

*Whole Person, Whole Pregnancy:  
Bridging Maternal and Behavioral  
Health in Rhode Island  
January 8, 2026*






# Whole Person, Whole Pregnancy: Bridging Maternal and Behavioral Health in Rhode Island

Rhode Island KIDS COUNT

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Maternal health before pregnancy,  
during pregnancy, and after birth  
impacts health outcomes for  
mothers and children.



A large orange circle graphic on the left side of the slide, partially cut off by the edge.

# Barriers to Prenatal Care

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Not knowing you are pregnant

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Not being able to get an appointment or start care when desired

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Lack of transportation

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Lack of child care

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Inability to get time off work

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Lack of insurance or money to pay for desired care

# The Importance of Primary Care Access

Opportunity to discuss preconception health



Opportunity to discuss management of chronic health conditions or past health history that may have an impact on pregnancy health, birth outcomes, and postpartum health

Hypertension  
that could  
increase risk  
of  
preeclampsia

Mental health

Substance use

Nutrition

History of  
domestic  
violence

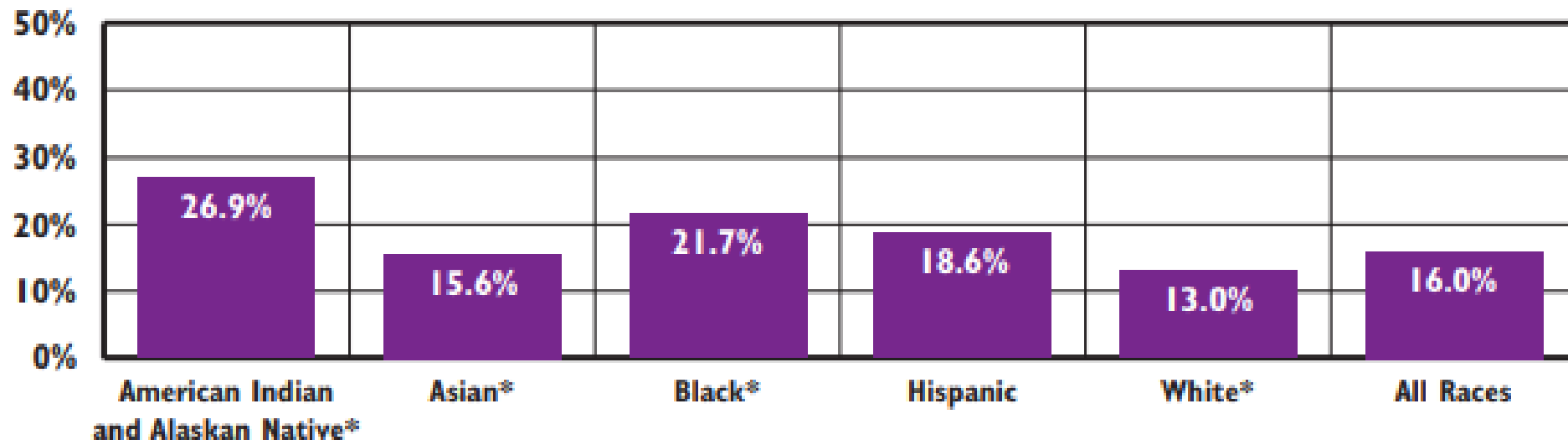
Social  
stressors

# Prenatal Care Access

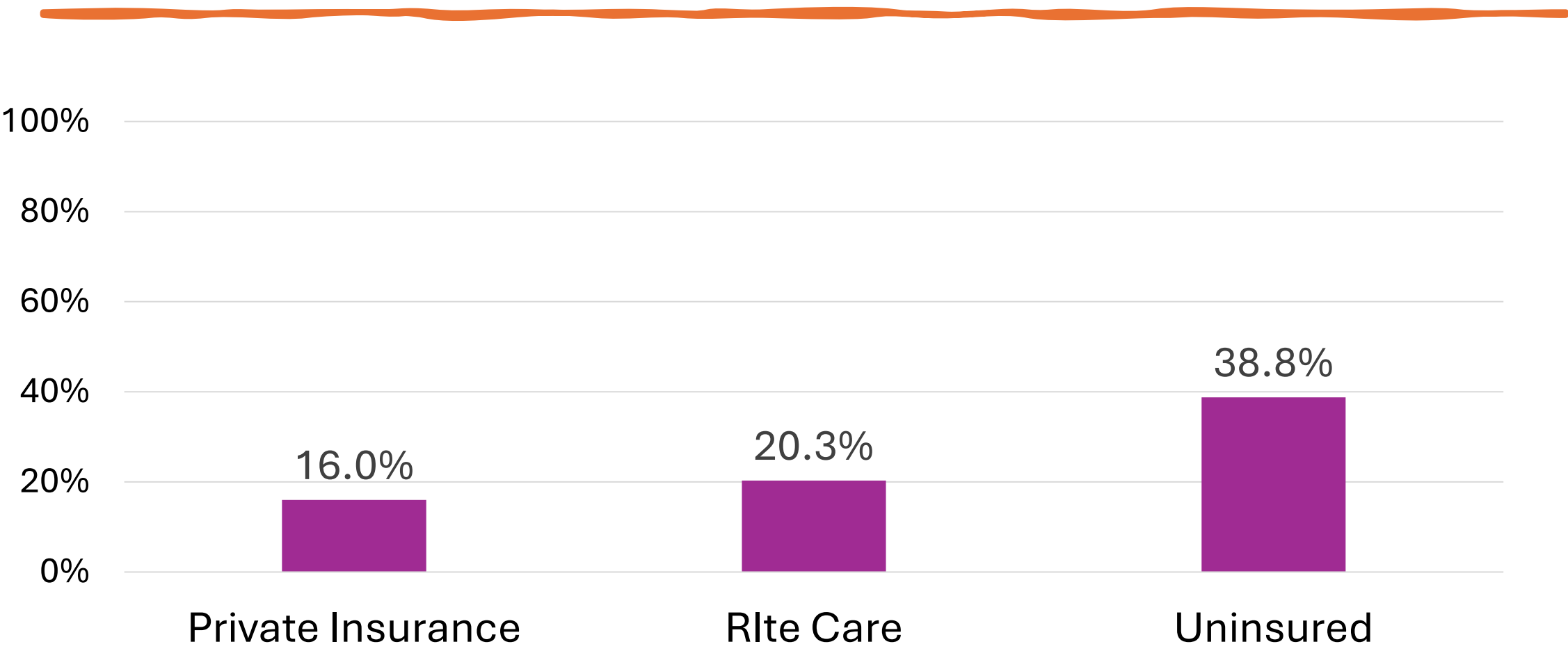
- Women in the four core cities (19.7%) were more likely than women in the remainder of the state (13.6%) to receive late prenatal care or no prenatal care.



