SAN BERNARDINO COUNTY

FIMR

Maternal Mental Health Data Brief

Mental Health Measurements

Mental health, mood disorder, intentional self injury, and substance abuse admission rates include the following:

- Hospital admissions by mental health diagnosis category
- Females age 15-44

Health Risks

Women with mental health diagnosis pre-pregnancy are at a greater risk for:

- Cesarean Delivery
- Postpartum Depression
- Maternal Mortality (suicide, overdose)

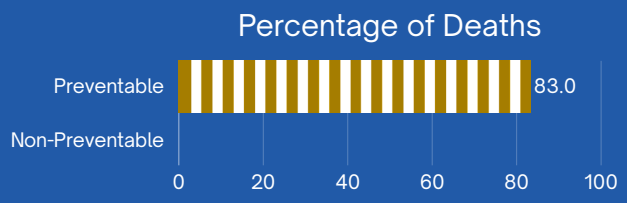
Long Term Effects

Infants born to mothers with a depression mental health diagnosis are at greater risk for:

- Pre-term Birth and Low Birth Weight
- Fetal and Infant Mortality
- Less likely to be breastfed

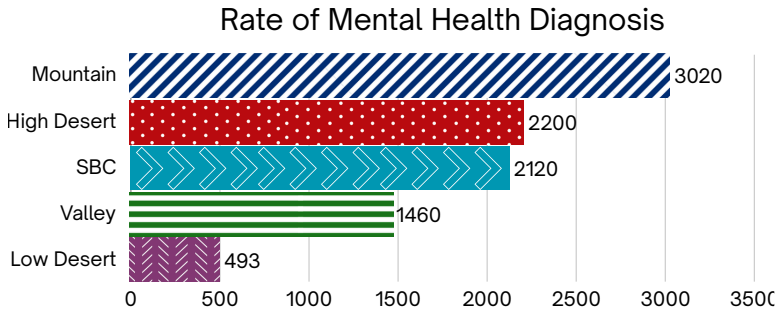
Importance of Prevention

83% of FIMR preventable fetal and infant deaths that ocurred during the maternal health/prematurity period had illicit drug use during pregnancy vs. 0% for non-preventable cases:

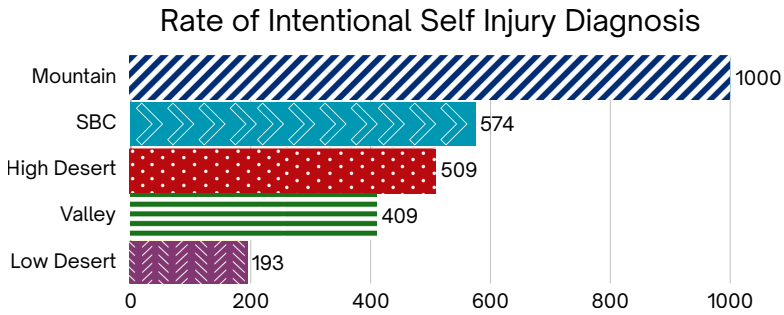


Mental Health Indicators per 100,000 Females age 15-44 by San Bernardino County Region, 2021-2023

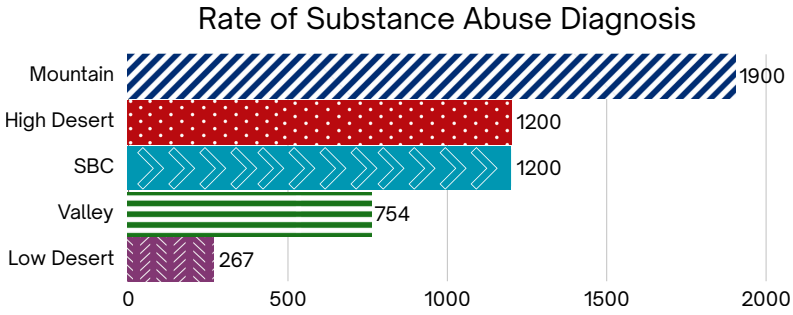
The Mountain Region had the highest rate of mental health diagnosis (females age 15-44):



Between (2019-2021) and (2021-2023): The rate of female (age 15-44) mental health admissions increased 9% in the mountain region, 7% in the valley region, and 1% countywide.



Between (2019-2021) and (2021-2023): The rate of female (age 15-44) intentional self-injury admissions increased 22% in the mountain region, 20% in the valley region, 9% in the high desert region, and 11% countywide.



Between (2019-2021) and (2021-2023): The rate of female (age 15-44) substance abuse admissions increased 3% in the mountain region, 1% in the valley region, and decreased 11% in the low desert region and 3% countywide.

