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## Testimony in **Support** of **LD 265**

### An Act To Provide Women Access to Affordable Postpartum Care

#### Testimony from Connie Adler, M.D.

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Senator Claxton, Representative Meyer, and Members of the Committee:

Thank you for your consideration of a bill that is so important to the health of the women of Maine and their babies.

I am Connie Adler, a physician practicing in Farmington. I have delivered innumerable babies and provided postpartum care for thousands of women. And I have experienced with them, firsthand, the problems associated with ending medical coverage at 6 weeks postpartum.

There is nothing magical about six weeks. It is the time the uterus is back to normal size and is a good time to check on that. But nothing else in this woman's life is back to normal.

It is common to begin contraception at that visit. But I've had the experience of a woman missing that visit because her baby was still in the hospital or her baby was ill, or there was a snowstorm, and then she was left unable to afford contraception because she was no longer covered.

Equally important is the issue of postpartum depression. All of you have heard the real horror stories of untreated postpartum depression which can be disastrous, even life threatening, for both the mother her children. Postpartum depression affects 10-16% of women postpartum,

with higher rates among low income women. It is not always recognized by 6 weeks postpartum. 46% of postpartum depression is diagnosed after 6 weeks, 6% after the first 5 months postpartum. I've had women present later than 6 weeks and then be unable to afford either medication or counseling with a therapist. Extending coverage through the first year postpartum would save anguish for the mother and the potential consequences of poor bonding and developmental delay for the infant.

Because I am also a provider of Medication Assisted Treatment for substance use disorder, I am acutely aware of the increased risk of relapse for women with SUD in the first year postpartum. The recommendations for care for women who have been stabilized on buprenorphine in their pregnancy is to continue it throughout the first postpartum year and to avoid weaning medication because of this increased risk of relapse. Six weeks would be a terrible time to drop a sober mother from treatment of her SUD.

There are other conditions as well, of course that are potentially problematic in that first year – mastitis, thyroiditis, deep vein thrombosis and pulmonary embolism. But you get the point. To keep both mothers and babies safe, we should extend MaineCare coverage through the first year postpartum.

Respectfully submitted,  
Connie Adler, MD