

Assembly Concurrent Resolution No. 53

RESOLUTION CHAPTER 66

Assembly Concurrent Resolution No. 53—Relative to perinatal depression prevention.

[Filed with Secretary of State July 28, 2011.]

LEGISLATIVE COUNSEL'S DIGEST

ACR 53, Roger Hernández. Kelly Abraham Martinez Act: perinatal depression prevention.

This measure would enact the Kelly Abraham Martinez Act, which would urge hospital providers, mental health care providers, health plans, and insurers to invest resources to educate women about perinatal depression risk factors and triggers. This measure would also request that a statewide collaborative network of stakeholders focused on the areas of health, maternal health, and infant and child development, along with the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, the California Psychological Association, the Los Angeles County Perinatal Mental Health Task Force, and Postpartum Support International collaborate to explore ways to assist with the development of perinatal depression prevention educational materials.

WHEREAS, In 2010, the Legislature proclaimed the month of May, each year, as Perinatal Depression Awareness Month in California; and

WHEREAS, Perinatal depression and other mood disorders related to pregnancy and childbirth can take many forms, including depression, anxiety, panic disorder, obsessive-compulsive disorder, and psychosis, with onset occurring during pregnancy and after childbirth and, therefore, it is clinically referred to as perinatal mood and anxiety disorders, "PMADs," and herein referred to as perinatal depression; and

WHEREAS, Perinatal depression can have potentially serious repercussions upon the physical, emotional, social, and physical health of mothers, fathers, infants, children, families, and ultimately California communities, and therefore it is of interest to the Legislature; and

WHEREAS, Perinatal depression is serious, debilitating, and sometimes tragic and afflicts between 10 to 20 percent of new mothers and pregnant women; and

WHEREAS, Perinatal depression can afflict any woman regardless of race ethnicity, socioeconomic level, and level of educational attainment. Also, research shows that a growing number of fathers experience post partum depression; and

WHEREAS, Perinatal depression is largely preventable when women, their families, and medical providers understand the risk factors and potential triggers and are encouraged to take precautionary measures; and

WHEREAS, Measures to prevent perinatal depression through education regarding the range of disorders and understanding of the risk factors and triggers can reduce stigma and can help women and their families to connect with providers, support networks, and informed and supportive resources in the community; and

WHEREAS, The presence of risk factors may increase the chances of some women experiencing perinatal depression during pregnancy or following the birth of the child, making it imperative that women and their families receive information and support at the earliest possible moment; and

WHEREAS, Understanding risk factors and receiving general information about perinatal depression will help to ensure healthier pregnancies, births, and infant and child development; and

WHEREAS, Through no fault of their own, some women are at greater risk of experiencing perinatal depression, and therefore all women and their families should become educated about risk factors; and

WHEREAS, Risk factors include, but are not limited to, the following:

(1) Personal or family history of depression, anxiety, or other mental illness, including at other times of reproductive change or in response to fertility drugs.

(2) Stressors related to finances, legal needs, interpersonal relationships, or immigration.

(3) History of personal trauma including domestic violence.

(4) Early childhood loss of a parent or recent loss of a parent.

(5) Sleeping difficulties prior to pregnancy, including, but not limited to, insomnia.

(6) The inability to relax or sleep even if competent help for the baby is available.

(7) Difficulty conceiving or a medically complicated pregnancy.

(8) Unwanted pregnancy or ambivalence toward motherhood.

(9) Premature birth or other infant health complications.

(10) Prior miscarriage or prior traumatic birth.

(11) Traumatic childbirth as perceived by the mother or birth that did not go as expected.

(12) Lack of support or negative judgment from partner, other family, or other social networks.

(13) Breast-feeding difficulties.

(14) Thyroid dysfunction or family history of thyroid dysfunction; and

WHEREAS, Mothers need support and companionship after the birth of a baby, including, but not limited to, practical help with the physical demands and respite from infant care. Perinatal depression is more likely to develop when these demands are faced in isolation, especially when other risk factors are present; and

WHEREAS, During pregnancy and immediately after childbirth, strong social support from a partner, family, and others is extremely important and can take many forms; and

WHEREAS, Research suggests that the following interventions may prevent or lessen the intensity and duration of perinatal depression:

(1) Early recognition during pregnancy of perinatal depression risk factors.

(2) Early detection of symptoms present in pregnancy or post partum.

(3) Planning of emotional support for mothers when symptoms are anticipated or present, including, but not limited to, immediate connection with other mothers and time alone or with a partner.

(4) Planning for practical support, including, but not limited to, food preparation, care of other children in the home, and providing time and space for the new mother to sleep.

(5) Limiting highly conflict-ridden familiar relationships and finding support from other services.

(6) Psychotherapeutic interventions centered on improving maternal competence and the quality of bonding between the mother and the baby.

(7) Intervening early in breast-feeding difficulties. For some mothers, breast-feeding can afford protection by lowering the stress response. However, breast-feeding is only protective as long as it is a positive experience.

(8) Providing additional support and counseling during pregnancy and the post partum period for women with more severe psychiatric histories, including, but not limited to, pre-pregnancy consultation, medication management, and psychotherapeutic interventions; and

WHEREAS, Increasing awareness about perinatal depression and related risk factors and increasing awareness of the need to educate women and their families at the earliest possible point about perinatal depression and its risk factors and triggers are imperative among hospital providers, including, but not limited to, instructors of childbirth and breast-feeding classes, and the nursing staff of delivery units, obstetrician-gynecologists and other medical providers, health plans, and insurers; now, therefore, be it

Resolved by the Assembly of the State of California, the Senate thereof concurring, That the Legislature declares that this measure shall be known as the Kelly Abraham Martinez Act; and be it further

Resolved, That the Legislature hereby urges hospital providers, including, but not limited to, instructors of childbirth and breast-feeding classes, delivery nursing staff, obstetrician-gynecologists, and other medical providers, mental health care providers, health plans, and insurers to invest resources to educate women about perinatal depression risk factors and triggers; and be it further

Resolved, That a statewide collaborative network of stakeholders focused on the areas of health, maternal health, and infant and child development, along with the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, the California Psychological Association,

the Los Angeles County Perinatal Mental Health Task Force, and Postpartum Support International, are requested to collaborate to explore ways to assist with the development of perinatal depression prevention educational materials; and be it further

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

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