

Assembly Concurrent Resolution

No. 105

**Introduced by Assembly Member Nava
(Coauthors: Assembly Members Ammiano, Brownley, Carter, De
Leon, Fletcher, Gaines, Jones, V. Manuel Perez, and Audra
Strickland)**

January 20, 2010

Assembly Concurrent Resolution No. 105—Relative to Perinatal
Depression Awareness Month.

LEGISLATIVE COUNSEL'S DIGEST

ACR 105, as introduced, Nava. Perinatal Depression Awareness
Month.

This measure would proclaim the month of May 2010 as Perinatal
Depression Awareness Month in California, and would request the State
Department of Health Care Services, the State Department of Public
Health, the State Department of Mental Health, First 5 California,
Postpartum Support International, and other stakeholders 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 perinatal depression, to explore and encourage the use
of prenatal screening tools, and to improve the availability of effective
treatment and community support services.

Fiscal committee: no.

- 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 Legislature; and

1 WHEREAS, Perinatal depression and other mood disorders are
2 serious and debilitating, but treatable disorders that affect
3 childbearing women and their families; and

4 WHEREAS, Perinatal depression and other mood disorders
5 related to pregnancy and childbirth can take many forms, including
6 depression, anxiety, panic disorder, obsessive-compulsive disorder,
7 and psychosis, with onset occurring during pregnancy and after
8 childbirth and, therefore, it is appropriate to use the broader, more
9 accurate term of “perinatal depression” to describe the many levels
10 and degrees of severity of these afflictions; and

11 WHEREAS, These afflictions can have potentially serious
12 repercussions upon the physical, emotional, social, and physical
13 health of mothers, infants, children, and families; and

14 WHEREAS, It is critical that there is heightened awareness and
15 increased education among all Californians as to the incidence of
16 perinatal depression; that it affects all categories of women and
17 teenage girls regardless of their age, race, or income level; that it
18 can have a profound impact on the family and significantly
19 contribute to adverse developmental and behavioral outcomes and
20 attachment disorders in the young children of affected women;
21 and that it is highly treatable with therapeutic intervention,
22 community support services, and additionally, where appropriate,
23 medication; and

24 WHEREAS, Studies show that up to 80 percent of pregnant and
25 postpartum women around the world experience the “baby blues,”
26 which is expressed as frequent and prolonged crying, anxiety,
27 irritability, poor sleep, quick mood changes, and a sense of
28 vulnerability. The onset of the “baby blues” usually occurs within
29 three days of birth, may continue for a few weeks, and does not
30 normally require clinical treatment, but is instead alleviated by
31 emotional and community-based support services, and practical
32 assistance with the baby; and

33 WHEREAS, Between 10 and 20 percent of pregnant and new
34 mothers are affected by perinatal depression and related mood
35 disorders, and may experience symptoms of depressed mood,
36 inability to find pleasure in usually engaging activities, sleep
37 disturbances, diminished concentration, appetite and weight loss,
38 anxiety and panic attacks, feelings of guilt and worthlessness,
39 suicidal thoughts, and fears about hurting the baby; and

1 WHEREAS, One to two out of every 1,000 new mothers can
2 experience postpartum psychosis, which may begin with manic
3 states, hyperactivity, an inability to sleep, and avoidance of the
4 baby, and may lead to delusions, hallucinations, incoherence, and
5 thoughts of harming the child or themselves and the inability to
6 suppress these thoughts resulting in bodily harm to mother, infant,
7 or both; and

8 WHEREAS, All factors contributing to perinatal depression and
9 related mood disorders are not fully understood or recognized, but
10 it is believed that these disorders are caused by physiological
11 factors, such as hormone levels, and can be exacerbated by such
12 external risk factors as marital problems, sleep deprivation, lack
13 of social support, poverty, and preexisting mental illnesses; and

14 WHEREAS, Mental illness related to childbearing is often
15 overlooked and is heavily stigmatized because expectant and new
16 mothers are expected to be happy, and mothers who are suffering
17 from a form of these disorders feel confused, ashamed, and
18 isolated; and

19 WHEREAS, According to the American College of Obstetricians
20 and Gynecologists (ACOG), a strong social support network,
21 including hotlines, Internet Web site resources, including
22 Postpartum Support International, respite care, community-based
23 support, including faith-based supportive services, home visitation
24 programs, and informed and accessible resources, and referrals
25 that accommodate all, regardless of ability to pay and are culturally
26 competent can greatly reduce the intensity and duration of
27 symptoms of perinatal depression and can promote healing and
28 recovery. Social and community-based support includes removing
29 stigma as a barrier to accessing help, empathy, information, and
30 practical help that leads women and their families to obtain
31 effective treatment and support services and creates an environment
32 in which women learn that they are not alone, they are not to blame,
33 and they will get better; and

34 WHEREAS, The proposed federal Melanie Blocker Stokes
35 MOTHERS Act would direct the United States Secretary of Health
36 and Human Services, the National Institutes of Health, including
37 the National Institute of Mental Health, to expand and intensify
38 research and related activities with respect to postpartum depression
39 and postpartum psychosis and would direct the Secretary of Health
40 and Human Services to make grants to provide for projects for the

1 establishment, operation, and coordination of effective and
2 cost-efficient systems for the delivery of essential services to
3 individuals with perinatal depression or postpartum psychosis and
4 their families; and

5 WHEREAS, The highly publicized tragic deaths of children at
6 the hands of their mothers who suffered from postpartum psychosis
7 have emphasized the need for more awareness of the illness;
8 improved referral processes; improved access to therapeutic
9 intervention including medication, and other supportive services;
10 more research into perinatal depression and related mood disorders
11 including postpartum psychosis; and a greater understanding of
12 how the justice system interacts with mothers who suffer from
13 postpartum psychosis and are accused of a crime; and

14 WHEREAS, Many women are not adequately informed about,
15 screened for, and treated for perinatal depression because they are
16 uninsured, underinsured, lack access to comprehensive health care,
17 or face cultural and linguistic barriers; and

18 WHEREAS, Many at-risk women may not get help because of
19 the stigma associated with mental illness, lack of information about
20 perinatal depression and related mood disorders as part of their
21 overall reproductive health care; because there is limited
22 knowledge; and nonuse of screening and assessment tools; and
23 because they are unaware of services; support and treatment for
24 perinatal depression, such as medication, therapeutic interventions
25 including counseling, support groups, and community support
26 services; and

27 WHEREAS, Increased education and awareness, improved
28 access to health care, proper universal use of perinatal screening
29 tools, and prioritizing perinatal depression by all service providers
30 and community support systems who interface with pregnant and
31 new mothers are all critical factors in identifying mothers-to-be
32 who are at risk, and providing prompt diagnosis, treatment, and
33 proper community based-support services that can effectively work
34 together to facilitate recovery; and

35 WHEREAS, There is ample opportunity for the diverse health
36 care community, including obstetricians and gynecologists,
37 pediatricians, psychologists, psychiatrists, social workers, case
38 managers, nurses, childbirth educators, nurse midwives, nurse
39 practitioners, doulas, health educators, breastfeeding instructors,
40 and community advocates, to make women aware of perinatal

1 depression and related mood disorders and identify at-risk women
2 during prenatal visits, home visitation sessions, prepared childbirth
3 classes, labor and delivery, breast-feeding classes, postpartum
4 well-baby checkups, and parenting classes; and

5 WHEREAS, It behooves hospitals, health plans, and insurance
6 companies to establish and encourage these policies of diagnosis,
7 identification, and referral to informed treatment and supportive
8 services; now, therefore, be it

9 *Resolved by the Assembly of the State of California, the Senate*
10 *thereof concurring*, That the State of California hereby proclaims
11 the month of May 2010 as Perinatal Depression Awareness Month
12 in California; and be it further

13 *Resolved*, That the State Department of Health Care Services,
14 State Department of Public Health, the State Department of Mental
15 Health, First 5 California, Postpartum Support International, and
16 other motivated stakeholders are requested to work together to
17 explore ways to improve women's access to mental health care at
18 the state and local levels, to facilitate increased awareness and
19 education about perinatal depression and related mood disorders,
20 to explore and encourage the implementation of universal use of
21 prenatal treatment and support services; and be it further

22 *Resolved*, That the Chief Clerk of the Assembly transmit copies
23 of this resolution to the author for appropriate distribution.