Sponsored by:
Assemblywoman VERLINA REYNOLDS-JACKSON
District 15 (Hunterdon and Mercer)

SYNOPSIS
Deletes references of “postpartum depression” and inserts new references to “perinatal mood disorders.”

CURRENT VERSION OF TEXT
As introduced.

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

1. Section 1 of P.L. 2000, c.167 (C.26:2-175) is amended to read as follows:

1. The Legislature finds and declares that:

a. [Postpartum depression] Perinatal mood disorders [is the name given to] comprise 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] Perinatal mood disorders are 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] perinatal mood disorders 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] perinatal mood disorders frequently [strikes] strike 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] perinatal 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] perinatal mood disorders 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] Perinatal mood disorders dramatically [distorts] distort the image of perfect new motherhood and [is] are often dismissed by the woman suffering from [this illness] these disorders, and by those around her. Sometimes [it is] perinatal mood disorders are thought to be a weakness on the part of

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.
the sufferer that [is] are self-induced and self-controllable;

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

g. If early recognition and treatment are to occur, [postpartum depression] perinatal mood disorders must be discussed in childbirth classes and obstetrical office visits, and public education about [this illness] these disorders must be enhanced to lift the social stigma associated with [the illness] perinatal mood disorders. 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] perinatal mood disorders so that they can detect and diagnose [this illness] these disorders in [its] their earliest stages and thus prevent the most severe cases;

i. In addition to the mother, the effects of [postpartum depression] perinatal mood disorders 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] Perinatal mood disorders are [one of] the most treatable and curable of all forms of mental illness, and education about [this illness] these disorders 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.

(cf: P.L.2000, c.167, s.1)

2. Section 2 of P.L.2000, c.167 (C.26:2-176) is amended to read as follows:

2. The Commissioner of Health, 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 to achieve the following requirements concerning [postpartum depression] perinatal mood disorders:

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

b. All birthing facilities in the State shall provide departing new mothers and fathers and other family members, as appropriate, with complete information about [postpartum depression] the spectrum of perinatal mood disorders, including [its] their 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 shall screen new mothers for [postpartum depression] perinatal mood disorders 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 shall 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] perinatal mood disorders so that they too can overcome the spillover effects of [the illness] these disorders and improve their ability to be supportive of the new mother.

(cf: P.L.2012, c.17, s.130)

3. Section 3 of P.L.2000, c.167 (C.26:2-177) is amended to read as follow:

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

(cf: P.L.2012, c.17, s.131)

4. This act shall take effect immediately.

STATEMENT

This bill amends P.L.2000, c.167 (C.26:2-17 et seq.) to delete existing references to “postpartum depression” and insert new references to “perinatal mood disorders.”

Between 10 and 20% of women develop a mood disorder at some point from the time they become pregnant to up to a year after giving birth. Initially, research focused on postpartum depression associated with the time after pregnancy. However, behavioral scientists have since learned that many other mood disorders, including sadness, anxiety, frustration, and other disturbing
emotions may also occur during pregnancy. The term “perinatal mood disorders” is more descriptive of the symptoms women experience both during pregnancy and after childbirth. Therefore, updating the language in P.L.2000, c.167 (C.26:2-175 et seq.) to reference “perinatal mood disorders” will enable health care professionals to better understand the emotional, psychological, and physiological reactions women experience during pregnancy and after childbirth, and detect, diagnose, and treat these disorders at their earliest stages.