

## 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.