UCSF Center for Health Equity

Maternal mental health trends in California: depression and anxiety since the start of the COVID-19 pandemic

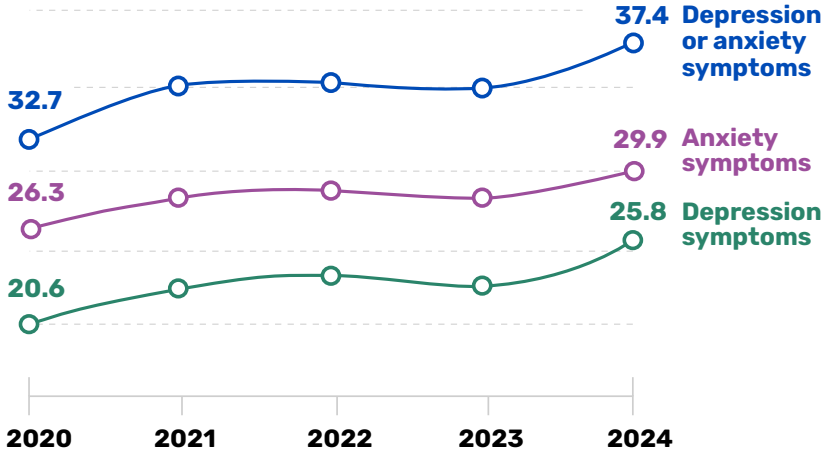
Maternal and Infant Health Assessment Data Brief

The uncertainty, isolation, and economic strain of the COVID-19 pandemic had a prolonged negative impact on stress and mental health,[1] particularly for adolescent women and mothers of infants,[2] and exacerbated existing mental health inequities. One-third of people with a recent live birth in California experienced depression or anxiety symptoms during or after pregnancy in 2020.[3] Recognizing that maternal mental health plays a critical role in shaping overall health and well-being, California passed legislation to improve mental health screening, referral and treatment, and peer support.[4] Administrative policies and programs, including extension of Medi-Cal coverage until one year postpartum, have sought to improve the availability of high quality maternal mental health services.

Data from the Maternal and Infant Health Assessment suggest that the negative effects of the pandemic on maternal mental health have persisted. More people reported experiencing either depression or anxiety symptoms during or after pregnancy in 2024 (37%) than in 2020 (33%).

DEPRESSION AND ANXIETY SYMPTOMS HAVE INCREASED IN CALIFORNIA SINCE THE START OF THE COVID-19 PANDEMIC

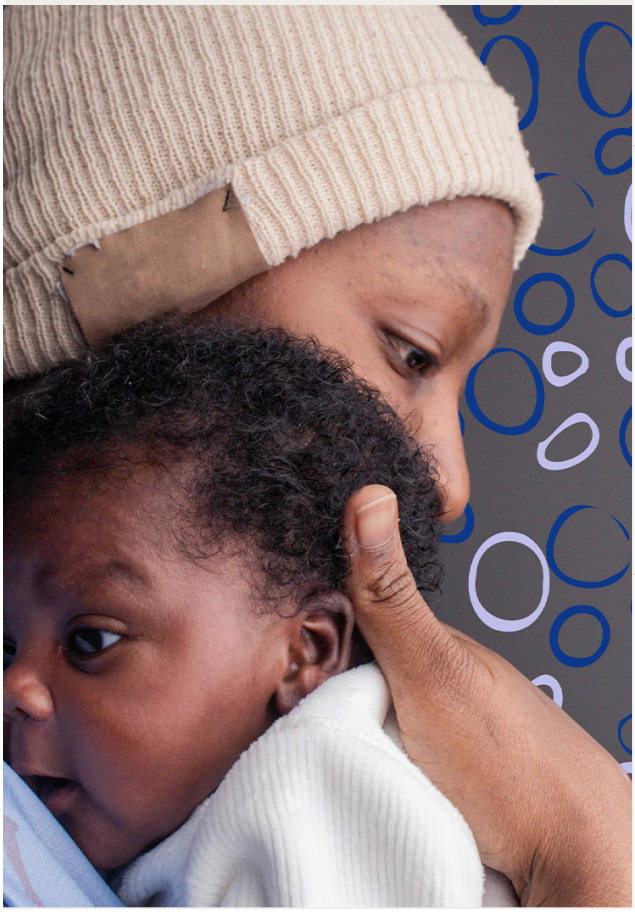
Percent of women and other birthing people with postpartum depression symptoms, anxiety symptoms, or both, 2020-2024



