

An Analysis of Postpartum Mental Health Readmissions Using Hospital Discharge Data

Mary Beth Begley, MPH Women and Children's Subcommittee July 14, 2025

Background

- Maternal mental health disorders are a common complication of the perinatal period
 - 1 in 5 women affected
- Screening is not universal, and treatment is not always available
 - Lack of adequate support
 - Prevalence of depression screening in CT (PRAMS, 2016-2023)
 - During pregnancy: 78.9%
 - Postpartum: 90.2%
- Postpartum mental health disorders vary in severity
- Consequences of failing to treat these disorders can be severe
 - Maternal mental health disorders are leading cause of maternal mortality
 - 20% of maternal deaths due to suicide

Goal of Analysis: Characterize the prevalence of severe mental health disorders in the postpartum period, marked by hospital visits in the year following delivery

Methods

Connecticut Public Health

- Hospital discharge data from 2016 to 2023 was limited to women of reproductive age (15 – 44) with a Connecticut residence
- Two datasets created:
 - Delivery records
 - Any procedure or diagnostic code listed indicating delivery from Alliance for Innovation on Maternal Health (AIM) Severe Maternal Morbidity Code List
 - Mental Health records
 - Any diagnostic code listed indicating any mental health conditions from AIM Perinatal Mental Health Conditions Patient Safety Bundle
 - Includes conditions such as anxiety, depression, PTSD, bipolar disorder, OCD, and psychosis
 - Indicated delivery records were excluded
- Datasets linked
 - Matched on First Name, Last Name, SSN, Birthdate, Medical Record Number, and Address
 - Scored based on number of matching variables
 - Higher scores assumed as matches, lower scores manually reviewed

Results

Connecticut Public Health

Overview

From 2016 to 2022, there were 230,020 deliveries in a CT hospital.

Among these residents who had a delivery, 2.4% or 5,555 women had at least one readmission with a mental health code.

On average, these residents had 3 readmissions with a range of 1 to 43 readmissions.

Most birthing individuals had only one mental health readmission in the year following their delivery.



Mental Health Codes at Delivery



Among all delivery records (N=230,020), 12% contained a mental health diagnosis code (n=26,359) Among all delivery records with a mental health diagnosis code (N=26,359), 9% had a postpartum mental health readmission (n=2,438) Among records with a postpartum mental health readmission (N=5,555), 56% did not contain a mental health diagnosis code at delivery (n=3,117)

Admission Characteristics

Among all postpartum readmissions with a mental health code (n = 8,287):



The rate of postpartum mental health hospital readmissions peaked in 2018 and 2019 but has since declined.



2016 2017 2018 2019 2020 2021 2022 Readmissions per 100 Births Anxiety and depression were the most frequent mental health conditions in hospital readmissions in the year after delivery.



Readmissions per 10,000 births

Postpartum mental health hospital readmissions were more common among younger birthing individuals.



The rate of readmissions was highest among American Indian/Alaskan Natives.



Those who used **public insurance** to cover their birth had the highest rates of mental health readmissions.



Limitations

- The primary use for hospital data is billing purposes
 - May be bias in the way information is recorded
- Data linkage may have resulted in erroneous linkages
- Due to limitations of the data source, it is possible that the primary diagnostic reason for readmission is not mental health related
 - Codes may be just existing issues/diagnoses or secondary concerns
- Diagnosis and procedure codes may be inaccurate

Conclusions

- Postpartum mental health readmissions are most common among those who are
 - Younger
 - Use public insurance
 - American Indian/Alaskan Native
 - Black
 - Hispanic
 - Previous diagnosis of mental health conditions
- Most common mental health diagnoses in readmissions
 - Anxiety
 - Depression

Public Health Implications

- It is important to identify those experiencing mental health issues early through universal screening throughout pregnancy, at delivery, and during postpartum and infant well-child visits
- Prioritize providing extra support to groups deemed high risk, especially those with prior diagnosis of mental health conditions
- Improve the availability of and ease of access to mental health support professionals