Your Feet Foundation regularly works to connect birthparents with adoption-competent therapists and finds that there are very few therapists who accept Medicaid, and most therapists vetted by the organization do not know to assess birthparents for PMAD.

Promising Approaches for Improved Results

PMAD assessment tools are readily available but not being used to assess birthparents. A recently launched website and app, Mammha.com, shows promising results in the general population. Mammha.com enables patients to interact directly from their smartphones, from the initial assessment to referrals and care coordination. By making assessments available on a smartphone, patients do not have to travel to an appointment or arrange for childcare or time off work, and the assessment is free. This eliminates several barriers to entry, particularly for birthparents. A positive screening result and/or indication of thoughts of self-harm immediately trigger a follow-up. This model has shown promising results: patients are 5x more likely to engage in care and report feeling better within 7 days of connecting with a care coordinator. Further, it only takes Mammha an average of 4 days to get a patient connected with a therapist and 3 days for an appointment with a psychiatrist (mammha.com).

For birthparents, this model provides a lot of benefits: Birthparents can be assessed for PMAD without leaving their homes, seeing a pediatrician, or needing to return to the adoption

agency. They can even meet with therapists via telehealth, if they are most comfortable with that, eliminating many of the barriers to birthparents seeking treatment.

PMAD is treatable when diagnosed, so the critical first step is to assess. Treatment follow-through is the next hurdle to cross. Once a diagnosis has been made, according to Mammha.com, an average of 13 sessions are required to successfully treat PMAD. By improving access to resources and decreasing wait times for therapists, more women can receive the help that they need.

Needs Assessment

Birthparents are the least studied, least understood, and least supported members of the adoption constellation. For the entire history of adoption in the United States, they have been used, manipulated, and coerced, their needs ignored and discounted. There is no standard of care for birthparents, and their mental health challenges are used against them – with many adoptive parents using mental health struggles as a reason to close adoptions (Sisson, 2024). Open adoption, though considered to be best practice for adoptees and birthparents, lacks a clear definition, ranging from exchanges of written updates and photos to regular in-person visits multiple times a year; however, birthparents are not provided with the tools and support, so they can show up in healthy ways for their children.

If we use the available data to extrapolate the rate of PMAD in birthparents, and we adjust for the higher rates of adverse outcomes in birthparents, we can conservatively assume that PMAD affects at least 1 in 3 birthparents, or more than 6,000 birthparents annually. Using the most recent data on the cost of leaving PMAD untreated ($32,000/birthing person), we arrive at a nearly $200 million problem.

When left untreated PMAD is an expensive problem. While birthparents make up about 1% of birthing individuals on an annual basis, they are at significantly higher risk for developing PMAD, yet are not assessed for the condition. Implementing an assessment tool for birthparents and increasing access to care will improve outcomes for birthparents, helping to ensure that they are able to show up in healthy ways for themselves and their children, by extension improving outcomes for all members of the adoption constellation.

Proposed Service Model

On Your Feet (OYF) provides access to adoption-competent therapy for birthparents via grants and negotiated rates with adoption-competent therapists. A typical grant is $500 and provides 10 sessions, and grants are renewable up to three times. This approach, however, does not address PMAD as birthparents accessing services through On Your Feet are an average of 3 years post-placement. On Your Feet staff has observed that by the time most birthparents seek support, PMAD has been left undiagnosed and untreated for years, resulting in a myriad of complications. To address this issue, On Your Feet will begin assessing birthmothers who seek support and are within 12 months of placement, the timeframe during which PMAD is likely to develop. This program will be rolled out in conjunction with OYF's Birthparent Support Alliance

(BSA), a paid membership offered to adoption agencies, as BSA members generally connect their birthparents with OYF within weeks of a placement being finalized.

Assessment of PMAD will be accomplished through the utilization of a tool already publicly available and administered with case manager supervision via a web-based platform or app. Birthparents whose results indicate PMAD or who indicate risk of self-harm will be immediately connected with appropriate resources, including a therapist and, if necessary, a psychiatrist for medical management.

Currently, On Your Feet refers birthparents to therapists, which often delays treatment, as case managers have to identify a therapist who is willing to accept a significantly reduced rate. To mitigate this issue, On Your Feet is in the process of applying for an NPI2 number, which will allow the organization to contract with adoption-competent therapists who have been vetted by the organization. This converts OYF from a referring organization to a group practice, allowing them to bill Medicaid and other insurance. It also means that instead of OYF paying therapists a significantly reduced rate, OYF and therapists will be paid, and birthparents will not be limited to 10 sessions.

