

**Assembly Concurrent Resolution**

**No. 51**

**Introduced by Assembly Member Koretz**

February 21, 2003

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Assembly Concurrent Resolution No. 51—Relative to Postpartum Mood and Anxiety Disorder Awareness Month.

LEGISLATIVE COUNSEL'S DIGEST

ACR 51, as introduced, Koretz. Postpartum Mood and Anxiety Disorder Awareness Month.

This measure would proclaim the month of May 2003 as Postpartum Mood and Anxiety Disorder Awareness Month in California, and would request the State Department of Health Services and the State Department of Mental Health to work together to explore ways to improve women's access to mental health care at the state and local levels, to facilitate increased awareness and education about postpartum mood and anxiety disorders, to explore and encourage the use of prenatal screening tools, and to improve the availability of effective treatment and support services.

Fiscal committee: yes.

1 WHEREAS, Maternal health and, more specifically, the mental  
2 health of women before, during, and after childbirth is an issue of  
3 great concern to women and their families and is, therefore, of  
4 interest to the California Legislature; and

5 WHEREAS, Postpartum depression or other postpartum  
6 disorders are serious and debilitating disorders that affect  
7 childbearing women and their families; and

1 WHEREAS, Postpartum disorders can take many forms,  
2 including depression, anxiety, panic disorder,  
3 obsessive-compulsive disorder, and psychosis, and, therefore, it is  
4 appropriate to use the broader, more accurate term of “postpartum  
5 mood and anxiety disorders” to describe the many levels and  
6 degrees of severity of these afflictions; and

7 WHEREAS, These afflictions can have potentially serious  
8 repercussions upon the psychological, social, and physical health  
9 of mothers, children, and families; and

10 WHEREAS, It is critical that all Californians become aware of  
11 how common postpartum mood and anxiety disorders are; that  
12 they affect all categories of women regardless of their age, race,  
13 or income level; that they can have a profound impact on the  
14 family; and that they are eminently treatable with medication,  
15 therapy, or both medication and therapy; and

16 WHEREAS, Studies show that up to 80 percent of postpartum  
17 women around the world experience the “baby blues,” which is  
18 expressed as frequent and prolonged crying, anxiety, irritability,  
19 poor sleep, quick mood changes, and a sense of vulnerability. The  
20 onset of the “baby blues” usually occurs within three days of birth,  
21 may continue for a few weeks, and does not normally require  
22 treatment, but is instead alleviated by emotional support and  
23 practical assistance with the baby; and

24 WHEREAS, Between 10 and 20 percent of new mothers are  
25 affected by postpartum depression and may experience symptoms  
26 of depressed mood, inability to find pleasure in usually engaging  
27 activities, sleep disturbances, diminished concentration, appetite  
28 and weight loss, anxiety and panic attacks, feelings of guilt and  
29 worthlessness, suicidal thoughts, and fears about hurting the baby;  
30 and

31 WHEREAS, One to two out of every 1,000 new mothers can  
32 experience postpartum psychosis, which may begin with manic  
33 states, hyperactivity, an inability to sleep, and avoidance of the  
34 baby, and may lead to delusions, hallucinations, incoherence, and  
35 thoughts of harming the child or themselves; and

36 WHEREAS, The medical community does not fully understand  
37 or recognize all factors contributing to postpartum mood and  
38 anxiety disorders, but it is believed that these disorders are caused  
39 by physiological factors, such as hormone levels, and can be



1 exacerbated by such external risk factors as marital problems,  
2 sleep deprivation, and preexisting mental illnesses; and

3 WHEREAS, Mental illness related to childbearing is often  
4 overlooked and is heavily stigmatized because new mothers are  
5 expected to be happy and mothers suffering from a form of these  
6 disorders feel confused, ashamed, and isolated; and

