

September 11, 2024

Dear Representative,

We are writing regarding inclusion of a perinatal mental health provision within the Fiscal Year (FY) 2025 National Defense Authorization Act (NDAA).

We urge your support of a provision that would require the Secretary of Defense to establish a pilot program to implement evidenced-based perinatal mental health prevention programs at military treatment facilities to support pregnant and postpartum members of the Armed Services and their families. The provision derives from the *Maintaining Our Obligation to Moms (MOMS) Who Serve Act (S. 3641/H.R. 7087)*, legislation led by Senators Shaheen (D-NH) and Fischer (R-NE) and Representatives Houlahan (D-PA) and Bacon (R-NE). These programs prevent maternal mental health conditions and lessen the severity of symptoms.

Maternal mental health (MMH) conditions are the most common pregnancy-related complications, affecting an estimated [one in five individuals](#) annually. Further, these conditions are the leading cause of maternal mortality in the United States, accounting for [more than 22%](#) of all pregnancy-related deaths. Despite these high rates, [nearly 75%](#) of women experiencing these conditions remain untreated, increasing the risk of long-term negative impacts to mother, baby, family, and society. The societal costs of maternal mental health conditions are estimated at [\\$14 billion a year](#) when left unaddressed.

Our nation's military mothers experience mental health conditions at significantly higher rates compared to their civilian counterparts due to the unique challenges that come with military service. According to the [Government Accountability Office](#), about 36% of all beneficiaries in the TRICARE program received mental health diagnoses during their perinatal periods compared to about 20% of the general population. Retired service members experienced even higher rates of maternal mental health conditions at about 62%. Beneficiaries have cited barriers in accessing care to address maternal mental health conditions, including stigma, lack of provider availability, and privacy concerns that a diagnosis may affect career advancement.

Ensuring adequate care and support for pregnant and postpartum service members and their families is not only imperative for improving overall health outcomes, but also ensuring force readiness and retention for service members. **We therefore request that this provision be considered for inclusion in the FY2025 NDAA to ensure pregnant and postpartum services members are supported, to enhance force readiness, and to help families thrive.**

Thank you for your consideration of this important request. If you have any questions, please contact Casey Osgood (casey.osgood@nemours.org), Andrew Fullerton (AFullerton@marchofdimes.org), or Blake Kilmer (bkilmer@luriechildrens.org).

Sincerely,

Nemours Children's Health
March of Dimes
Ann & Robert H. Lurie Children's Hospital of Chicago