**Women With Delayed or No Prenatal Care by Race/Ethnicity,  
Rhode Island, 2019-2023**



# Delayed or No Prenatal Care by Insurance Status, 2019-2023



# Social Factors Impacting Maternal Health

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Poverty

Food security

Housing  
security

Access to  
paid family  
leave

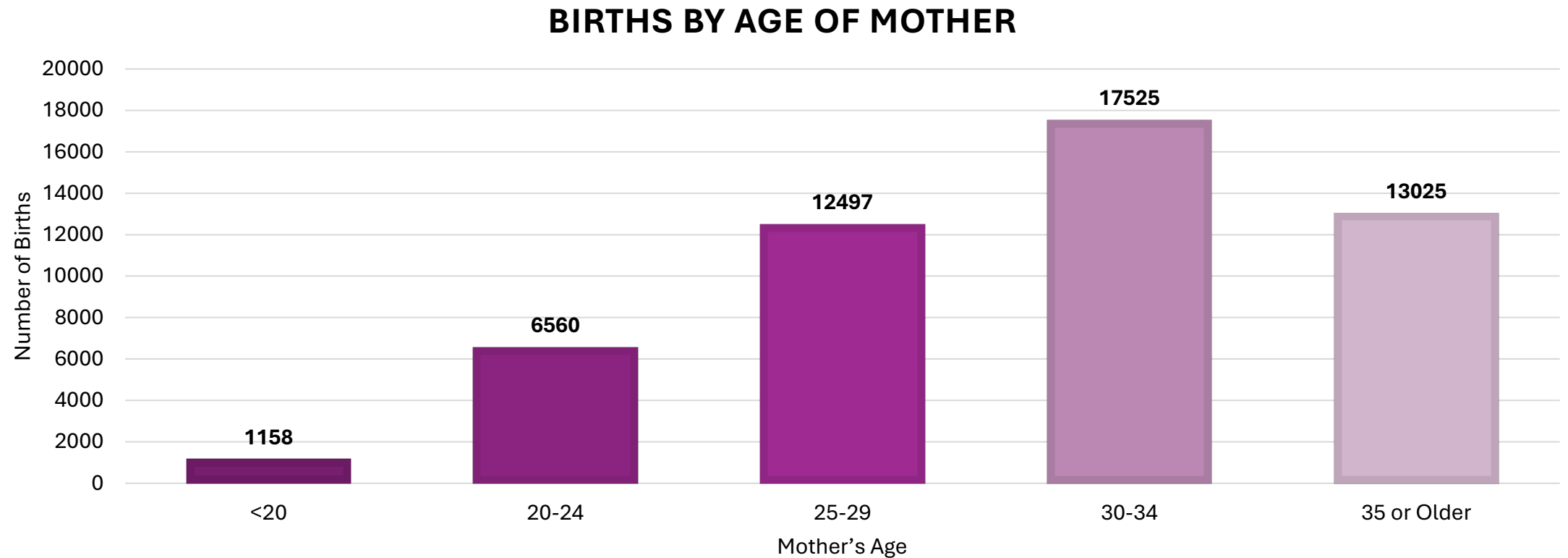
Education

Age

Racial and  
ethnic  
disparities



# Mother's Age, 2019-2023

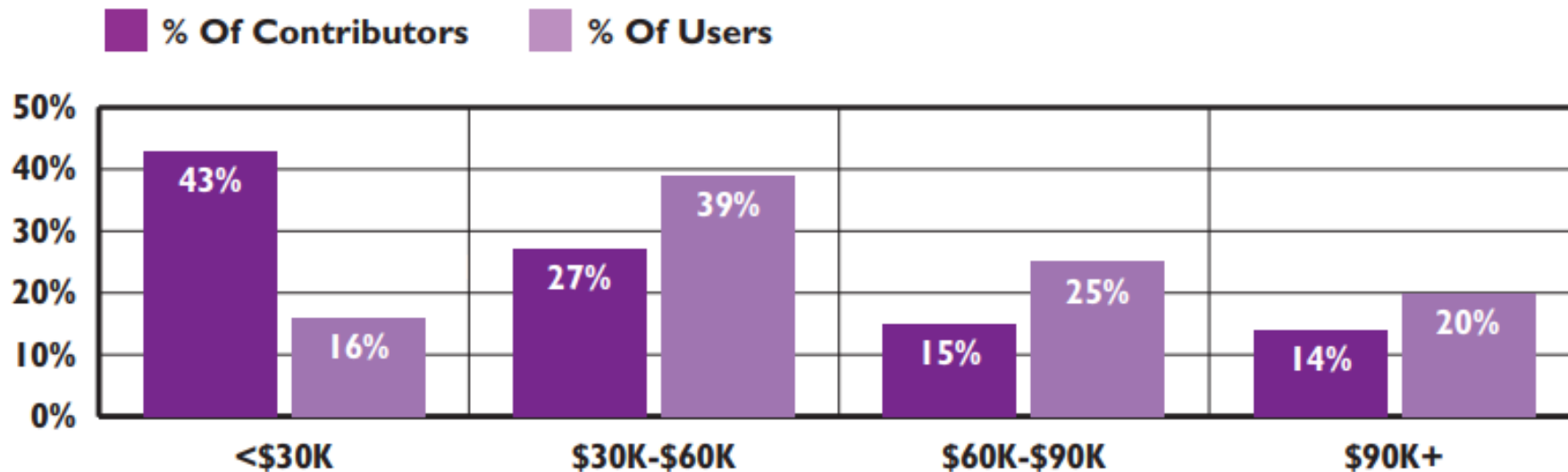


# Access to Paid Family Leave

- Two thirds of women who worked during pregnancy felt they were able to take too little time off after birth



