



Recorded 10/24/2022

“Strong Economies Webinar: Maternal Mental Health and Employment”

Featuring:

Massachusetts State Representative Jamie Belsito

Pennsylvania Senator Amanda Cappelletti

So O’Neil, Director, Health Philanthropy Portfolio, Mathematica

Debbie Plotnick, Executive Vice President for State and Federal Advocacy, Mental Health America

Meredith Martino: Welcome, I’m Meredith Martino, Executive Director of Women In Government, and thank you for joining us for today’s policy round table, maternal mental health and employment.

Women In Government convenes state legislators and stakeholder experts with broad perspectives and experiences to amplify the work of female lawmakers. The Board of Directors, which is an all-legislator Board of Directors, works directly with women in government staff to create meaningful policy programs like this one that directly address issues facing state legislatures nationwide.

This strong economies webinar was developed as a part of Women In Government’s longstanding partnership with the [State Exchange Unemployment & Disability](#) or SEED, a unique federal-state collaboration of the U.S. Department of Labor’s office of disability employment policy. Women In Government and SEED, along with other partners work together to connect lawmakers with programming and resources that support state and local governments in adopting and implementing inclusive policies and best practices that lead to increased employment opportunities for people with disabilities and a stronger more inclusive workforce and economy.

Women In Government and our SEED partners nationwide recognize October as [National Disability Employment Awareness Month](#) (note: #NDEAM) to highlight disability employment issues and celebrate the tremendous value that workers with all kinds of disabilities contribute to daily. For more information about SEED, please visit womeningovernment.org.

Today’s discussion on maternal mental health and employment will zoom in on an important component of supporting our workforce through policy. This trend is gaining traction thanks to the hard work of women state legislators, researchers, and advocates and include the speakers with us here.

Leading the conversation is Massachusetts State Representative Jamie Belsito, a nationally recognized champion of maternal mental health awareness. We’re also joined by Pennsylvania State Senator Amanda Cappelletti to talk about her efforts on this issue; Debbie Plotnick, Executive Vice President for State and Federal Advocacy at Mental Health America, will provide policy insights from a mental health perspective; and So O’Neil,



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Director of the Health Philanthropy Portfolio at Mathematica, will share recent findings at the intersection of maternal health and labor.

So now I'll turn things over to Representative Belsito, Representative, could you kick things off and let us know more about your work and set the stage for today's discussion?

Representative Belsito: I think that I speak on behalf of this panel for your commitment to talking about these issues. The intersection of maternal health and then the specificities around maternal mental health and employment are one of many issues that I think we could speak about here. I thank WIG (Women In Government), this esteemed group. We're going to be talking about some big things here and a lot of just logical areas of policy that we can lean into as legislators, so thank you again for having me here.

I am the [State Representative for the 4th Essex District in the Commonwealth of Massachusetts](#). I am also the founder of the [Maternal Mental Health Leadership Alliance](#) in Washington, DC. Part of why I am so interested in this issue is because I know that maternal mental health complications really derailed my own life and what I believed to be my own perception of my value as a mom and as a woman with both my girls. And I truly couldn't see past where I was at that time.

The best thing about maternal mental health issues are that they're temporary, and they're treatable, and they don't define anyone. And they're a very specific time period for those who are experiencing perinatal mental health complications, and we can do a lot of things at the state level to address them such as implementing telepsychiatry access projects programs like we've done here in Massachusetts and been able to cascade that out to the federal level. We continue to see how folks are talking about maternal mental health both at the federal level down to the state level and then the overarching reality on how poor our maternal health outcomes are here in the United States and what we're finding as a move forward in these conversations are that suicide and comorbidity. So, substance use in maternal mental health are the number one reason why women are dying in this country and we're not even poking at the racial inequities piece of this either.

I think there's a lot for us to chew on here today, and I'm very excited for us to have Senator Cappelletti from my cousin state. I say that because my brother lives there in Pennsylvania and I get back and forth there, so very excited to have you joining us today from your office - I'm assuming at the State House in Harrisburg. And this is a very important issue for you as well, Senator.

