

AMENDED IN ASSEMBLY MARCH 9, 2010

CALIFORNIA LEGISLATURE—2009—10 REGULAR SESSION

Assembly Concurrent Resolution

No. 105

Introduced by Assembly Member Nava

**(Coauthors: Assembly Members Ammiano, *Block*, *Blumenfield*,
Brownley, *Carter*, *De Leon*, *Eng*, *Fletcher*, *Gaines*, *Hall*, *Huffman*,
Jones, *Lieu*, *Bonnie Lowenthal*, *Monning*, *V. Manuel Perez*,
Portantino, *Salas*, and *Audra Strickland*)**

(Coauthors: Senators Hancock, Leno, and Price)

January 20, 2010

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

LEGISLATIVE COUNSEL'S DIGEST

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

This measure would proclaim the month of May ~~2010~~, *each year*, 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

1 great concern to women and their families and is, therefore, of
2 interest to the Legislature; and

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

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

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

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

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

35 WHEREAS, Between 10 and 20 percent of pregnant and new
36 mothers are affected by perinatal depression and related mood
37 disorders, and may experience symptoms of depressed mood,
38 inability to find pleasure in usually engaging activities, sleep
39 disturbances, diminished concentration, appetite and weight loss,

1 anxiety and panic attacks, feelings of guilt and worthlessness,
2 suicidal thoughts, and fears about hurting the baby; and

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

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

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

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

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

1 and postpartum psychosis and would direct the Secretary of Health
2 and Human Services to make grants to provide for projects for the
3 establishment, operation, and coordination of effective and
4 cost-efficient systems for the delivery of essential services to
5 individuals with perinatal depression or postpartum psychosis and
6 their families; and

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

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

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

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

38 WHEREAS, There is ample opportunity for the diverse health
39 care community, including obstetricians and gynecologists,
40 pediatricians, psychologists, psychiatrists, social workers, case

1 managers, nurses, childbirth educators, nurse midwives, nurse
2 practitioners, doulas, health educators, ~~breastfeeding~~ *breast-feeding*
3 instructors, and community advocates, to make women aware of
4 perinatal depression and related mood disorders and identify at-risk
5 women during prenatal visits, home visitation sessions, prepared
6 childbirth classes, labor and delivery, breast-feeding classes,
7 postpartum well-baby checkups, and parenting classes; and

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

12 *Resolved by the Assembly of the State of California, the Senate*
13 *thereof concurring*, That the State of California hereby proclaims
14 the month of May—~~2010~~, *each year*, as Perinatal Depression
15 Awareness Month in California; and be it further

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

25 *Resolved*, That the Chief Clerk of the Assembly transmit copies
26 of this resolution to the ~~author for appropriate distribution~~ *President*
27 *of the United States and to each Senator and Representative from*
28 *California in the Congress of the United States.*

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