To learn more about San Bernardino County Maternal, Child & Adolescent Health Services, please scan the QR code.

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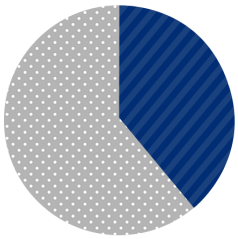
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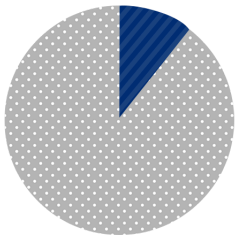
Themes from San Bernardino County FIMR Maternal Interviews from January 2024-June 2025



100% of mothers interviewed had **Stress and Anxiety** before, during or after pregnancy. Often related to financial instability, housing issues, and the health of their babies.



39% of mothers interviewed experienced **depression** before, during or after pregnancy. The loss of a child significantly exacerbated these feelings.

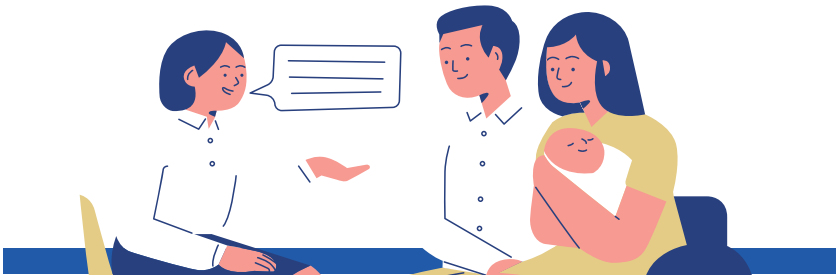


11% of mothers interviewed had **barriers to accessing Mental Health Services**. Barriers included insurance issues and lack of available services.

Substance Abuse Resources

MFI A Women's Place

- Recovery Perinatal Substance Abuse Program: 951-683-6596



Mental Health Resources

San Bernardino County Department of Behavioral Health (DBH)

- Offers outpatient therapy, urgent care, mobile crisis response (24/7), case management, and substance use treatment.
- Crisis phone (24/7): 1-800-398-0018 or text 909-420-0560
- Administration line: 888-743-1478

Medi-Cal County Clinics

- For mental health services covered under Medi-Cal: 888-743-1478

Maternal Health Network of SB County

- Connects moms to 74+ counseling providers, support groups, psychiatric care, and assistance for substance use

Perinatal Equity Initiative (PEI) (SBC DPH)

- Focused support for Black mothers with culturally responsive mental health therapy 844-352-3985

SACHS Clinic

- Free postpartum depression support groups in San Bernardino: 909-382-7100

References

1) Yeaton-Massey, A., Sparks, T., & Caughey, A. (2015). 124: Is depression a predictor of cesarean delivery?. American Journal of Obstetrics & Gynecology, 212(1), S79-S80.
2) MS, M., & Kay Roussos–Ross, M. D. (2023). Treatment and management of mental health conditions during pregnancy and postpartum. American College of Obstetricians and Gynecologists, 141(6), 1262-1288.
3) American College of Obstetricians and Gynecologists (ACOG), & Fleischman, S. (2025, November). ACOG statement on the benefit of access to ssris during pregnancy. untreated depression in pregnancy can put our patients at risk for substance use, preterm birth, preeclampsia, limited engagement in medical care and self-care, low birth weight, impaired attachment with their infant, and even suicide.
4) The American College of Obstetricians and Gynecologists,. (2026). Depression during pregnancy. American College of Obstetricians and Gynecologists, 51(8), 1087-1093.
5) Louis-Jacques, A., Joyner, A., Crowe, S., & American College of Obstetricians and Gynecologists (ACOG). (2021, January). Breastfeeding Challenges and Depression. ACOG. https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2021/02/breastfeeding-challenges
6) Robinson, L. R., Bitsko, R. H., O'Masta, B., Holbrook, J. R., Ko, J., Barry, C. M., ... &Kaminski, J. W. (2024). A systematic review and meta-analysis of parental depression, antidepressant usage, antisocial personality disorder, and stress and anxiety as risk factors for attention-deficit/hyperactivity disorder (ADHD) in children. Prevention Science, 25(Suppl 2), 272-290.
7) Lin, Y. H., Tsai, S. J., Bai, Y. M., Chen, T. J., & Chen, M. H. (2025). Risk of neurodevelopmental disorders in offspring of parents with major depressive disorder: a birth cohort study. Journal of Autism and Developmental Disorders, 55(11), 4009-4017.
8) San Bernardino County, Fetal and Infant Mortality Review data.

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