## Approved Temporary Caregiver Insurance Claims Compared to Contributions by Wage Range, 2024



# Maternal Mental Health

- Perinatal mood and anxiety disorders (including anxiety and depression that occurs during pregnancy or in the first year after birth) are one of the most common complications of pregnancy.
- Untreated mental health disorders during pregnancy and after having a baby can lead to negative outcomes such as preterm birth and trouble bonding with infants

# Factors in Maternal Mental Health

- Food or housing insecurity
- Lack of sufficient paid leave after birth
- Pregnancy intentionality
- Job loss or pay cut in the 12 months before birth

# Maternal Health Impacts Growing Children

- Maternal mental health has impacts on babies and children, particularly in attachment and bonding
- Impacts do not disappear after infancy
- Maternal depression is a significant risk factor affecting well-being and school readiness of young children



# Breastfeeding

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Difficulty breastfeeding can be another negative outcome associated with untreated mental health disorders during pregnancy

Approximately 1 in 6 Rhode Island women report experiencing depression during pregnancy



# RI MomsPRN

## Maternal Psychiatry Resource Network

- Free psychiatric telephone consultation service for health care providers treating pregnant and postpartum individuals
- Builds capacity of providers to screen for behavioral health and substance use disorders and respond with appropriate treatment and referral

# RI MomsPRN

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RI MomsPRN addresses inequities through targeted outreach



## RI MomsPRN Perinatal Patients Served by Race in Rhode Island, 2019-2024

American Indian or Alaska Native	2.1%
Asian	2.1%
Black or African American	16.5%
Native Hawaiian or Other Pacific Islander	1.2%
Multiracial/ Other Race	13.6%
White	64.6%

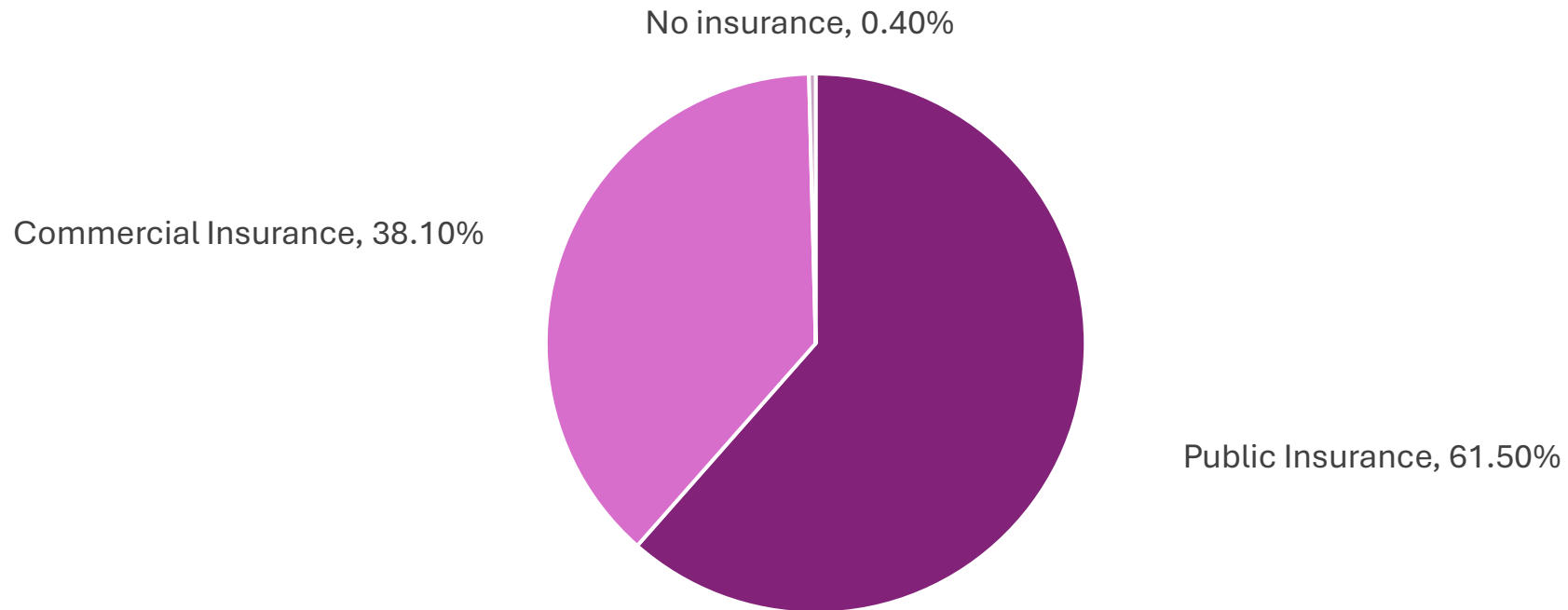
Source: RI MomsPRN Issue Brief, September 2019-December 2024.