Could you please let us know more about your background and how this has informed your approach in the legislature? I thank you for being here.

Senator Cappelletti: Well, thank you so much, Representative Belsito, as well as WIG (Women In Government) for including me in this incredibly important conversation.



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My background is I'm an attorney with my Master's in Public Health, and very specifically I focused early on in maternal and child health and the issues that surround that very narrow piece of policy. I say narrow but it's actually, while we're focusing on that, it's actually quite broad the things that impact all of that.

So that background really brings a lens of [the things that I'm looking at and I'm doing in some of the legislation](#) that we will be talking about in the near future are things that we learned about while we were in school. And you learn about how in practice those things, those policies, can either help or hinder economic growth, family growth, economic stability for a family - all of those different pieces. Before being a State Senator I also was the director of policy at Planned Parenthood, so these things were all inextricably linked together - the things that I care about and I am passionate about, really understanding that when you have the ability to make the decision about if, when, and how to start a family but then having the access to healthcare to ensure that you can do that in the healthiest way possible for you and your family and that supports are in place.

So that's really the lens that I bring to this are understanding those different pieces. I just want to throw out there because I think it's so important when I was studying for my Master's in Public Health we read a book called *Half the Sky* and that has truly informed so much about what I do and the entire book is about when you invest in women, when you invest in mothers and families very specifically, you are going to have a better, healthier economy - a healthier public health system in your country or your state or what have you, and it's just this real focus of when you support women, people with uteruses, good things happen, and that's really the lens I bring to all of this.

Representative Belsito: Incredibly powerful, very obvious I think to those of us that are here today. So, very excited to have that insight, for you being here. You know, it's so important for our policymakers to use their background and lived experience, learned experience, interpersonal experience, and bringing those to our public health and healthcare policymaking decisions. And we have that ability when we're in the halls, like I've put behind me here - what the Commonwealth of Massachusetts House of Representatives looks like - although I am remote today.

Debbie Plotnick is a dear friend, a dear work colleague, and I'm just thrilled that she's here. She has been in the space of mental health at the federal level, at state level, and so many others, and she is a mom. She is the best nana in the entire world, right? Debbie, I know that you have some thoughts on how we can talk about recognizing disability awareness, inclusion, your background in federal policy, resources, and NDEAM (National Disability Employment Awareness Month) as part of this discussion, so really excited to hear about you and MHA ([Mental Health America](#)). Thank you for being here today.

Debbie Plotnick: You bet. And thank you to Women In Government for inviting me and thank you to my good friend Representative Belsito. It's always a pleasure to be here with you, Jamie.



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And I also want to say just like you can hear, where the Representative is from with her accent. I am a Philadelphian, and there's no getting away from that. And so as a grandma I'm known as “Ma-Ma” which is very Philadelphia (laughs) so delighted to be here.

I am also a part of the SEED team and I work with the SEED team, and we talk about how important work is for everyone. Now any one of us at some point in our life is very likely to experience a mental health issue, and one of the things that interferes with is work, but work is part of the medicine for getting well and staying well, people's purpose in life, people's connection to their neighbors their coworkers it's so important.

So let me just run through some of the policy things that really matter here. We know that when it comes to complications related to pregnancy and the perinatal period that mental health issues are really the number one complication that come with it, so it's very often affecting moms and moms who work. So there really needs to be looking at policies that support moms, certain EAPS ([Employee Assistance Programs](#)), certainly access to good insurance with parity and that's something that matters in every state and it's not just for the mom herself - it's really for the family. And parents, moms, dads also have to look out for the other members of their family and if the other members of their family are experiencing some mental health complications, issues going on, it's so important that there not be barriers to getting them treatment.

So again, more of the policy issues are that payment parity, that access to medications without having extra hoops to jump through, without having extra looking at how many times you're seeing a therapist - those things by the way are illegal, looking at them extra. Sometimes it's hard to access care because even with good insurance, who is listed in the registries of who's in your network - well maybe they're not really there. We call those ghost networks, and these are other policy issues that really need to be attended to. So, at [SEED](#) they are looking at keeping people employed, getting them back to work, making sure that there's fair access, and these are important issues that I look forward to continuing working on as well as the equity issues, and again I thank you for the opportunity to be here today.

Representative Belsito: And we're really taking a heavy substance issue here and putting it into bite sizes for the audience and having what I call a speed dating round of discussions on this issue. With that being said, I think we're really rounding out from a policy standpoint, from the disability, the employment, lived experience, and taking a look at what unfortunately tends to dictate a lot of our policy decisions and what and how we move forward in changes here in our state and federal legislature and that's with money.

Money walks, money talks, and the incredible So O'Neill of Mathematica - I'm so excited she's here with us today. Mathematica really pumped up the volume with how we're taking a look at the impact on maternal mental health and employment, and we're really excited to have you here today. I would love to hear more about Mathematica and maternal mental health and employment.



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So O’Neill: Yes, sure. Hi everyone, it’s very nice to be here with you. Thank you for having me and sorry about those little technical difficulties. So, I’m really inspired by all of the work by everyone here. And what we do at Mathematica is really to try to support policymakers and practitioners in making sound decisions. And one of the things that we’ve been doing related to maternal mental health is actually trying to make the fiscal case. There’s clearly a moral imperative here, but there’s also a fiscal imperative, so we’ve been conducting studies to figure out how much it costs society in dollars and cents. That’s not the way we want to come at it this from, but it’s also necessary for folks to understand the burden, the economic burden that happens when you do not treat maternal mental health conditions.

So, this is something that we’re very interested in doing at Mathematica. We work on all sorts of different maternal issues. For maternal mental health in particular, we were involved in a [study to estimate the societal cost](#) in the United States, in California, Colorado, and Washington. We are now in the process of estimating the cost of maternal mental health conditions in Vermont, and last year we did that for Texas, and it was used on their legislative floor as a key piece of evidence to support the expansion of Medicaid coverage postpartum. So, this is the lens that we bring here and I’m so excited to be here and Representative Jamie Belsito, I would love to hear more about what Massachusetts is doing since I live here in Massachusetts, and I know we are very forward in how we’re tackling maternal mental health.

Jamie Belsito: Well, thank you so much. So again, the money part of this - I believe that in 2019, \$32,000 was expended per mother or parent per baby, and the collective was how much?

So O’Neill: \$14 billion.

Jamie Belsito: Oh, it wasn’t even an M it was a B. \$14 billion, and that was 2019 in the United States. Here in Massachusetts, approximately 72,000 births annually and if you take 1 in 5 - I’m going to be very frank in saying I’m going to come back with a figure because I’m not doing math on my feet very well right now. Let me take that and expend it by 32,000 and we’re the 6th smallest geographical state in the union. We take a look at Texas, or California, etc. The impact - we don’t take care of women, we don’t take care of birthing parents, we don’t take care of babies.

I’ve always said we are failing as a society, and that directly impacts our ability to have a healthy workforce and healthy communities. Again, I’m just thrilled for the conversation, I myself had filed a couple state level bills out of the “[Momnibus](#)” that we see in Washington DC in Congress that’s been led by the Black Maternal Health Caucus. I filed with passion on the floor of the House to really focus on our maternal mental behavioral health care workforce.



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Debbie I'm sure you can speak about the fact; you stated the ghost workforce, but how about lack of workforce? We're seeing that across the board in every state in every community. When it comes to communities of color, we don't see ourselves represented in those spaces with communities of color. We need to build out our pipelines. We need to also say that there are maternal health-specific individuals available.

I know when I went to find help, which as I like to say tongue in cheek was like finding a gnome under a tree because it was so difficult to find, the only sort of support I could find was generalized anxiety by a wonderful clinician, but she was not familiar with maternal health, nor did she realize it was temporary. All of these things - we've got to do better. My dear colleague in the great state of Pennsylvania has also gone ahead and filed some legislation - which I was excited to see that we've filed very similar legislation. So, Senator, would love to hear about your legislation.

Senator Cappelletti: Well, thank you so much Representative Belsito. Yes, we have very similar legislation and I think people don't always recognize that there are specific needs. Basically, what [our legislation](#) is - one piece is protections for pregnant workers, and we're doing that because oftentimes, especially in low-wage positions, there are no protections for pregnant people. They are still expected to do their job at the level that everybody else is, and if you've ever been pregnant, you know you need to use the bathroom way more often than you normally do, you need to make sure you're staying hydrated and drinking plenty of water. There are very specific key things, simple things that won't really be of cost to an employer that not all employers are willing to do for pregnant people.

We don't have these protections from a federal level, so there's a push there, but we're also working at the state level because if it doesn't happen there at least we can, in our respective states, do more for pregnant people.

So that piece has been really important but I think another piece that actually came out that I have in Pennsylvania that I would love to highlight for you is [Senate Bill 873](#) and it is the loss support act here in Pennsylvania, which is something that was put out at the federal level, which provides a certain amount of paid leave for individuals that experience pregnancy or infancy loss.

That's really important to me. You mentioned about personal issues earlier, Representative Belsito. I experienced two miscarriages last year back to back, and that's what drove that piece of legislation. I'm fortunate in my position that I can take the time that I need to grieve and there's no question, and I can't imagine for somebody - the people that I've heard from and the horrible experiences that they've had and employers not recognizing the physical and mental health trauma that goes along with a [pregnancy loss](#).

The great thing about that bill is it's not just like a physical pregnancy. We're also providing those types of protections for failed IVF or other pregnancy treatments or IUI's or not IUI's. I apologize - I have a little bit of pregnancy brain now, my life has changed, and I am



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pregnant now, so I apologize. But also, it would provide time for individuals who have failed adoptions and all of the different ways that you might be able to start a family because there is a certain level of a trauma and mental health healing that needs to go along with that and sometimes when it's the physical pregnancy that you lose, there's also a physical healing that needs to go with that. So those are two pieces that came out of the Black Legislative Caucus in Washington DC that they're attempting to work there that we felt like we could do here in Pennsylvania or we'd like to see done here in Pennsylvania, and I'm happy to steer head that.

Rep. Belsito: I feel as if you're taking a book out of my diary. I'm thrilled to hear your great news and want to say thank you for sharing your difficult news. I just shared my own story this morning talking about our updated Roe act here in Massachusetts. I took to the floor to speak about my loss at 11.5 weeks. I didn't speak about the mental health piece but spoke about the fact that even intentional pregnancies end, and the criminalities that we could consider that going along with that - and we could have a whole other session on that but when it comes to how that's expressed at work, having lost a baby at almost three months, it was taboo and it was not spoken about, and I was devastated and incredibly depressed and expected to go right back to work. Thank you for your work on that.

I similarly filed [bill H4557](#) here. I am blessed to have Congresswoman Ayanna Pressley as a colleague here representing one of the nine Congressional districts in Congress as well as having worked with Senator Duckworth, and you are absolutely right. These are things we need to talk about with mental health - whether it's a termination of a pregnancy to an unsuccessful adoption, failed surrogacy, medical diagnosis that impairs pregnancy or fertility and allowing the mental and physical healing. And employers need to be aware of that.

I always joke - I say unless MIT comes up with an artificial uterus that's birthing children that I'm unaware of, those with uteruses will continue to be the one's birthing and that is so important for us to recognize the needed time in a country that doesn't have paid family leave like we do here in Massachusetts. It is seemingly being a state-by-state, and I will also say hats off on your Pregnancy Worker's Fairness Act. We passed that in 2018 here. Nobody should be penalized while pregnant or suffer a loss because of restrictions around their job, so again just incredible amounts of discussion here and how it impacts the employment and disability - which as we all know we check that box when you're pregnant - to go out on leave for some reason they've decided they, whoever they are, that it's a short-term disability, not a natural cycle of life.

So, Debbie Plotnick, the mom of everyone here, I really would love to hear some more discussion around the impacts of maternal mental health and employment. Thank you.

Debbie Plotnick: Okay, I'm going to get to that in one minute, my good friend, Jamie. But I want to pick on some of the things that you've said already and that the Senator from Pennsylvania has also talked about - talking about state legislation but how that really



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complements federal legislation. So we know that the particular - and Jamie thank you so much for your work on the “[Momnibus bill](#)” - it’s been amazing but the teeth that goes into implementing, the regulation of and how each state looks at national legislation has to come in the states. So, it’s really important in this discussion to talk about that, also implementing [state laws](#) that shore up things that we have.

We don’t have Medicaid expansion all across the country. A huge issue is that Medicaid is the number one payer for mental health all across the county, but not every state has expanded it. But there are some special bills both in the “Momnibus” bill and in states to expand coverage for new moms from - it was at 30 days, 60 days, 90 days, and now many states have moved it up to 6 months or even to a year, and we need to make sure that that happens everywhere. So, without it happening at a federal level everywhere, states need to step up on these issues as well as putting teeth in parity.

When it comes to employment I applaud you both for putting in bills that do not allow discrimination against moms who are pregnant and also that allow proper healing when there’s been a loss, but also proper recovery. What an important thing. You know, one does not just drop out a baby and run back to work. I can tell you that I have three babies and two grandbabies. We need to take some time - we need to spend time - one of the best returns on investment for states is to make sure that there’s paid family leave so that babies are well taken care of, moms are well taken care of and moms can get back to work in a way that benefits the entire family.

Rep. Belsito: Quite simplistic, and again we as legislators and those who advocate for policy have the ability to influence positive policy outcomes for the workplace and for the benefit of our women and birthing people that are in the workforce as well as the other non-birthing spouse, and I think that these are very relevant conversations that are being recognized. It’s been an uphill battle.

I see that we’re running a little bit over here, but I think that it’s because it’s such a passionate subject matter that we’re speaking about today, so as we move towards our Q&A session, I would ask any individuals out there who are listening that have questions, please put those in the chat box.

We will bring those up and so from Mathematica - again a phenomenal company that took the time to start to scratch back on the financial impact of maternal mental health and what that looks like for our economy, I did want to pose this question for you. You talked early about grant programs, so as a policy researcher speaking to policymakers here, what are findings about the value of states investing in these programs?

Sol O’Neill: I mean beyond the \$14 billion that I mentioned earlier, obviously that is a huge return on some investment and some grant programs. But I would like to point out that in terms of employment, much of this cost is borne by the birthing person, and much of it is due to their loss of productivity in terms of presenteeism, absenteeism and loss of



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employment, so about I would say \$5 billion of the \$14 billion is due to losses in productivity.

So, if states invest in grant programs, it's possible for them to recover that back - just to be able to enable birthing people, their families, and so on to continue to be able to work, to have the supports they need in particular. And a lot of the folks that are more likely to experience maternal mental health conditions are those that are living in poverty or from low socioeconomic populations which often cannot afford to take time off of work or to have that leave to recover. So, investing in these grant programs has long term benefits of improving the workforce in the state over the long term.

Rep. Belsito: Thank you for stating that so eloquently as you did. It's a focus of my work in the State House here in Massachusetts. We just passed a [comprehensive mental health package](#) in Massachusetts, and we did make sure that everyone will be screened during 12 months but there is a lot for us as legislators in states to share data. I'm going to ask Executive Director Meredith Martino if I may briefly speak about those or you let me know time wise how that looks like for you?

Meredith Martino: Yeah, absolutely and I'd love to hear that and then I just have a question for the panel myself.

Rep. Belsito: Thank you so much. We modeled a [telephonic and in-person and other specific cases psychiatry access program](#) for perinatal mothers and birthing people to allow their general practitioner or OB/GYN who may not be a mental health provider to pick up the phone and just say, “Hey I have a mom here or a parent here expressing some post-perinatal anxiety, OCD, inability to sleep, exhibiting – you know, they're utilizing substances” or what have you. Any of these issues that we see can manifest and how do we help those folks?

