



August 18, 2025

We – the 114 undersigned organizations from across the United States that are committed to the health and well-being of pregnant women, mothers, and families in this country – share deep concerns about the July 21, 2025 [FDA Expert Panel on Selective Serotonin Reuptake Inhibitors \(SSRIs\) and Pregnancy](#). We are troubled by the composition of the panel as well as the direction and framing of the dialogue:

- The 10-person panel included just one expert in perinatal mental health: Kay Roussos-Ross, M.D., who is triple board-certified in obstetrics and gynecology, psychiatry, and addiction medicine.
- The panel failed to offer a balanced and evidence-based assessment of SSRI use during pregnancy, largely ignoring a robust and thorough body of scientific evidence that supports SSRI safety and efficacy in pregnancy as well as clinical guidance from leading medical organizations in the United States including the [American College of Obstetricians and Gynecologists \(ACOG\)](#) and the [American Psychiatric Association \(APA\)](#). Both ACOG and APA recommend SSRIs as first-line pharmacotherapy for perinatal depression and anxiety.
- The panel repeatedly cited studies ostensibly showing harmful effects of SSRIs on the child, yet did not share information about the limitations or flaws of those studies.
- The panel focused almost exclusively on potential impacts of SSRIs on the baby, virtually ignoring the impact of untreated maternal mental health conditions on the mother.

As a result, the panel undermined meaningful progress made over the last two decades in treating women's mental health during and following pregnancy.

Here are the facts:

- Maternal mental health conditions – a [range of conditions](#) including anxiety, depression, obsessive-compulsive disorder, post-traumatic stress disorder, bipolar illness, substance use disorder, and psychosis that occur during pregnancy and up to one year postpartum — are often preventable, temporary, and treatable.



- Maternal mental health conditions are the [most common](#) complication of pregnancy and childbirth, impacting one in 1 in 5 women or 800,000 families each year in the United States.
- The United States has the [highest maternal mortality rate of any high-income nation](#), and mental health conditions are the [leading cause](#) of maternal mortality, accounting for 23% of pregnancy- related deaths.
- Up to 60% of maternal mental health conditions begin [before the baby is born](#).
- As many as [75% of individuals](#) impacted by maternal mental health conditions do not receive treatment, increasing the risk of negative outcomes for mother and baby and costing our society [\\$14 billion each year](#).
- Communities of color are disproportionately affected, experiencing higher rates of maternal mortality and reduced access to quality care. Women of color experience [maternal mortality rates 2 to 3 times](#) the rate of white women, and are [half as likely](#) as white women to receive treatment for maternal mental health conditions.

As Dr. Roussos-Ross stated in the panel, treating maternal mental health conditions is a necessity, not a luxury, as untreated maternal mental health conditions can have a [negative impact on mother and baby](#):

- Women with untreated mental health conditions during *pregnancy* are more likely to have poor prenatal care; use substances such as alcohol, tobacco, or drugs; and experience physical, emotional, or sexual abuse. Infants born to these mothers are at higher risk for poor birth outcomes, such as preterm birth, small for gestational size, low birth weight, and longer stays in the neonatal intensive care unit.
- Women with untreated maternal mental health conditions *postpartum* are more likely to be less responsive to their baby's cues, have fewer positive interactions with their baby, and experience breastfeeding challenges. Untreated maternal mental health conditions in the parent can increase the risk for impaired parent-child interactions; behavioral, cognitive, and emotional delays in the child; and Adverse Childhood Experiences.

Stated plainly: Too many mothers in this country, including too many pregnant women, are not well. Despite the clear risks, the majority of affected individuals—particularly those from marginalized communities—do not receive adequate care due to stigma, systemic inequities, and barriers to access.



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Fortunately, maternal mental health conditions are highly treatable with a [range of safe, effective supports](#), including self-care, social support, therapy, and, when needed, medication.

When deciding whether to treat maternal mental health conditions with medication, providers and patients must weigh the risk of untreated maternal mental health conditions with the risk of the medication. *There is no risk-free situation.* Just as no medical provider would advise a pregnant patient to stop taking medication for asthma, epilepsy, high blood pressure, or thyroid and heart conditions without a careful, compassionate, informed conversation, the same standard must apply to antidepressant use. These decisions require thoughtful, evidence-based discussions.