# RI MomsPRN Patients

- Between 2019 and 2024, RI MomsPRN helped over 2,500 perinatal patients

## Patients helped by insurance type, 2019-2024



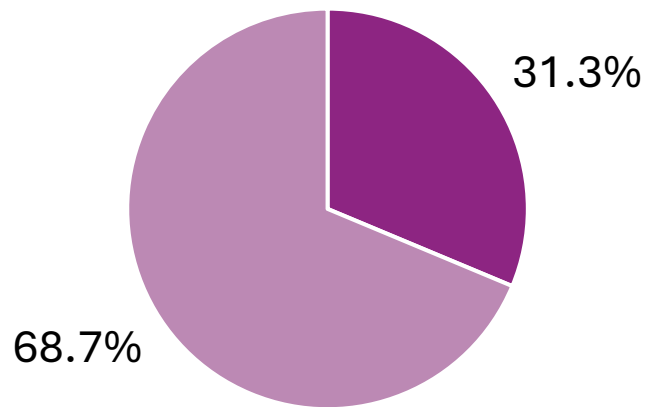
# Perinatal Substance Use

- Neonatal Abstinence Syndrome (NAS) refers to a withdrawal syndrome that can occur in newborns exposed to certain legal and illegal substances during pregnancy, including opioids.
- Rhode Island has a process that supports infants born affected by prenatal substance exposure, withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder and their families by facilitating access to services like Family Home Visiting, Early Intervention, and recovery supports for caregivers.

# Perinatal Diagnoses

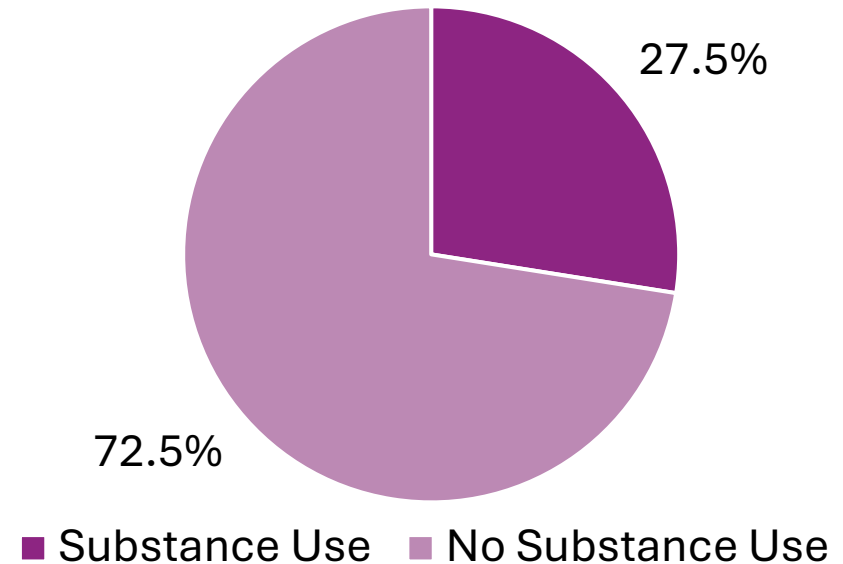
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Rhode Island Women Experiencing  
Perinatal Depression or Anxiety, 2023