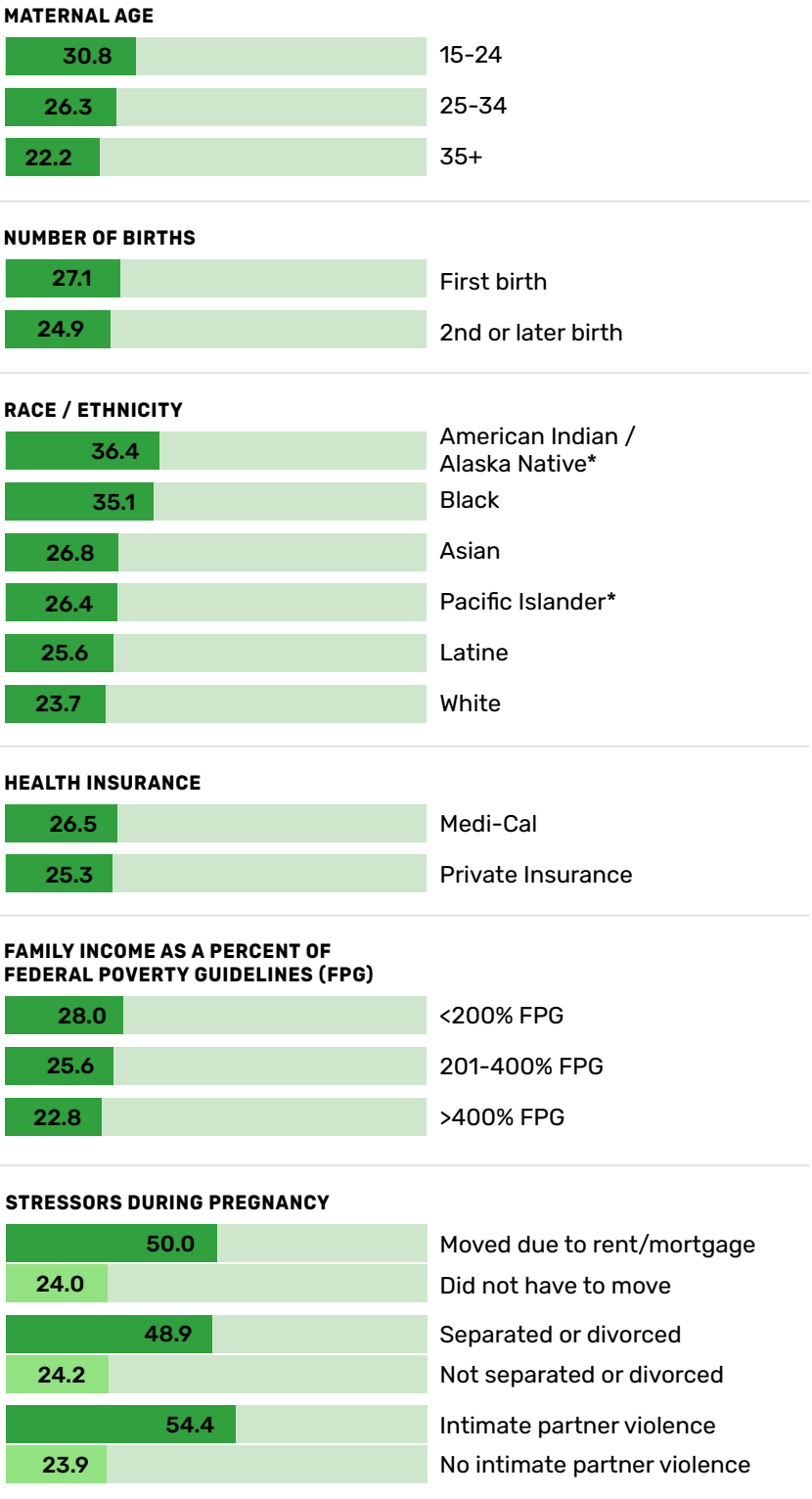
MATERNAL STRESSORS AND EXPERIENCES IMPACT DEPRESSION SYMPTOMS

Depression symptoms during or after pregnancy were more commonly reported by people who were younger, reported American Indian or Black racial identities, were having their first babies, and had low or middle incomes (income below 400% of federal poverty guidelines [FPG]) during 2024.