Using the service model developed by Mammha addresses many of the issues that prevent birthparents from receiving care:

- A digital assessment tool easily and freely accessed from a smartphone
- Virtual appointments
- Little to no wait times to receive services (Mammha.com, 2024).

However, one of the challenges of postpartum resources is that they assume that the person accessing these tools is parenting. Mammha has granted permission to On Your Feet to strip the app of all parenting references, which will make the resource appropriate for use with birthparents.

Program Goals

The goals of this program is for OYF to establish a standard of care by which all birthparents are assessed for PMAD. By providing screening, OYF will be able to diagnose and connect birthparents with appropriate services. In doing so, the incidence of untreated PMAD should be significantly reduced, which, when left untreated, hinders birthparents' ability to process their adoption and show up in healthy ways for their child. This should improve outcomes for all members of the adoption constellation. When birthparents are treated for PMAD within 12 months of placement, they should also be better positioned to successfully continue with education or careers, have healthy relationships, and process the trauma of adoption without additional setbacks.

Program Objectives

Short-term Objectives:

- Implement the PMAD assessment tool with all new BSA clients ~50 birthparents within the first 12 months of the program

- Contract with 80 adoption-competent therapists across the U.S. to provide treatment for PMAD
- Connect 100% of birthparents who test positive for PMAD with appropriate care providers

Medium-term Objectives:

- Expand the program to include all birthparents seeking care (BSA and non-BSA member birthparents); (this will likely require an increase in case management capacity)
- Develop a training program to educate therapists on PMAD and adoption competency in order to expand the number of qualified providers

Long-term Objectives:

- Offer the training program to therapists as an open-source model with OYF case managers continuing to vet all therapists who wish to contract with the organization
- Establish a nationally recognized standard of care for birthparents, including requiring adoption agencies to provide access to PMAD assessments within 6-12 months of placement

Should these objectives be achieved, the expected outcomes are as follows:

- >80% of OYF birthparents whose assessments indicate PMAD or who indicate self-harm will be connected with care providers within 72 hours of a positive indication
- Within 10 sessions, 50% of birthparents diagnosed with PMAD will show improvement via a self-reporting tool
- 75% of assessed birthparents will report healthier open adoption relationships
- OYF will observe a significant reduction in the number of adoptions closed due to birthparents being unable to show up in healthy ways for their children
- Long-term outcomes include improved outcomes for adoptees and adoptive families, such as lower rates of mental health, behavioral and attachment issues for adoptees.

Eligibility Criteria

There are an estimated 19,000 domestic infant adoptions annually (Sisson, 2024). Within the first 12 months of the program, OYF will work specifically with birthparents who placed through a BSA member agency in order to ensure that all assessments can be completed and birthparents connected with services in a timely manner. OYF will also only assess individuals who have given birth (Birthmothers/Birthgivers), although men are also diagnosed with PMAD. As OYF increases its capacity, the program will be expanded to assess and treat any birthparent within 12 months of the birth of the child they placed for adoption. While OYF currently serves ~600 birthparents annually, the goal will be to make this tool available to agencies and other organizations/practices who work with birthparents.

Benefits

Assessing birthparents for PMAD is a critical step in improving outcomes in adoption. Adoption is a traumatic experience, and providing the needed tools to treat PMAD is much

needed and long overdue. By assessing birthparents within 12 months of giving birth, necessary attention will be paid to the mental health issues that birthparents often deal with, and the benefits will have a ripple effect across the entire constellation (birthparents, adoptees, adoptive parents, extended birth, and adoptive families, and adoption professionals).

Birthparents who have a positive indication for PMAD will be connected with a therapist and psychiatrist so that the PMAD diagnosis can be confirmed, and treatment received. According to Mammha, it takes an average of 13 sessions to treat PMAD, and longer if there is more trauma involved, which is often the case in adoption. This program will enable birthparents to remain in care for as long as they need treatment. An additional benefit is that by treating PMAD early, birthparents will be more likely to avoid compounding issues related to untreated PMAD and adoption. In addition to being able to show up in healthy ways for their adopted child, OYF expects that birthparents who are treated will be healthier, more productive members of society, lowering the toll PMAD currently takes on the U.S. economy.

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