In the last two decades, we have made meaningful progress in reducing stigma and raising awareness around maternal mental health and appropriate treatment options. But that progress is fragile. Public statements that downplay these conditions—and the available evidence-based treatments—can discourage mothers from seeking the help they need and deserve.

Thus, we call on the FDA and this Administration to ensure that future conversations about maternal mental health are compassionate, balanced, and evidence-based, and that they include a more comprehensive range of clinical voices, particularly those in psychiatry, obstetrics, and maternal mental health.

Ensuring that every mother has the care she needs is not a partisan issue; it is a public health necessity and moral imperative.

We welcome the opportunity to support the FDA and this Administration in future discussions around maternal mental health.

Sincerely,

Aaliyah in Action
American Association of Psychiatric Pharmacists
American College of Nurse-Midwives



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American Foundation for Suicide Prevention
American Psychiatric Association
Anchor Perinatal Wellness
Anxiety and Depression Association of America
Arbit Counseling
Arkansas Maternal Coalition
Armor Medical Inc.
Baby Blues Connection
Bay State Birth Coalition
BB-Penda
Because UR Lovely
Beyond the Baby Blues
Birthing the Magic Collaborative
Black Maternal Health Federal Policy Collective
BLOOM
Bronson Battle Creek
Candlelit Care
Center for Postpartum Family Health
Central Carolina Doulas
Chamber of Mothers - Boston
Clinical Social Work Association
Concert Health
Dionysus Digital Health, Inc.
Dowa
D.U.O. EmpowerMENT Services
Delaware Delco Foundation
Every Mother Counts
EveryMom Chicago
Family-Centered Care Taskforce
FamilyWell Health
Get Pregnancy Ready, LLC
Global Alliance for Behavioral Health and Social Justice
Grace Leadership Foundation, Inc.
Healthy Mothers, Healthy Babies - The Montana Coalition
HealthyWomen



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Hope for HIE
ICU baby
In Kind Boxes
Ingram Screening, LLC
International OCD Foundation
League of Women Voters Metropolitan Des Moines
Life With Baby
Lifeline for Families Center and Lifeline for Moms Program at UMass Chan Medical School
Mama2Mama
MamaworksBCS
Mammha
Marce of North America (MONA) Perinatal Mental Health Society
Maritz Family Foundation
Massachusetts PPD Fund
Mavida Health
Mental Health America of Ohio
Mère
Michigan Breastfeeding Network
Michigan Council for Maternal and Child Health
Mission Just One Mom
Moms Mental Health Initiative, Inc.
MomsRising
Mujeres de Islas
National Birth Equity Collaborative
National Eating Disorders Association
National Perinatal Association
NICU Parent Network
North Shore Postpartum Help
Nurture Women's Therapy
Nurtured Counseling
Nurtured TX
Oshun Family Center
Our Bodies Ourselves
Partum Health



Perinatal Support Washington
Postpartum Resource Center of New York
Postpartum Support International
Postpartum Support International - Arizona
Postpartum Support International - California
Postpartum Support International - Colorado/Colorado Perinatal Mental Health Project
Postpartum Support International - Iowa
Postpartum Support International - Kansas
Postpartum Support International - Louisiana
Postpartum Support International - Maryland/Community After Birth
Postpartum Support International - New Jersey
Postpartum Support International - North Carolina
Postpartum Support International - Utah
Postpartum Support International - Pennsylvania
Postpartum Support Virginia
Preemieworld Foundation, Inc.
Pregnancy and Postpartum Support MN
Rebuilding Independence My Style
Reproductive Psychiatry Trainees
Return to Zero: Hope
Rhia Ventures
Saul's Light Foundation
Seven Starling
SHIELDS for Families
Silvie Bells
Southeast Michigan IBCLC's of Color
Steady Hope, LLC
The Alliance Center of CT and Dowa Health
The Colette Louise Tisdahl Foundation
The CT Maternal and Child Health (MCH) Coalition
The CT Women's Consortium
The Foundation for Delaware County
The Lilith Center for Women
The Motherhood Center
The National Alliance to Advance Adolescent Health



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The Tiny Miracles Foundation
Tikvaseinu
UFHealth Shands Children's Hospital
What to Expect Project
Wildflower Health
YANAM2M
Zero to Three