Individuals reporting social and economic stressors such as having to move because of problems with rent or mortgage, separation or divorce, or intimate partner violence were much more likely to report depression symptoms than were birthing people who did not experience those stressors.



PERCENT OF CALIFORNIA RESIDENTS WHO EXPERIENCED DEPRESSION SYMPTOMS DURING OR AFTER PREGNANCY, BY MATERNAL CHARACTERISTICS AND STRESSORS, 2024



*Estimate should be interpreted with caution due to low statistical reliability (Relative Standard Error [RSE] is between 30% and 50%).

MATERNAL STRESSORS AND EXPERIENCES ALSO IMPACT ANXIETY SYMPTOMS

PERCENT OF CALIFORNIA RESIDENTS WHO EXPERIENCED ANXIETY SYMPTOMS DURING OR AFTER PREGNANCY, BY MATERNAL CHARACTERISTICS AND STRESSORS, 2024

MATERNAL AGE

31.4	15-24
30.2	25-34
28.5	35+

NUMBER OF BIRTHS

33.1	First birth
27.7	2nd or later birth

RACE / ETHNICITY

38.8	American Indian / Alaska Native*
36.0	Black
31.7	White
30.0	Asian
28.4	Latine
	Pacific Islander**

HEALTH INSURANCE

33.4	Private Insurance
26.5	Medi-Cal

FAMILY INCOME AS A PERCENT OF FEDERAL POVERTY GUIDELINES (FPG)

32.5	>400% FPG
31.3	201-400% FPG
29.2	<200% FPG

STRESSORS DURING PREGNANCY

58.7	Intimate partner violence
28.1	No intimate partner violence
51.7	Homeless /no regular place to sleep
29.0	Not homeless
42.5	Food insecure
25.8	Food secure

Anxiety symptoms were experienced more often by those who were younger, reported American Indian or Black racial identities, were having their first babies, had incomes above 400% FPG, and were privately insured, as compared to their counterparts.

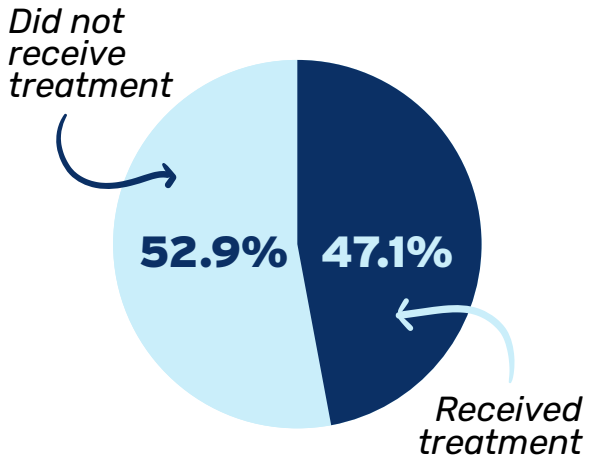
Social and economic stressors during pregnancy impacted anxiety symptoms as well. Birthing people reporting stressors such as food insecurity, homelessness, and intimate partner violence were much more likely to report anxiety symptoms than were their counterparts.

*Estimate should be interpreted with caution due to low statistical reliability (RSE is between 30% and 50%).
**Estimate not shown because the RSE is greater than 50% or fewer than 5 women reported.

ACCESS TO MATERNAL MENTAL HEALTH CARE IS LIMITED IN CALIFORNIA

NOT ENOUGH WOMEN ARE GETTING CARE

Percent of people with depression or anxiety symptoms during or after pregnancy who received mental health treatment, 2024



Fewer than half of birthing people with depression or anxiety symptoms (47.1%) reported getting treatment, meaning 52.9% - or roughly 76,000 people - did not get needed care. Treatment was even less common among individuals with lower incomes or education, and among those who had Medi-Cal, were born outside the United States, or were of Asian or Latine descent.