These programs are approximately - here in the Commonwealth, they were \$11 dollars per mom. I'm not sure what that is, but it's a small investment for a very long-term output when we call things what they are. When we say you've got a temporary, treatable mental health issue that has nothing to do with you personally - I always joke with myself that I thought I was very special, but I was just 1 in 5. This is very normal, and it kind of takes that sting out of things

Utilizing these programs, we took this program in Massachusetts and worked with Congresswoman Katherine Clark, worked with Congresswoman Jamie Herrera Butler, Senator Kirstin Gillibrand, and Senator Shelley Moore Capito and [created these same programs](#). They're now funded through HHS, and they're in 7 different states and we're in the midst of - I hope by December we will know that we've got \$24 million dollars more funding to roll out these programs - more of them across more states because they're helping.



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I'll also put the [24 hour hotline](#). We also got put into the [HHS a 24/7 maternal mental health access line](#) and that also goes into the [988 line](#) if someone's calling with mental health complications and they're a new mom. So again, Meredith, there's a lot to talk about around this, not just specific around employment, but it definitely affects folks because if folks can't take care of themselves, they don't go back to work and this is all short ball. We've got to start thinking long ball, and I'm so thankful for this conversation today with Women In Government. Thank you.

Meredith Martino: Thank you, Representative Belsito. If I could just take a little point of personal privilege and ask the panel a question about policy specifically relating to breastfeeding for new moms. I know that I was very committed. I have two children.

Senator Cappelletti, much like you I also had two miscarriages in between, and Representative Belsito, one of them was at 12 weeks and it was incredibly traumatic, but in the end I have two beautiful children.

But breastfeeding was so stressful, and I had infections and other things that made it really stressful, and I felt like I did not get the support that I needed from the lactation consultant community. I felt like the babies were – you know, the baby was growing and doing fine so it was just - you know, just toughen up. It'll take some time. The anxiety of pumping at work and having to worry about someone walking in on me - I didn't have great space – you know, things that I think definitely cause a lot of anxiety for women when it comes to employment.

I was a lobbyist at the time, so I had meetings, and I would sit in the back of my car sometimes and have to pump and have to remember to bring coolers and things like that, and so even though I didn't really suffer from postpartum depression, being committed to breastfeeding while working was incredibly stressful even when it was quote “going well” by the medical community standards i.e., the baby was gaining weight, I was producing plenty of milk. It was very challenging and so I'm wondering if your legislation addresses specifically the mental health aspects of breastfeeding because I do think that's a special niche of this conversation.

Rep. Belsito: I'll just say having been there done that, that we don't have just even topically – you know, we're such a puritanical society in many ways. There's no indecency, and you cannot have any sort of repercussions if you're publicly breastfeeding your baby here in Massachusetts and that was changed. I did want to just say I myself didn't have issues with the breastfeeding, but I did want to bring up two things.

Number 1: moms who want to breastfeed who have challenges, it is documented that those individuals start to think “I'm a bad mom,” “I can't produce,” “What's wrong with me?” and that can really get into their headspace, and so we always want to talk about what does that look like for the mom and that does not define the parent - you know, allowing individuals like you just said.



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I hope everyone enjoys this next story. I had a sports bra that I cut out the two holes in so that when I would drive to work I could pump in the car with the little thing over me, but Meredith, honestly that's because it was my car, and I knew I was safe and by myself, and I didn't have to think about it.

So, I think that that has changed. We see even like the little [Mamavas](#) (lactation pods) and stuff in universities and in the airport, but I don't have enough information to speak about this. I'm darn sure that the Senator from Pennsylvania's is going to know what's going on because it's going to be her.

Senator Cappelletti: Oh gosh, thank you so much for that vote of confidence. I don't have anything specific to the mental health of breastfeeding specifically. I'm the Co-Chair of the [Women's Health Caucus](#) here in Pennsylvania as well. There's 4 of us who are Co-Chairs, and we have a variety of issue areas that we're all working on. There are things like doulas and legislation around doulas and what does that mean, and I mean really being expansive when thinking about the types of individuals that are available to us both while pregnant and post pregnancy especially in those first 12 months.