7 WHEREAS, According to Postpartum Support International  
8 (PSI), a strong social support network, including hotlines, Web  
9 sites, respite care, knowledgeable clergy, and resource and referral  
10 lists, can greatly reduce the intensity and duration of symptoms of  
11 postpartum depression and can promote healing and recovery.  
12 Social support includes empathy, information, and practical help  
13 that leads women and their families to obtain effective treatment  
14 and creates an environment in which women learn that they are not  
15 alone, they are not to blame, and they will get better; and

16 WHEREAS, The federal Melanie Stokes Postpartum  
17 Depression Research and Care Act directs the United States  
18 Secretary of Health and Human Services, the National Institutes  
19 of Health, including the National Institute of Mental Health to  
20 expand and intensify research and related activities with respect to  
21 postpartum depression and postpartum psychosis and directs the  
22 Secretary of Health and Human Services to make grants to provide  
23 for projects for the establishment, operation, and coordination of  
24 effective and cost-efficient systems for the delivery of essential  
25 services to individuals with postpartum depression or postpartum  
26 psychosis and their families; and

27 WHEREAS, The recent, highly publicized tragic deaths of  
28 children at the hands of their mothers who suffered from  
29 postpartum psychosis have emphasized the need for more  
30 awareness of the illness; improved referral processes; improved  
31 access to therapy, medication, and other services; more research  
32 into postpartum mood and anxiety disorders and postpartum  
33 psychosis; and a greater understanding of how the justice system  
34 interacts with mothers who suffer from postpartum psychosis and  
35 are accused of a crime; and

36 WHEREAS, Many women are not adequately informed about,  
37 screened for, and treated for postpartum mood and anxiety  
38 disorders because they are uninsured or underinsured and lack  
39 access to comprehensive health care and also face cultural and  
40 linguistic barriers; and



1 WHEREAS, Many at-risk women may not get help because  
2 they are not informed about postpartum mood and anxiety  
3 disorders as part of their health care, because there is a lack of  
4 knowledge and nonuse of screening and assessment tools, and  
5 because they are unaware of services and treatment for postpartum  
6 mood disorder, such as medication, professional therapy and  
7 counseling, support groups, or crisis hotlines; and

8 WHEREAS, Increased education and awareness, improved  
9 access to health care, proper use of prenatal screening tools, and  
10 the discussion by health care providers of postpartum mood and  
11 anxiety disorders with patients are all critical factors in identifying  
12 mothers-to-be who are at risk, and prompt diagnosis, treatment,  
13 and proper social support can effectively work together to  
14 facilitate a mother's recovery; and

15 WHEREAS, There is ample opportunity for the diverse health  
16 care community, including therapists, counselors, psychologists,  
17 psychiatrists, nurses, childbirth educators, nurse midwives, nurse  
18 practitioners, doulas, social workers, health educators,  
19 breastfeeding instructors, and pediatricians, to make women  
20 aware of postpartum mood and anxiety disorders and identify  
21 at-risk women during prenatal visits, prepared childbirth classes,  
22 labor and delivery, breastfeeding classes, postpartum well-baby  
23 checkups, and parenting classes; and

24 WHEREAS, It behooves hospitals, health plans, and insurance  
25 companies to establish and encourage these policies of diagnosis  
26 and identification; now, therefore, be it

27 *Resolved by the Assembly of the State of California, the Senate*  
28 *thereof concurring*, That the State of California hereby proclaims  
29 the month of May 2003 as Postpartum Mood and Anxiety Disorder  
30 Awareness Month in California; and be it further

31 *Resolved*, That the State Department of Health Services and the  
32 State Department of Mental Health are requested to work together  
33 to explore ways to improve women's access to mental health care  
34 at the state and local levels, to facilitate increased awareness and  
35 education about postpartum mood and anxiety disorders, to  
36 explore and encourage the use of prenatal screening tools, and to  
37 improve the availability of effective treatment and support  
38 services; and be it further



- 1 *Resolved*, That the Chief Clerk of the Assembly transmit copies
- 2 of this resolution to the author for appropriate distribution.

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