"Get more mental health care professionals…it's difficult to get an appointment or to set up therapy because there are not enough people that work in mental health."
(MIHA participant, 2023)

CALIFORNIA'S WORSENING MATERNAL MENTAL HEALTH ISSUES DEMAND AN URGENT RESPONSE

These findings provide strong evidence that maternal depression and anxiety are common, increasing, and inequitably distributed in California—requiring coordinated action across health care and social systems. The high rate of unmet need for maternal mental health care is a red flag suggesting gaps in the screening-to-treatment pathway. Addressing depression and anxiety during and after pregnancy has the potential to improve the well-being of the mother (and her family). Intervening at this key timepoint holds promise for sustained intergenerational benefits.

STRATEGIES TO IMPROVE MATERNAL MENTAL HEALTH

The promotion of mental health requires a broad range of strategies across the life course. Improving the emotional well-being of birthing people and their families requires a multi-pronged approach.[5]

Work across sectors to address the root causes of mental health conditions

- Promote policies that improve social and economic well-being, such as those that reduce poverty; eliminate racism and anti-immigrant sentiment; support access to food, housing, and childcare; and improve tangible opportunities for education and employment.

Improve obstetric and behavioral health systems of care to ensure equitable screening, referral, and treatment

- Improve provider systems of screening, referral, and treatment by implementing both the *AIM Perinatal Mental Health Conditions* safety bundle in health care systems and the Department of Health Care Services (DHCS) California Birthing Care Pathway for Medi-Cal providers.[6,7]
- Utilize private insurance payment strategies to incentivize screening and follow-up, including the coverage and provision of specific billing codes for these activities.[8]
- Develop a statewide maternal psychiatric consultation program to support the integration of mental health into obstetric, pediatric, and primary care and to support ongoing provider training needs.[9]
- Streamline care coordination for patients with behavioral health needs and simplify behavioral health insurance navigation by requiring health insurance companies to provide timely access to providers who are trained in perinatal mental health and accepting new patients.

Strengthen California's mental health workforce

- Implement the recommendations of the California Future Health Workforce Commission, including support for perinatal mental health care provider training and the certification, training, and reimbursement of behavioral health peer providers.

RESOURCES

Information about maternal mental health

California Department of Public Health, Maternal, Child and Adolescent Health Division: Links to maternal mental health partners, print materials, videos, a social media library, and a data dashboard showing the latest data from MIHA.

California Department of Public Health Maternal Mental Health Dashboard: A data dashboard showing data from MIHA.

Maternal Mental Health Now: Information and resources for families and caregivers.

Partner organizations

California Perinatal Wellness Alliance: A survivor- and community-led coalition weaving connections across communities, providers, institutions, and policymakers to ensure no parent falls through the cracks; includes survivor stories about perinatal mental health experiences.

Maternal Mental Health Leadership Alliance: A non-profit organization dedicated to promoting the mental health of women and childbearing people in the United States; includes resources for advocacy work.

Policy Center for Maternal Mental Health: A national maternal mental health non-profit organization focused on improving maternal mental health care; includes screening tools, policies, and other resources for screening.