■ Any depression or anxiety  
■ No depression or anxiety

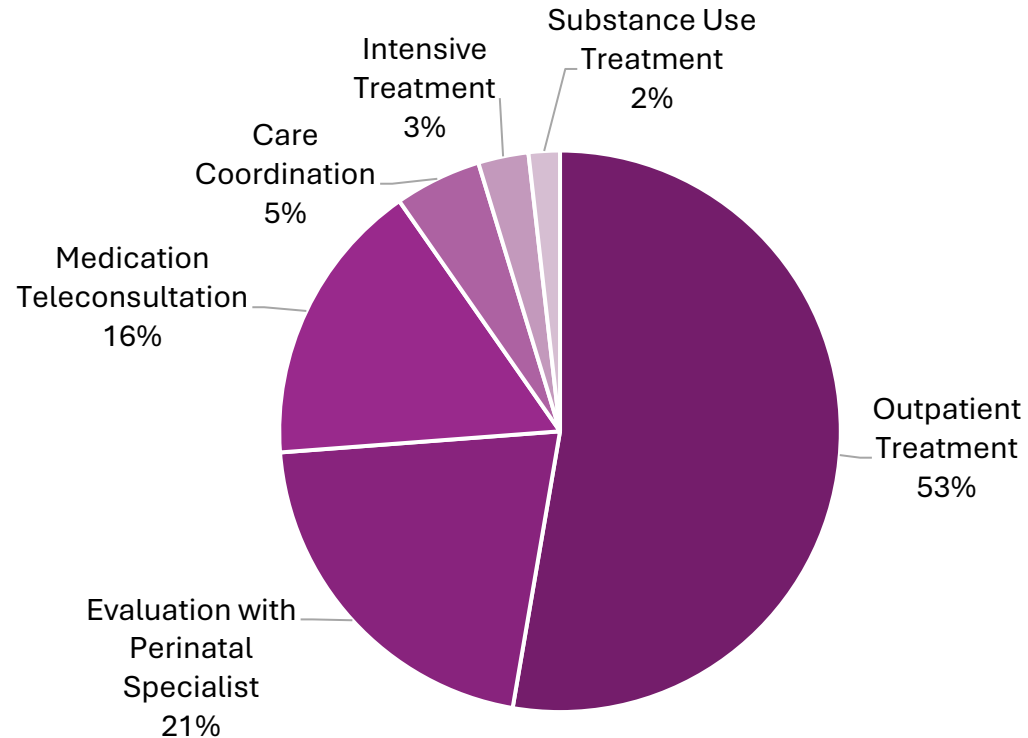
Rhode Island Women Reporting  
Substance Use Before, During, or  
After Pregnancy, 2023



