

ASSEMBLY, No. 5060

STATE OF NEW JERSEY 219th LEGISLATURE

INTRODUCED NOVEMBER 30, 2020

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.



A5060 REYNOLDS-JACKSON

2

1 AN ACT concerning perinatal mood disorders and amending
2 P.L.2000, c.167.

3

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

6

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

9 1. The Legislature finds and declares that:

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

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

29 c. Women are more likely to suffer from mood and anxiety
30 disorders during pregnancy and following childbirth than at any
31 other time in their lives; 70 to 80% of all new mothers suffer some
32 degree of **【postpartum】** perinatal mood disorder lasting anywhere
33 from a week to as much as a year or more, and approximately 10 to
34 20% of new mothers experience a paralyzing, diagnosable clinical
35 depression;

36 d. Many new mothers suffering from **【postpartum depression】**
37 perinatal mood disorders require counseling and treatment, yet
38 many do not realize that they need help. Those whose illness is
39 severe may require medication to correct the underlying brain
40 chemistry that is disturbed;

41 e. **【Postpartum depression】** Perinatal mood disorders
42 dramatically **【distorts】** distort the image of perfect new motherhood
43 and **【is】** are often dismissed by the woman suffering from **【this**
44 **illness】** these disorders, and by those around her. Sometimes **【it is】**
45 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.

1 the sufferer that **【is】** are self-induced and self-controllable;

2 f. Currently, the United States lacks any organized treatment
3 protocol for **【postpartum depression】** perinatal mood disorders and
4 lags behind most other developed countries in providing
5 information, support, and treatment for **【postpartum depression】**
6 perinatal mood disorders;

7 g. If early recognition and treatment are to occur, **【postpartum**
8 **depression】** perinatal mood disorders must be discussed in
9 childbirth classes and obstetrical office visits, and public education
10 about **【this illness】** these disorders must be enhanced to lift the
11 social stigma associated with **【the illness】** perinatal mood
12 disorders. Such discussion and education will increase the chance
13 that a woman will inform others of her symptoms as she would for
14 physical complications;

15 h. It is imperative that health care providers who provide
16 prenatal and postnatal care to women have a thorough
17 understanding of **【postpartum depression】** perinatal mood disorders
18 so that they can detect and diagnose **【this illness】** these disorders in
19 **【its】** their earliest stages and thus prevent the most severe cases;

20 i. In addition to the mother, the effects of **【postpartum**
21 **depression】** perinatal mood disorders can also impact the child and
22 the father significantly. Maternal depression can affect the mother's
23 ability to respond sensitively to her infant's needs, and can strain the
24 parent's relationship as the father feels anxious and helpless because
25 he does not understand what is going wrong or what is the source of
26 the depression; and

27 j. **【Postpartum depression is】** Perinatal mood disorders are **【one**
28 **of】** the most treatable and curable of all forms of mental illness, and
29 education about **【this illness】** these disorders can be very beneficial
30 to new parents coping with these emotional and hormonal changes
31 by helping them decide if and when they need outside help.

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

33

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

36 2. The Commissioner of Health, in conjunction with the State
37 Board of Medical Examiners and the New Jersey Board of Nursing,
38 shall work with health care facilities and licensed health care
39 professionals in the State to develop policies and procedures to
40 achieve the following requirements concerning **【postpartum**
41 **depression】** perinatal mood disorders:

42 a. Physicians, nurse midwives, and other licensed health care
43 professionals providing prenatal care to women shall provide
44 education to women and their families about **【postpartum**
45 **depression】** perinatal mood disorders in order to lower the

1 likelihood that new mothers will continue to suffer from **[this**
2 **illness]** these disorders in silence;

3 b. All birthing facilities in the State shall provide departing
4 new mothers and fathers and other family members, as appropriate,
5 with complete information about **[postpartum depression]** the
6 spectrum of perinatal mood disorders, including **[its]** their
7 symptoms**[, methods of coping with the illness,]** and treatment
8 resources;

9 c. Physicians, nurse midwives, and other licensed health care
10 professionals providing postnatal care to women shall screen new
11 mothers for **[postpartum depression]** perinatal mood disorders
12 symptoms prior to discharge from the birthing facility and at the
13 first few postnatal check-up visits; and

14 d. Physicians, nurse midwives, and other licensed health care
15 professionals providing prenatal and postnatal care to women shall
16 include fathers and other family members, as appropriate, in both
17 the education and treatment processes to help them better
18 understand the nature and causes of **[postpartum depression]**
19 perinatal mood disorders so that they too can overcome the
20 spillover effects of **[the illness]** these disorders and improve their
21 ability to be supportive of the new mother.

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

23

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

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

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

33

34 4. This act shall take effect immediately.

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STATEMENT

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

42 Between 10 and 20% of women develop a mood disorder at some
43 point from the time they become pregnant to up to a year after
44 giving birth. Initially, research focused on postpartum depression
45 associated with the time after pregnancy. However, behavioral
46 scientists have since learned that many other mood disorders,
47 including sadness, anxiety, frustration, and other disturbing

1 emotions may also occur during pregnancy. The term “perinatal
2 mood disorders” is more descriptive of the symptoms women
3 experience both during pregnancy and after childbirth.

4 Therefore, updating the language in P.L.2000, c.167 (C.26:2-175
5 et seq.) to reference “perinatal mood disorders” will enable health
6 care professionals to better understand the emotional,
7 psychological, and physiological reactions women experience
8 during pregnancy and after childbirth, and detect, diagnose, and
9 treat these disorders at their earliest stages.