



March 6, 2025

Senator Alice Mann
3225 Minnesota Senate Bldg.
St. Paul, MN 55155

Dear Senator Mann,

My name is Dr. Andrea Johnson, and I'm an obstetrician-gynecologist at the University of Minnesota writing in support of SF 1085 on behalf of the Minnesota Section of the American College of Obstetricians and Gynecologists (ACOG).

Complications from un- or undertreated mental health issues have become the number one cause of maternal mortality in the United States in recent years, surpassing postpartum hemorrhage and hypertensive disorders of pregnancy. National and state reviews of causes of maternal mortality indicate these deaths are preventable. As of 2021, 27.2% of women in the United States are diagnosed with a mental illness. Mental health is worsening for many different groups of people in this country, and this includes pregnant and postpartum patients. Additionally, misinformation in the community can make pregnant and postpartum patients fearful to pursue treatment in the forms of therapy or medication, further increasing their risk of a perinatal mental health crisis.

ACOG recognizes this problem and recommends depression and anxiety screening for every pregnant patient at their first obstetric visit, again at the beginning of the third trimester, and again in the early postpartum period. For patients with known mental health diagnoses, this screening and monitoring should be more targeted and more frequent, and specifically trained perinatal mental health providers can be crucial in managing these conditions. This bill would support what is recommended and practiced in the medical community and is in line with ACOG guidelines.

It is difficult to pick just one story of a patient whose pregnancy was affected by mental health conditions, but one in particular left a lasting impact on me. She was pregnant and admitted to our obstetric service due to acutely worsening mental state and was in constant despair, crying for many hours during the day. She was unable to be admitted to the inpatient psychiatry service because she was "not sick enough" to procure a bed. This led to a prolonged admission to the hospital, a time during which she did not receive the best mental health care because she was not able to be admitted to the correct inpatient service to receive this care.



I care for patients with inadequately treated mental health on a daily basis. Other stories of patients without enough mental health support are innumerable, with patients begging for us to “cut their baby out” at 28 weeks, starving themselves in an obsession to avoid getting gestational diabetes, having intermittent intrusive thoughts of harming their babies, patients desperate to stay sober during and after their pregnancy, and patients forgoing care for themselves in the postpartum period because they think constant fear and panic states are normal. These patients would all have the potential to be positively affected by this bill to increase treatment for them outside of a hospital setting, since many do not necessarily meet criteria for inpatient treatment. This bill would support current medical recommendation, has the potential to decrease stigma, and has the potential save lives and certainly reduce suffering.

Thank you for your work to support pregnant patients, new parents, and their babies.

Sincerely,

Andrea Johnson, MD
Obstetrician-Gynecologist