

ASSEMBLY, No. 5679

STATE OF NEW JERSEY 222nd LEGISLATURE

INTRODUCED OCTOBER 19, 2026

Sponsored by:

Assemblywoman MARGIE DONLON, M.D.

District 11 (Monmouth)

SYNOPSIS

Requires DOH to expand public awareness campaign and implement policies and procedures for health care professionals and facilities concerning postpartum psychosis.

CURRENT VERSION OF TEXT

As introduced.



1 AN ACT concerning postpartum psychosis and amending P.L.2000,
2 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 is the name given to a wide range of
11 emotional, psychological and physiological reactions to childbirth,
12 including loneliness, sadness, fatigue, low self-esteem, loss of
13 identity, increased vulnerability, irritability, confusion,
14 disorientation, memory impairment, agitation and anxiety, which
15 challenge the stamina of the new mother and impair her ability to
16 function and nurture her newborn child;

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

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

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

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

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

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 g. If early recognition and treatment are to occur, postpartum
2 depression must be discussed in childbirth classes and obstetrical
3 office visits and public education about this illness must be enhanced
4 to lift the social stigma associated with the illness. Such discussion
5 and education will increase the chance that a woman will inform
6 others of her symptoms as she would for physical complications;
- 7 h. It is imperative that health care providers who provide prenatal
8 and postnatal care to women have a thorough understanding of
9 postpartum depression so that they can detect and diagnose this
10 illness in its earliest stages and thus prevent the most severe cases;
- 11 i. In addition to the mother, the effects of postpartum depression
12 can also impact the child and the father significantly. Maternal
13 depression can affect the mother's ability to respond sensitively to
14 her infant's needs, and can strain the parent's relationship as the father
15 feels anxious and helpless because he does not understand what is
16 going wrong or what is the source of the depression; **[and]**
- 17 j. Postpartum depression is one of the most treatable and curable
18 of all forms of mental illness, and education about this illness can be
19 very beneficial to new parents coping with these emotional and
20 hormonal changes by helping them decide if and when they need
21 outside help**[.]**;
- 22 k. Postpartum psychosis is a rare condition that involves the
23 abrupt onset of psychotic symptoms shortly following childbirth,
24 which affects a person's sense of reality, causing hallucinations,
25 delusions, paranoia, or other behavior changes. In severe cases,
26 people with postpartum psychosis may attempt to harm themselves
27 or their newborn;
- 28 l. Experts don't know why postpartum psychosis happens but
29 suspect that it involves a combination of factors, including, but not
30 limited to: a person's or a family history of mental health conditions;
31 the number of pregnancies; sleep deprivation; hormonal changes
32 during pregnancy; and other medical conditions, such as autoimmune
33 and inflammatory diseases, electrolyte imbalances, vitamin
34 deficiencies;
- 35 m. Postpartum psychosis can affect anyone who recently gave
36 birth. While this condition usually happens within several days of
37 giving birth, it can happen up to six weeks after a person gives birth.
38 Postpartum psychosis affects one to two per 1,000 women, and in the
39 United States, occurs in between 320 and 9,400 births each year;
- 40 n. Postpartum psychosis constitutes a true psychiatric emergency
41 and almost always requires immediate inpatient hospitalization and
42 treatment. However, other interventions including pharmacological
43 treatment, psychosocial supports, and long-term preventative
44 strategies can help reduce the recurrence of the condition during
45 subsequent pregnancies; and
- 46 o. Like postpartum depression, postpartum psychosis is treatable.
47 Unfortunately, the rarity of this condition and the lack of knowledge
48 about what it is, how to recognize it, and how to treat it – combined

1 with stigma about perinatal psychiatric disorders in general and the
2 lack of appropriate treatment venues – mean that it is often missed,
3 by obstetricians and psychiatrists, with sometimes tragic
4 consequences. Therefore, public awareness, education, and early
5 diagnosis are critical to ensure that new parents recognize the
6 symptoms of this condition and that obstetricians and psychiatrists
7 provide proper treatment to reduce the risk of recurrence and ensure
8 maternal and infant safety.

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

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

13 2. The Commissioner of Health, in conjunction with the State
14 Board of Medical Examiners and the New Jersey Board of Nursing,
15 shall **【work with】** require health care facilities and licensed health
16 care professionals in the State to develop and implement policies and
17 procedures to achieve the following requirements concerning
18 postpartum depression and postpartum psychosis:

19 a. Physicians, nurse midwives, and other licensed health care
20 professionals providing prenatal care to women shall provide
21 education to women and their families about postpartum depression
22 and postpartum psychosis in order to lower the likelihood that new
23 mothers will continue to suffer from **【this illness】** these illnesses in
24 silence;

25 b. All birthing facilities in the State shall provide departing new
26 mothers and fathers and other family members, as appropriate, with
27 complete information about postpartum depression and postpartum
28 psychosis, including **【its】** their symptoms, methods of coping with
29 **【the illness】** these illnesses, and treatment resources;

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

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

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

44
45 3.. Section 3 of P.L.2000, c.167 (C.26:2-177) is amended to read
46 as follows:

