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SENATE, No. 1111

STATE OF NEW JERSEY

209th LEGISLATURE

INTRODUCED MARCH 16, 2000

Sponsored by:

Senator RICHARD J. CODEY

District 27 (Essex)

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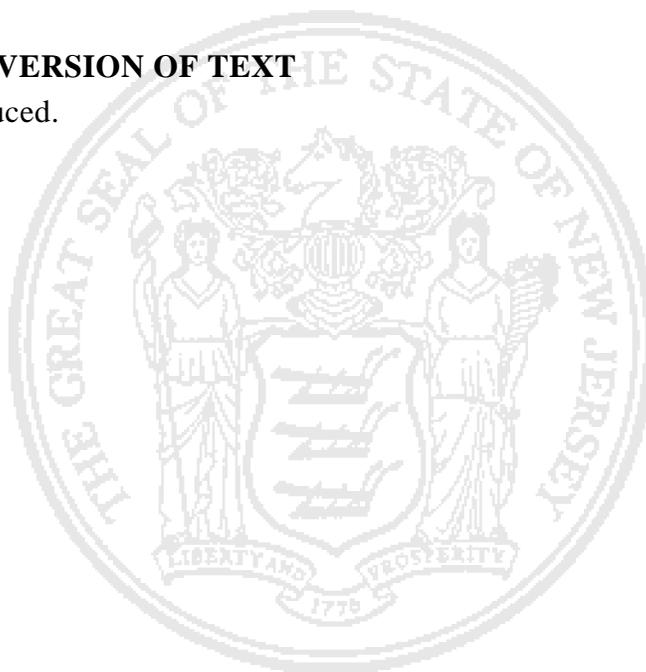
**Senators Vitale, Furnari, Turner, Assemblywoman Vandervalk,
Assemblymen Jones and Conaway**

SYNOPSIS

Requires DHSS to establish public awareness campaign and develop policies and procedures for health care professionals and facilities concerning postpartum depression; appropriates \$50,000.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 10/31/2000)

1 AN ACT concerning postpartum depression, supplementing Title 26 of
2 the Revised Statutes and making an appropriation.

3

4 **BE IT ENACTED** by the Senate and General Assembly of the State
5 of New Jersey:

6

7 1. The Legislature finds and declares that:

8 a. Postpartum depression is the name given to a wide range of
9 emotional, psychological and physiological reactions to childbirth,
10 including loneliness, sadness, fatigue, low self-esteem, loss of identity,
11 increased vulnerability, irritability, confusion, disorientation, memory
12 impairment, agitation and anxiety, which challenge the stamina of the
13 new mother and impair her ability to function and nurture her newborn
14 child;

15 b. Postpartum depression is the result of a chemical imbalance
16 triggered by a sudden dramatic drop in hormonal production after the
17 birth of a baby, and women at highest risk for postpartum depression
18 are those with a previous psychiatric difficulty, such as depression,
19 anxiety or panic disorder and those with a family member suffering
20 from such a psychiatric difficulty, but postpartum depression
21 frequently strikes without warning in women without any past
22 emotional problems or psychiatric difficulties and without any
23 complications in pregnancy. Symptoms may appear at any time after
24 delivery;

25 c. Women are more likely to suffer from mood and anxiety
26 disorders during pregnancy and following childbirth than at any other
27 time in their lives; 70 to 80% of all new mothers suffer some degree
28 of postpartum mood disorder lasting anywhere from a week to as
29 much as a year or more, and approximately 10 to 20% of new mothers
30 experience a paralyzing, diagnosable clinical depression;

31 d. Many new mothers suffering from postpartum depression
32 require counseling and treatment, yet many do not realize that they
33 need help. Those whose illness is severe may require medication to
34 correct the underlying brain chemistry that is disturbed;

35 e. Postpartum depression dramatically distorts the image of perfect
36 new motherhood and is often dismissed by the woman suffering from
37 this illness and those around her. Sometimes it is thought to be a
38 weakness on the part of the sufferer that is self-induced and self-
39 controllable;