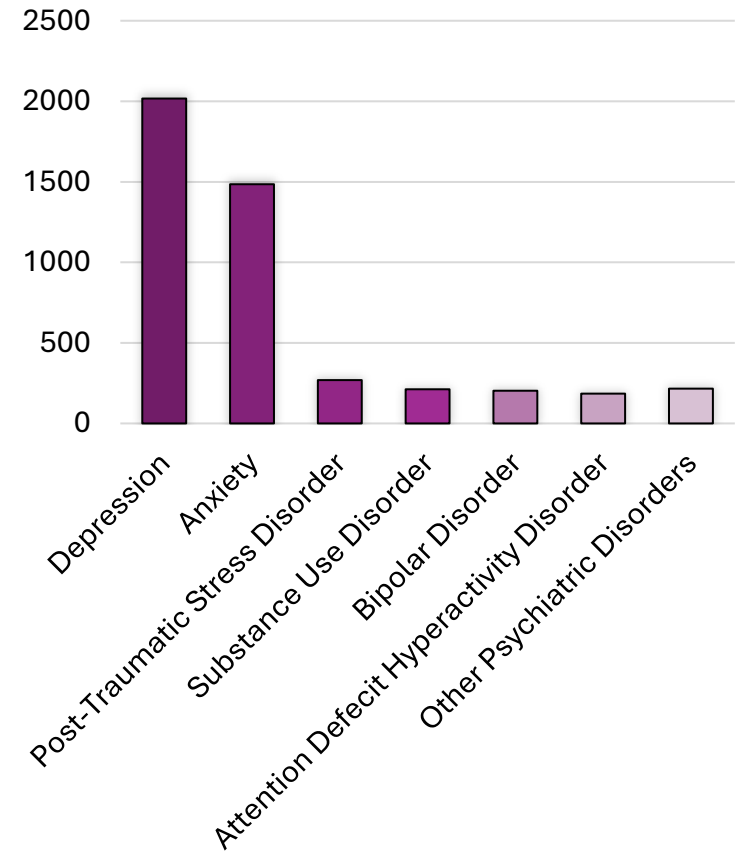
■ Substance Use ■ No Substance Use

# Data from RI MomsPRN

## Referrals/Services Requested by RI MomsPRN Callers



## Diagnosis Type For RI MomsPRN Calls





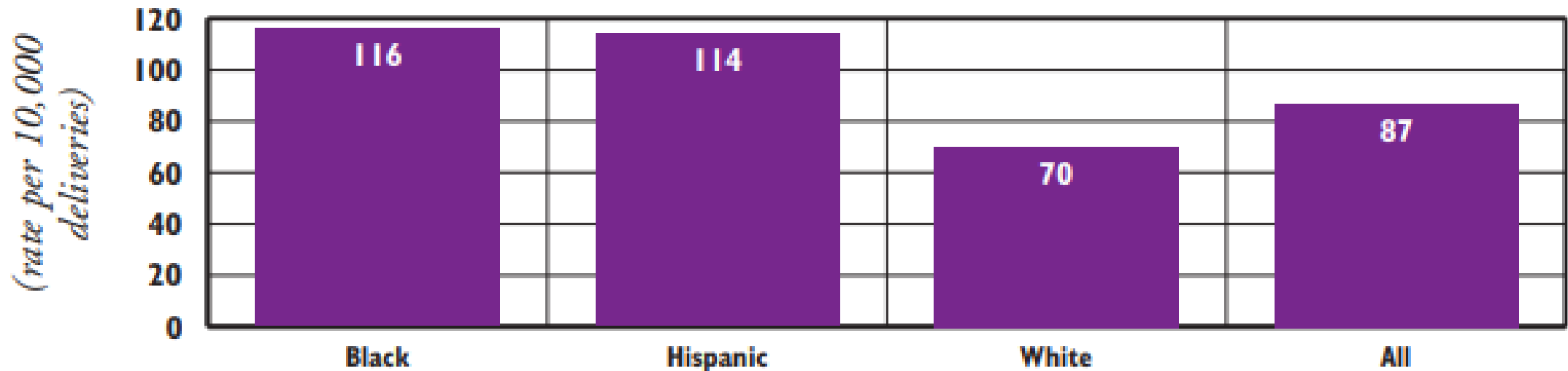
# Pregnancy and Intimate Partner Violence

- Nearly 90% of pregnant Rhode Island women reported any regular checkup in the year before conception
- Almost three quarters of them (72.0%) reported that their provider asked them about intimate partner violence
- In 2022, women who were pregnant or who had recently given birth in the United States were more likely to be murdered than to die from obstetric causes

# Severe Maternal Morbidity



## Severe Maternal Morbidity Rate per 10,000 deliveries by Race/Ethnicity, Rhode Island, 2019-2023





**Rhode Island KIDS COUNT**

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# Today's Panelists

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Implementation, Neighborhood



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Women & Infants Hospital  
Moms PRN



Linda E. Hurley  
President & CEO, CODAC  
Behavioral Healthcare



Katie Gonzalez, BA, CHW  
Certified Peer Recovery Specialist,  
Perinatal Peer Services



RI Senator Alana M. DiMario  
District 36 (Narragansett, North  
Kingstown, New Shoreham)



Quatia Osorio, BS-HSM, BSBA, SPM  
Owner, Urban Perinatal Education  
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