Resources for health care systems and providers

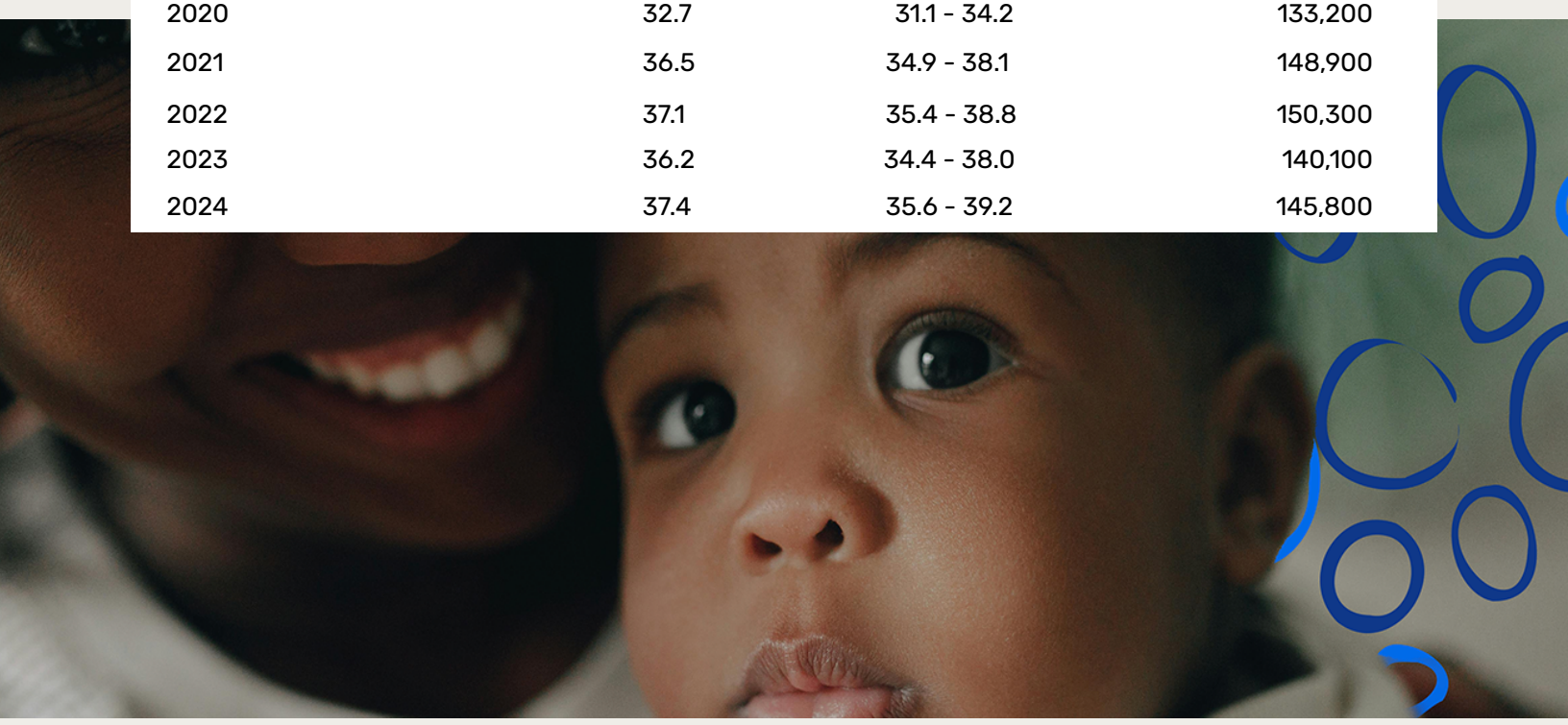
Perinatal Psychiatric Consult Line: A consultation program for medical professionals who are prescribers and have questions about mental health care related to pregnant and postpartum patients and pre-conception planning.

Alliance for Innovation on Maternal Health (AIM) Perinatal Mental Health Conditions Bundle: A toolkit that provides actionable steps that can be adapted to a variety of facilities and resource levels to improve quality of care and outcomes for patients with perinatal mental health conditions.

DATA TABLES

Percent of California birthing people with depression symptoms, anxiety symptoms, or either depression or anxiety, during pregnancy or postpartum, 2020-2024

	Percent	95% Confidence Interval	Annual population estimate
Depression symptoms			
2020	20.6	19.2 - 21.9	84,100
2021	23.3	21.9 - 24.7	95,000
2022	24.5	22.9 - 26.0	99,400
2023	23.4	21.8 - 25.0	90,800
2024	25.8	24.2 - 27.4	101,200
Anxiety symptoms			
2020	26.3	24.8 - 27.7	107,700
2021	29.7	28.1 - 31.2	121,100
2022	30.2	28.6 - 31.8	122,600
2023	29.2	27.6 - 30.9	113,700
2024	29.9	28.2 - 31.7	116,700
Either depression or anxiety symptoms			
2020	32.7	31.1 - 34.2	133,200
2021	36.5	34.9 - 38.1	148,900
2022	37.1	35.4 - 38.8	150,300
2023	36.2	34.4 - 38.0	140,100
2024	37.4	35.6 - 39.2	145,800



DATA TABLES

Percent of California birthing people who had depression symptoms or anxiety symptoms during pregnancy or postpartum, 2024

	Depression symptoms			Anxiety symptoms		
	Percent	95% confidence interval	Annual Population Estimate	Percent	95% confidence interval	Annual Population Estimate
Maternal Age						
15-24	30.8	26.6 - 35.0	18,800	31.4	27.0 - 35.7	18,900
25-34	26.3	24.0 - 28.5	58,000	30.2	28.0 - 32.5	66,600
35+	22.2	19.3 - 25.0	24,400	28.5	25.3 - 31.8	31,200
Number of births						
1st birth	27.1	24.4 - 29.7	44,200	33.1	30.3 - 35.9	53,700
2nd or later birth	24.9	22.9 - 27.0	57,100	27.7	25.5 - 29.9	63,000
Race and ethnicity						
American Indian/ Alaska Native	36.4*	4.4 - 68.4	300	38.8*	6.2 - 71.4	300
Asian	26.8	22.2 - 31.5	15,400	30.0	25.0 - 35.0	16,900
Black	35.1	30.6 - 39.6	6,500	36.0	31.6 - 40.5	6,700
Latine	25.6	23.3 - 27.8	49,300	28.4	26.1 - 30.8	54,400
Pacific Islander	26.4*	2.3 - 50.6	400	--		
White	23.7	20.5 - 26.9	24,700	31.7	28.2 - 35.1	33,100
Family income as a percent of federal poverty guidelines (FPG)						
<=100% FPG	26.6	23.7 - 29.5	29,000	27.7	24.7 - 30.6	30,000
101-200% FPG	30.0	25.9 - 34.1	21,800	31.4	27.3 - 35.6	22,600
201-400% FPG	25.6	21.5 - 29.8	16,200	31.3	26.9 - 35.6	19,800
>400% FPG	22.8	19.7 - 26.0	24,200	32.5	29.1 - 35.9	34,300
Health insurance during pregnancy						
Medi-Cal	26.5	24.2 - 28.7	50,400	26.5	24.2 - 28.7	50,000
Private insurance	25.3	22.8 - 27.8	45,200	33.4	30.7 - 36.1	59,400
Other	23.9	15.4 - 32.5	3,800	30.7	21.7 - 39.7	4,900
Uninsured	23.8	12.0 - 35.7	1,500	33.2	17.7 - 48.7	2,100

-- Estimate not shown because the relative standard error (RSE) is greater than 50% or fewer than 5 birthing individuals reported.

* Estimate should be interpreted with caution due to low statistical reliability (RSE is between 30% and 50%).

DATA TABLES

Percent of California birthing people who had depression symptoms or anxiety symptoms during pregnancy or postpartum, by stressful life events, 2024

	Depression symptoms			Anxiety symptoms		
	Percent	95% confidence interval	Annual population estimate	Percent	95% confidence interval	Annual population estimate
Experienced food insecurity	38.9	35.3 - 42.6	35,100	42.5	38.8 - 46.2	38,200
Did not experience this	21.5	19.7 - 23.4	59,700	25.8	23.8 - 27.8	71,100
Birthing person or partner lost a job	39.3	35.2 - 43.5	26,300	41.4	37.2 - 45.5	27,700
Did not experience this	23.0	21.3 - 24.8	73,500	27.5	25.6 - 29.4	86,900
Found it hard to pay bills	41.5	37.5 - 45.6	32,200	48.4	44.2 - 52.5	37,500
Did not experience this	21.8	20.0 - 23.5	67,300	25.2	23.3 - 27.0	77,200
Had pay or hours cut	38.6	34.1 - 43.1	23,300	42.3	37.6 - 46.9	25,500
Did not experience this	23.3	21.5 - 25.0	75,800	27.4	25.6 - 29.3	88,700
Had to move due to problems paying rent or mortgage	50.0	42.9 - 57.1	12,600	47.0	39.9 - 54.1	11,800
Did not experience this	24.0	22.4 - 25.7	86,800	28.7	26.9 - 30.4	103,000
Homeless or no regular place to sleep	55.4	47.2 - 63.5	8,100	51.7	43.5 - 59.9	7,600
Did not experience this	24.6	22.9 - 26.2	91,300	29.0	27.3 - 30.8	107,200
Separated or divorced	48.9	41.6 - 56.3	11,400	47.1	39.8 - 54.4	11,000
Did not experience this	24.2	22.5 - 25.8	87,700	28.6	26.8 - 30.3	103,100

