

SENATE, No. 4727

STATE OF NEW JERSEY
222nd LEGISLATURE

INTRODUCED OCTOBER 5, 2026

Sponsored by:
Senator VIN GOPAL
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
19 the birth of a baby, and women at highest risk for postpartum
20 depression are those with a previous psychiatric difficulty, such as
21 depression, anxiety or panic disorder and those with a family
22 member suffering from such a psychiatric difficulty, but postpartum
23 depression frequently strikes without warning in women without
24 any past emotional problems or psychiatric difficulties and without
25 any complications in pregnancy. Symptoms may appear at any time
26 after delivery;

27 c. Women are more likely to suffer from mood and anxiety
28 disorders during pregnancy and following childbirth than at any
29 other time in their lives; 70 to 80% of all new mothers suffer some
30 degree of postpartum mood disorder lasting anywhere from a week
31 to as much as a year or more, and approximately 10 to 20% of new
32 mothers 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
4 enhanced to lift the social stigma associated with the illness. Such
5 discussion and education will increase the chance that a woman will
6 inform others of her symptoms as she would for physical
7 complications;

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

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

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

24 k. Postpartum psychosis is a rare condition that involves the
25 abrupt onset of psychotic symptoms shortly following childbirth,
26 which affects a person's sense of reality, causing hallucinations,
27 delusions, paranoia, or other behavior changes. In severe cases,
28 people with postpartum psychosis may attempt to harm themselves
29 or their newborn;

30 l. Experts don't know why postpartum psychosis happens but
31 suspect that it involves a combination of factors, including, but not
32 limited to: a person's or a family history of mental health
33 conditions; the number of pregnancies; sleep deprivation; hormonal
34 changes during pregnancy; and other medical conditions, such as
35 autoimmune and inflammatory diseases, electrolyte imbalances,
36 vitamin deficiencies;

37 m. Postpartum psychosis can affect anyone who recently gave
38 birth. While this condition usually happens within several days of
39 giving birth, it can happen up to six weeks after a person gives
40 birth. Postpartum psychosis affects one to two per 1,000 women,
41 and in the United States, occurs in between 320 and 9,400 births
42 each year;

43 n. Postpartum psychosis constitutes a true psychiatric
44 emergency and almost always requires immediate inpatient
45 hospitalization and treatment. However, other interventions
46 including pharmacological treatment, psychosocial supports, and
47 long-term preventative strategies can help reduce the recurrence of
48 the condition during subsequent pregnancies; and

1 o. Like postpartum depression, postpartum psychosis is
2 treatable. Unfortunately, the rarity of this condition and the lack of
3 knowledge about what it is, how to recognize it, and how to treat it
4 – combined with stigma about perinatal psychiatric disorders in
5 general and the lack of appropriate treatment venues – mean that it
6 is often missed, by obstetricians and psychiatrists, with sometimes
7 tragic consequences. Therefore, public awareness, education, and
8 early diagnosis are critical to ensure that new parents recognize the
9 symptoms of this condition and that obstetricians and psychiatrists
10 provide proper treatment to reduce the risk of recurrence and ensure
11 maternal and infant safety.

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

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

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

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

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

33 c. Physicians, nurse midwives, and other licensed health care
34 professionals providing postnatal care to women shall screen new
35 mothers for postpartum depression or postpartum psychosis
36 symptoms prior to discharge from the birthing facility and at the
37 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 shall
40 include fathers and other family members, as appropriate, in both
41 the education and treatment processes to help them better
42 understand the nature and causes of postpartum depression and
43 postpartum psychosis so that they too can overcome the spillover
44 effects of **【the illness】** these illnesses and improve their ability to
45 be supportive of the new mother.

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

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

3 3. The Commissioner of Health shall establish a public
4 awareness campaign to inform the general public about the nature
5 and causes of postpartum depression and postpartum psychosis and
6 **【its】** their health implications, including **【its】** their symptoms,
7 methods of coping with **【the illness】** these illnesses, and the most
8 effective means of treatment.
9 (cf: P.L.2012, c.17, s.130)

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11 4. This act shall take effect immediately.

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STATEMENT

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16 This bill amends P.L.2000, c.167 (C.26:2-175 et seq.) to mandate
17 that the Department of Health (the department), in conjunction with
18 the State Board of Medical Examiners and the New Jersey Board of
19 Nursing, require health care facilities and licensed health care
20 professionals in the State to develop and implement policies and
21 procedures to achieve certain requirements concerning postpartum
22 depression and postpartum psychosis.

23 Currently, the law requires health care facilities and licensed
24 health care professionals in the State to develop such policies and
25 procedures to achieve certain requirements concerning postpartum
26 depression, but does not require such facilities and professionals to
27 implement the policies and procedures or mandate they include
28 requirements concerning postpartum psychosis. This bill would
29 require that the policies and procedures developed by health care
30 facilities and health care professionals be implemented and include
31 requirements concerning postpartum psychosis.

32 The bill also amends section 3 of P.L.2000, c.167 (C.26:2-177)
33 to require that the Commissioner of Health expand the public
34 awareness campaign established by the law to inform the general
35 public about the nature and causes of postpartum psychosis and its
36 health implications.

37 Currently, the public awareness campaign provides information
38 to the public about the nature and causes of postpartum depression
39 but does not require information be provided about postpartum
40 psychosis. This bill would expand the requirements of the public
41 awareness campaign to include information about the nature and
42 causes of postpartum psychosis and its health implications.