40 f. Currently, the United States lacks any organized treatment
41 protocol for postpartum depression and lags behind most other
42 developed countries in providing information, support and treatment
43 for postpartum depression;

44 g. If early recognition and treatment are to occur, postpartum
45 depression must be discussed in childbirth classes and obstetrical office
46 visits and public education about this illness must be enhanced to lift

1 the social stigma associated with the illness. Such discussion and
2 education will increase the chance that a woman will inform others of
3 her symptoms as she would for physical complications;

4 h. It is imperative that health care providers who provide prenatal
5 and postnatal care to women have a thorough understanding of
6 postpartum depression so that they can detect and diagnose this illness
7 in its earliest stages and thus prevent the most severe cases;

8 i. In addition to the mother, the effects of postpartum depression
9 can also impact the child and the father significantly. Maternal
10 depression can affect the mother's ability to respond sensitively to her
11 infant's needs, and can strain the parent's relationship as the father
12 feels anxious and helpless because he does not understand what is
13 going wrong or what is the source of the depression; and

14 j. Postpartum depression is one of the most treatable and curable of
15 all forms of mental illness, and education about this illness can be very
16 beneficial to new parents coping with these emotional and hormonal
17 changes by helping them decide if and when they need outside help.

18

19 2. The Commissioner of Health and Senior Services, in conjunction
20 with the State Board of Medical Examiners and the New Jersey Board
21 of Nursing, shall work with health care facilities and licensed health
22 care professionals in the State to develop policies and procedures
23 which meet the following objectives that address the issue of
24 postpartum depression:

25 a. Physicians, nurse midwives and other licensed health care
26 professionals providing prenatal care to women should provide
27 education to women and their families about postpartum depression in
28 order to lower the likelihood that new mothers will continue to suffer
29 from this illness in silence;

30 b. All birthing facilities in the State should provide departing new
31 mothers and fathers and other family members, as appropriate, with
32 complete information about postpartum depression, including its
33 symptoms, methods of coping with the illness and treatment resources;

34 c. Physicians, nurse midwives and other licensed health care
35 professionals providing postnatal care to women should screen new
36 mothers for postpartum depression symptoms prior to discharge from
37 the birthing facility and at the first few postnatal check-up visits; and

38 d. Physicians, nurse midwives and other licensed health care
39 professionals providing prenatal and postnatal care to women should
40 include fathers and other family members, as appropriate, in both the
41 education and treatment processes to help them better understand the
42 nature and causes of postpartum depression so that they too can
43 overcome the spillover effects of the illness and improve their ability
44 to be supportive of the new mother.

45

46 3. The Commissioner of Health and Senior Services shall establish

1 a public awareness campaign to inform the general public about the
2 nature and causes of postpartum depression and its health implications,
3 including its symptoms, methods of coping with the illness and the
4 most effective means of treatment.

5
6 4. The Commissioner of Health and Senior Services, pursuant to
7 the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
8 seq.), shall adopt rules and regulations to effectuate the purposes of
9 this act.

10
11 5. There is appropriated \$50,000 from the General Fund to the
12 Department of Health and Senior Services to carry out the purposes
13 of this act.

14
15 6. This act shall take effect immediately.

16
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18 STATEMENT

19
20 This bill directs the Commissioner of Health and Senior Services,
21 in conjunction with the State Board of Medical Examiners and the
22 New Jersey Board of Nursing, to address the issue of postpartum
23 depression by working with health care facilities and licensed health
24 care professionals in the State to develop policies and procedures
25 which meet the following objectives:

26 a. Physicians, nurse midwives and other licensed health care
27 professionals providing prenatal care to women should provide
28 education to women and their families about postpartum depression in
29 order to lower the likelihood that new mothers will continue to suffer
30 from this illness in silence;

31 b. All birthing facilities in the State should provide departing new
32 mothers and fathers and family members, as appropriate, with
33 complete information about postpartum depression, including its
34 symptoms, methods of coping with the illness and treatment resources;

35 c. Physicians, nurse midwives and other licensed health care
36 professionals providing postnatal care to women should screen new
37 mothers for postpartum depression symptoms prior to discharge from
38 the birthing facility and at the first few postnatal check-up visits; and

39 d. Physicians, nurse midwives and other licensed health care
40 professionals providing prenatal and postnatal care to women should
41 include fathers and other family members, as appropriate, in both the
42 education and treatment processes to help them better understand the
43 nature and causes of postpartum depression so that they too can
44 overcome the spillover effects of the illness and improve their ability
45 to be supportive to the new mother.

46 The bill also directs the Commissioner of Health and Senior

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1 Services to establish a public awareness campaign to inform the
2 general public about the nature and causes of postpartum depression
3 and its health implications, including its symptoms, methods of coping
4 with the illness and the most effective means of treatment. The
5 bill appropriates \$50,000 to the Department of Health and Senior
6 Services to carry out its purposes.

SENATE HEALTH COMMITTEE

STATEMENT TO

SENATE, No. 1111

STATE OF NEW JERSEY

DATED: MARCH 20, 2000

The Senate Health Committee reports favorably Senate Bill No. 1111.

This bill directs the Commissioner of Health and Senior Services, in conjunction with the State Board of Medical Examiners and the New Jersey Board of Nursing, to address the issue of postpartum depression by working with health care facilities and licensed health care professionals in the State to develop policies and procedures which meet the following objectives:

a. Physicians, nurse midwives and other licensed health care professionals providing prenatal care to women should provide education to women and their families about postpartum depression in order to lower the likelihood that new mothers will continue to suffer from this illness in silence;

b. All birthing facilities in the State should provide departing new mothers and fathers and family members, as appropriate, with complete information about postpartum depression, including its symptoms, methods of coping with the illness and treatment resources;

c. Physicians, nurse midwives and other licensed health care professionals providing postnatal care to women should screen new mothers for postpartum depression symptoms prior to discharge from the birthing facility and at the first few postnatal check-up visits; and

d. Physicians, nurse midwives and other licensed health care professionals providing prenatal and postnatal care to women should include fathers and other family members, as appropriate, in both the education and treatment processes to help them better understand the nature and causes of postpartum depression so that they too can overcome the spillover effects of the illness and improve their ability to be supportive to the new mother.

The bill also directs the Commissioner of Health and Senior Services to establish a public awareness campaign to inform the general public about the nature and causes of postpartum depression and its health implications, including its symptoms, methods of coping with the illness and the most effective means of treatment.

The bill appropriates \$50,000 to the Department of Health and Senior Services to carry out its purposes.

ASSEMBLY HEALTH COMMITTEE

STATEMENT TO

SENATE, No. 1111

STATE OF NEW JERSEY

DATED: OCTOBER 12, 2000

The Assembly Health Committee reports favorably Senate Bill No. 1111.

This bill directs the Commissioner of Health and Senior Services, in conjunction with the State Board of Medical Examiners and the New Jersey Board of Nursing, to address the issue of postpartum depression by working with health care facilities and licensed health care professionals in the State to develop policies and procedures which meet the following objectives:

- C Physicians, nurse midwives and other licensed health care professionals providing prenatal care to women should provide education to women and their families about postpartum depression in order to lower the likelihood that new mothers will continue to suffer from this illness in silence;
- C All birthing facilities in the State should provide departing new mothers and fathers and family members, as appropriate, with complete information about postpartum depression, including its symptoms, methods of coping with the illness and treatment resources;
- C Physicians, nurse midwives and other licensed health care professionals providing postnatal care to women should screen new mothers for postpartum depression symptoms prior to discharge from the birthing facility and at the first few postnatal check-up visits; and
- C Physicians, nurse midwives and other licensed health care professionals providing prenatal and postnatal care to women should include fathers and other family members, as appropriate, in both the education and treatment processes to help them better understand the nature and causes of postpartum depression so that they too can overcome the spillover effects of the illness and improve their ability to be supportive to the new mother.

The bill also directs the Commissioner of Health and Senior Services to establish a public awareness campaign to inform the general public about the nature and causes of postpartum depression and its health implications, including its symptoms, methods of coping with the illness and the most effective means of treatment.

The bill appropriates \$50,000 to the Department of Health and Senior Services to carry out its purposes.

This bill is identical to Assembly Bill No. 2775 (Vandervalk), which the committee also reported on this date.

Title 26.
Chapter 2.
Part GG. (New)
Postpartum
Depression
§§1-4 - C.26:2-175
to 26:2-178
§5 - Approp.

P.L. 2000, CHAPTER 167, *approved December 15, 2000*
Senate, No. 1111

1 **AN ACT** concerning postpartum depression, supplementing Title 26 of
2 the Revised Statutes and making an appropriation.

3

4 **BE IT ENACTED** by the Senate and General Assembly of the State
5 of New Jersey:

6

7 1. The Legislature finds and declares that:

8 a. Postpartum depression is the name given to a wide range of
9 emotional, psychological and physiological reactions to childbirth,
10 including loneliness, sadness, fatigue, low self-esteem, loss of identity,
11 increased vulnerability, irritability, confusion, disorientation, memory
12 impairment, agitation and anxiety, which challenge the stamina of the
13 new mother and impair her ability to function and nurture her newborn
14 child;

15 b. Postpartum depression is the result of a chemical imbalance
16 triggered by a sudden dramatic drop in hormonal production after the
17 birth of a baby, and women at highest risk for postpartum depression
18 are those with a previous psychiatric difficulty, such as depression,
19 anxiety or panic disorder and those with a family member suffering
20 from such a psychiatric difficulty, but postpartum depression
21 frequently strikes without warning in women without any past
22 emotional problems or psychiatric difficulties and without any
23 complications in pregnancy. Symptoms may appear at any time after
24 delivery;

25 c. Women are more likely to suffer from mood and anxiety
26 disorders during pregnancy and following childbirth than at any other
27 time in their lives; 70 to 80% of all new mothers suffer some degree
28 of postpartum mood disorder lasting anywhere from a week to as
29 much as a year or more, and approximately 10 to 20% of new mothers
30 experience a paralyzing, diagnosable clinical depression;

31 d. Many new mothers suffering from postpartum depression
32 require counseling and treatment, yet many do not realize that they
33 need help. Those whose illness is severe may require medication to
34 correct the underlying brain chemistry that is disturbed;

35 e. Postpartum depression dramatically distorts the image of perfect
36 new motherhood and is often dismissed by the woman suffering from
37 this illness and those around her. Sometimes it is thought to be a
38 weakness on the part of the sufferer that is self-induced and self-
39 controllable;

- 1 f. Currently, the United States lacks any organized treatment
2 protocol for postpartum depression and lags behind most other
3 developed countries in providing information, support and treatment
4 for postpartum depression;
- 5 g. If early recognition and treatment are to occur, postpartum
6 depression must be discussed in childbirth classes and obstetrical office
7 visits and public education about this illness must be enhanced to lift
8 the social stigma associated with the illness. Such discussion and
9 education will increase the chance that a woman will inform others of
10 her symptoms as she would for physical complications;
- 11 h. It is imperative that health care providers who provide prenatal
12 and postnatal care to women have a thorough understanding of
13 postpartum depression so that they can detect and diagnose this illness
14 in its earliest stages and thus prevent the most severe cases;
- 15 i. In addition to the mother, the effects of postpartum depression
16 can also impact the child and the father significantly. Maternal
17 depression can affect the mother's ability to respond sensitively to her
18 infant's needs, and can strain the parent's relationship as the father
19 feels anxious and helpless because he does not understand what is
20 going wrong or what is the source of the depression; and
- 21 j. Postpartum depression is one of the most treatable and curable of
22 all forms of mental illness, and education about this illness can be very
23 beneficial to new parents coping with these emotional and hormonal
24 changes by helping them decide if and when they need outside help.
25
- 26 2. The Commissioner of Health and Senior Services, in conjunction
27 with the State Board of Medical Examiners and the New Jersey Board
28 of Nursing, shall work with health care facilities and licensed health
29 care professionals in the State to develop policies and procedures
30 which meet the following objectives that address the issue of
31 postpartum depression:
- 32 a. Physicians, nurse midwives and other licensed health care
33 professionals providing prenatal care to women should provide
34 education to women and their families about postpartum depression in
35 order to lower the likelihood that new mothers will continue to suffer
36 from this illness in silence;
- 37 b. All birthing facilities in the State should provide departing new
38 mothers and fathers and other family members, as appropriate, with
39 complete information about postpartum depression, including its
40 symptoms, methods of coping with the illness and treatment resources;
- 41 c. Physicians, nurse midwives and other licensed health care
42 professionals providing postnatal care to women should screen new
43 mothers for postpartum depression symptoms prior to discharge from
44 the birthing facility and at the first few postnatal check-up visits; and
- 45 d. Physicians, nurse midwives and other licensed health care
46 professionals providing prenatal and postnatal care to women should

1 include fathers and other family members, as appropriate, in both the
2 education and treatment processes to help them better understand the
3 nature and causes of postpartum depression so that they too can
4 overcome the spillover effects of the illness and improve their ability
5 to be supportive of the new mother.

6
7 3. The Commissioner of Health and Senior Services shall establish
8 a public awareness campaign to inform the general public about the
9 nature and causes of postpartum depression and its health implications,
10 including its symptoms, methods of coping with the illness and the
11 most effective means of treatment.

12
13 4. The Commissioner of Health and Senior Services, pursuant to
14 the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
15 seq.), shall adopt rules and regulations to effectuate the purposes of
16 this act.

17
18 5. There is appropriated \$50,000 from the General Fund to the
19 Department of Health and Senior Services to carry out the purposes
20 of this act.

21
22 6. This act shall take effect immediately.

23 24 25 STATEMENT

26
27 This bill directs the Commissioner of Health and Senior Services,
28 in conjunction with the State Board of Medical Examiners and the
29 New Jersey Board of Nursing, to address the issue of postpartum
30 depression by working with health care facilities and licensed health
31 care professionals in the State to develop policies and procedures
32 which meet the following objectives:

33 a. Physicians, nurse midwives and other licensed health care
34 professionals providing prenatal care to women should provide
35 education to women and their families about postpartum depression in
36 order to lower the likelihood that new mothers will continue to suffer
37 from this illness in silence;

38 b. All birthing facilities in the State should provide departing new
39 mothers and fathers and family members, as appropriate, with
40 complete information about postpartum depression, including its
41 symptoms, methods of coping with the illness and treatment resources;

42 c. Physicians, nurse midwives and other licensed health care
43 professionals providing postnatal care to women should screen new
44 mothers for postpartum depression symptoms prior to discharge from
45 the birthing facility and at the first few postnatal check-up visits; and

46 d. Physicians, nurse midwives and other licensed health care

1 professionals providing prenatal and postnatal care to women should
2 include fathers and other family members, as appropriate, in both the
3 education and treatment processes to help them better understand the
4 nature and causes of postpartum depression so that they too can
5 overcome the spillover effects of the illness and improve their ability
6 to be supportive to the new mother.

7 The bill also directs the Commissioner of Health and Senior
8 Services to establish a public awareness campaign to inform the
9 general public about the nature and causes of postpartum depression
10 and its health implications, including its symptoms, methods of coping
11 with the illness and the most effective means of treatment. The
12 bill appropriates \$50,000 to the Department of Health and Senior
13 Services to carry out its purposes.

14

15

16

17

18 Requires DHSS to establish public awareness campaign and develop
19 policies and procedures for health care professionals and facilities
20 concerning postpartum depression; appropriates \$50,000.

CHAPTER 167

AN ACT concerning postpartum depression, supplementing Title 26 of the Revised Statutes and making an appropriation.

BE IT ENACTED *by the Senate and General Assembly of the State of New Jersey:*

C.26:2-175 Findings, declarations relative to postpartum depression.