....Continued

	Depression symptoms			Anxiety symptoms		
	Percent	95% confidence interval	Annual population estimate	Percent	95% confidence interval	Annual population estimate
Intimate partner violence	54.4	46.4 - 62.5	11,700	58.7	50.8 - 66.7	12,500
Did not experience this	23.9	22.2 - 25.5	87,800	28.1	26.4 - 29.9	102,800
Respondent or partner was incarcerated	46.1	31.1 - 61.0	2,600	56.9	41.5 - 72.2	3,200
Did not experience this	25.4	23.8 - 27.1	96,700	29.5	27.7 - 31.2	111,400
Close family member or friend with substance use problem	49.6	42.3 - 56.8	13,000	58.8	51.7 - 66.0	15,300
Did not experience this	24.0	22.3 - 25.6	86,600	27.7	26.0 - 29.5	99,500

Among California birthing people who had depression or anxiety symptoms, percent who received mental health treatment during or after pregnancy, 2024

	Percent	95% confidence interval	Annual population estimate
Received mental health treatment	47.1	44.0 - 50.2	67,700
Did not receive mental health treatment	52.9	49.8 - 56.0	76,100

TECHNICAL NOTES

SUGGESTED CITATION

Maternal mental health trends in California: depression and anxiety since the start of the COVID-19 pandemic. San Francisco, CA: UCSF Center for Health Equity, 2026.

ABOUT THE SURVEY

The California Maternal and Infant Health Assessment (MIHA) is an annual representative survey of California residents with a recent live birth. MIHA had 29,217 respondents between 2020 and 2024.

MIHA participants were sampled from the California Monthly Birth File. Prevalence (%), 95% confidence interval (95% CI), and annual estimated number of birthing individuals in the population with a health indicator/characteristic are weighted to represent all individuals with a live birth who resided in California each year. Data were prepared by the University of California, San Francisco (UCSF) Center for Health Equity. MIHA is led by the Maternal, Child and Adolescent Health Division of the California Department of Public Health in collaboration with the UCSF Center for Health Equity. Funding for the development of selected mental health questions, data analysis, and data brief development was generously provided to UCSF by the California Health Care Foundation. Visit the MIHA website at www.cdph.ca.gov/MIHA.

MIHA SURVEY DEPRESSION AND ANXIETY QUESTIONS

The MIHA survey included two questions on depression symptoms and two on anxiety symptoms for each period: during and after pregnancy. For each item, respondents could answer always, often, sometimes, rarely, or never; answering always or often to either question was defined as experiencing depression symptoms or anxiety symptoms during that time period.

	During pregnancy	After pregnancy (postpartum)
Depression symptoms	During your pregnancy, how often did you feel down, depressed, or hopeless? During your pregnancy, how often did you have little interest or little pleasure in doing things you usually enjoyed?	Since your most recent birth, how often have you felt down, depressed, or hopeless? Since your most recent birth, how often have you had little interest or little pleasure in doing things you usually enjoyed?
Anxiety symptoms	During your pregnancy, how often did you feel nervous, anxious, or on edge? During your pregnancy, how often were you not able to stop or control worrying?	Since your most recent birth, how often have you felt nervous, anxious, or on edge? Since your most recent birth, how often have you not been able to stop or control worrying?

LIMITATIONS

The MIHA survey is administered only in English and Spanish; results may be less representative of individuals who speak other languages.

The timing of depression or anxiety symptoms during and after pregnancy is not precise. All data are self-reported symptoms and may not mirror diagnostic codes from medical records.

LANGUAGE USED IN THIS BRIEF

Not every person who experiences pregnancy and gives birth identifies as a woman or a mother, but gender identification data are not available for MIHA survey participants. Therefore, the words "birthing people" and "women" are used to describe the population experiencing pregnancy, birth, and parenthood

The terms "prenatal" and "during pregnancy" and the terms "after pregnancy" and "postpartum" are used interchangeably.

ACKNOWLEDGMENTS

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