The other thing I know, and I heard it talked about a little bit, is that in Pennsylvania we did [expand our Medicaid program as we could from the 2 months or 60 days to 12 months of postpartum coverage](#) for individuals who give birth on Medicaid, which is amazing, and that helps to drive hopefully some of those supports, but it is something we are always looking to continue to figure out.

How do we better support and address because it does feel like people just take for granted that we just pop a child out, we feed them, and there you go. They don't recognize all of the various traumas and difficulties that really go into it. Giving birth is like a physical trauma is what I've heard one physician describe it as, and I was like. “That sounds like fun. Glad I'm doing this, thank you.” (laughs) But it's true. Your body goes through so many changes, and the hormones.

There are just so many different levels, so the fact that you brought that up is now something that like I would like to research to make sure that we are better supporting the breastfeeding community and people who wish to breastfeed and recognizing it's not for everyone but some people - I'm with you, and I'm hoping that it's something I'm able to do and do for my child. For those of us that want to do that and that's the path we want to take, how do we make sure we have appropriate supports? I'm glad you that brought that up, and I'm happy to look into that to try to develop something here in Pennsylvania.

Debbie Plotnick: I'd like to jump into the conversation. Jamie, who knows me well, knows that I'm always talking about peer support, mutual support, how people help each other. And I wanted to tell you my first introduction to peer support was as a new mother. It was



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from the community, from a group of mothers helping mothers, and there are many varieties of that, and what a difference it makes

You heard mention of doulas. We also have lactation consultants, and one of the things with respect to employment that employers can do is not only provide a safe space for pumping but a safe space for getting support when it is needed so we have support where employers will allow people to have telehealth appointments while you also might need your mutual support for breastfeeding because peer support is very important in all aspects of our lives and our mental health.

Rep. Belsito: Well, I can't say enough about this panel. I think we could probably do a part 2 and 3, but I'll leave that up to Women In Government. We, those that identify as women, and women in the traditional sense, you know we represent 53 percent of the population, and when it comes to policymaking we are in the low 20's to maybe 25 percent, and so many decisions are being made about our healthcare and how we take care of women and our employment. The Senator is going to be probably the first in the State House being pregnant and legislating.

Senator Cappelletti: I will be the first State Senator - we have had several - my dear friend Representative Jen O'Mara recently gave birth and there's another person I'm friends with that gave birth a year or two ago, I believe, but I am the first senator.

Rep. Belsito: So really, that's going to be so powerful. I think that when we focus on electing the right women into office to help change the discourse, it will only broaden our capabilities to be successful, and so Meredith I don't know if you have girls. I have girls, but I hope my girls are telling me different stories if they choose to have children and it won't be the same and it's the power of all of us coming together and it's our elected officials and I'm just so thankful for this conversation and being the moderator, I'm all fired up. Now I'm going to have to figure out what I'm going to do. I'm going to go write some legislation - that's what I'm going to do, so I thank you.

Meredith Martino: Excellent, thank you so much. I really enjoyed this conversation and really appreciate it. I definitely want to thank all of our panelists. This is recorded, and there's a lot of great resources available in the chat, so I want to thank everyone for being here today. A special thanks to Representative Belsito and Senator Cappelletti as well as Debbie Plotnick and So O'Neill.

We have another webinar coming up on Wednesday on a very different topic, “Accessibility and Video Games,” focusing on disability employment awareness and thinking about disabilities and again how that translates into the video game industry which is a really booming part of our economy these days.

We still want to remind all of our legislators that there's time to register for our upcoming Leadership and Innovation Summit in Orlando, Florida next month, and for all information



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**“Strong Economies Webinar: Maternal
Mental Health and Employment”**

about past and upcoming events as well as great resources please visit
www.womeningovernment.org.

Thanks again everybody, thanks for being here.

Debbie Plotnick: Thank you so much

So O’Neill: Thank you.

Senator Cappelletti: Thank you.

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Please visit www.womeningovernment.org for recording links and other resources
associated with this event.