1. The Legislature finds and declares that:

a. Postpartum depression is the name given to a wide range of emotional, psychological and physiological reactions to childbirth, including loneliness, sadness, fatigue, low self-esteem, loss of identity, increased vulnerability, irritability, confusion, disorientation, memory impairment, agitation and anxiety, which challenge the stamina of the new mother and impair her ability to function and nurture her newborn child;

b. Postpartum depression is the result of a chemical imbalance triggered by a sudden dramatic drop in hormonal production after the birth of a baby, and women at highest risk for postpartum depression are those with a previous psychiatric difficulty, such as depression, anxiety or panic disorder and those with a family member suffering from such a psychiatric difficulty, but postpartum depression frequently strikes without warning in women without any past emotional problems or psychiatric difficulties and without any complications in pregnancy. Symptoms may appear at any time after delivery;

c. Women are more likely to suffer from mood and anxiety disorders during pregnancy and following childbirth than at any other time in their lives; 70 to 80% of all new mothers suffer some degree of postpartum mood disorder lasting anywhere from a week to as much as a year or more, and approximately 10 to 20% of new mothers experience a paralyzing, diagnosable clinical depression;

d. Many new mothers suffering from postpartum depression require counseling and treatment, yet many do not realize that they need help. Those whose illness is severe may require medication to correct the underlying brain chemistry that is disturbed;

e. Postpartum depression dramatically distorts the image of perfect new motherhood and is often dismissed by the woman suffering from this illness and those around her. Sometimes it is thought to be a weakness on the part of the sufferer that is self-induced and self-controllable;

f. Currently, the United States lacks any organized treatment protocol for postpartum depression and lags behind most other developed countries in providing information, support and treatment for postpartum depression;

g. If early recognition and treatment are to occur, postpartum depression must be discussed in childbirth classes and obstetrical office visits and public education about this illness must be enhanced to lift the social stigma associated with the illness. Such discussion and education will increase the chance that a woman will inform others of her symptoms as she would for physical complications;

h. It is imperative that health care providers who provide prenatal and postnatal care to women have a thorough understanding of postpartum depression so that they can detect and diagnose this illness in its earliest stages and thus prevent the most severe cases;

i. In addition to the mother, the effects of postpartum depression can also impact the child and the father significantly. Maternal depression can affect the mother's ability to respond sensitively to her infant's needs, and can strain the parent's relationship as the father feels anxious and helpless because he does not understand what is going wrong or what is the source of the depression; and

j. Postpartum depression is one of the most treatable and curable of all forms of mental illness, and education about this illness can be very beneficial to new parents coping with these emotional and hormonal changes by helping them decide if and when they need outside help.

C.26:2-176 Development of policies, procedures for care.

2. The Commissioner of Health and Senior Services, in conjunction with the State Board of Medical Examiners and the New Jersey Board of Nursing, shall work with health care facilities and licensed health care professionals in the State to develop policies and procedures which meet the following objectives that address the issue of postpartum depression:

a. Physicians, nurse midwives and other licensed health care professionals providing prenatal

care to women should provide education to women and their families about postpartum depression in order to lower the likelihood that new mothers will continue to suffer from this illness in silence;

b. All birthing facilities in the State should provide departing new mothers and fathers and other family members, as appropriate, with complete information about postpartum depression, including its symptoms, methods of coping with the illness and treatment resources;

c. Physicians, nurse midwives and other licensed health care professionals providing postnatal care to women should screen new mothers for postpartum depression symptoms prior to discharge from the birthing facility and at the first few postnatal check-up visits; and

d. Physicians, nurse midwives and other licensed health care professionals providing prenatal and postnatal care to women should include fathers and other family members, as appropriate, in both the education and treatment processes to help them better understand the nature and causes of postpartum depression so that they too can overcome the spillover effects of the illness and improve their ability to be supportive of the new mother.

C.26:2-177 Public awareness campaign.

3. The Commissioner of Health and Senior Services shall establish a public awareness campaign to inform the general public about the nature and causes of postpartum depression and its health implications, including its symptoms, methods of coping with the illness and the most effective means of treatment.

C.26:2-178 Rules, regulations.

4. The Commissioner of Health and Senior Services, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), shall adopt rules and regulations to effectuate the purposes of this act.

5. There is appropriated \$50,000 from the General Fund to the Department of Health and Senior Services to carry out the purposes of this act.

6. This act shall take effect immediately.

Approved December 15, 2000.