AB 291 Postpartum mood and anxiety disorders: screening

[Assembly member Koretz in 2005-2006 Legislative Session]

This bill would have required the State Department of Health Services, in cooperation with other postpartum mood and anxiety disorders professional organizations, to prepare an information sheet for pregnant women containing specified information about the symptoms and signs for postpartum mood and anxiety disorders, and related resources and assistance for parents, and to make that information sheet available to healthcare providers and members of the public. It would have required a physician or other healthcare practitioner who provides prenatal care to a pregnant woman during gestation or at delivery of an infant born to a woman with a copy of that information sheet

AB 2317 Postpartum mood and anxiety disorders

[Assembly member Koretz in 2005-2006 Legislative Session]

This bill would have required the State Department of Health Services to conduct the Perinatal Mood and Anxiety Disorders (PMAD) Community Awareness Campaign to increase awareness and provide education to pregnant women and new mothers on postpartum mood and anxiety disorders, and to increase awareness and education to the public.

Recent California Legislation

Policy Statement

Access to Quality Care for Maternal Depression: Meeting the Challenge

Maternal depression (also known as perinatal depression) is a public health concern affecting countless women, infants and their families in Los Angeles County. Given L.A. County’s vast size and large population, there is a high prevalence of perinatal depression. Unfortunately, resources are limited for providing treatment to women suffering from maternal depression.

L.A. County was the birthplace of 153,377 babies in 2005.

Each year in L.A. County, more than 50% of births are covered by public health insurance, (i.e., Medi-Cal), while the remaining births are covered by private health insurance. Given the large number of births covered by public health insurance, there is a need to improve the delivery of services under the safety-net system, including maternal mental health services.

The devastating effects of depression far too often undermining the need for improved screening and treatment services. As we increase the focus on screening and treating perinatal depression, we will likely move toward improved birth outcomes, as well as improved maternal and infant health.

Maternal depression, if left untreated, can cause severe complications during pregnancy, including low weight gain, gestational diabetes, pre-eclampsia and preeclampsia, and postpartum complications such as postpartum depression. Women with untreated depression have an increased risk of premature delivery and low-birthweight babies. Women with untreated depression also have an increased risk of breastfeeding. Perinatal depression also can lead to a disruption in the bond between mother and child, resulting in impaired attachment.

10% of women during both pregnancy and in the postpartum period likely move toward improved birth outcomes, as well as improved maternal and infant health.

The impact of perinatal depression on infants is
Perinatal depression is highly treatable with both psychotherapy and medication. Prenatal care providers are uniquely poised to conduct depression screening due to an increased frequency and regularity of visits during the perinatal period. 

Unfortunately, screening is not performed as frequently or consistently as recommended for many reasons, which include: lack of knowledge about standard of quality care, limited reimbursement for depression screening, and a lack of resources for referrals to providers who screen patients for perinatal depression.

We support policies that lead to universal depression screening, as well as increased access to perinatal depression screening and treatment through improved health insurance coverage. To achieve this, we recommend:

- Establishing a standard of care to include screening in each trimester, as well as in the perinatal period, in programs such as the Comprehensive Perinatal Services Program (CPS) and the California Maternal-Fetal Medicine Units Network (MAT-FUN).
- Private insurance companies establish a standard of care to include screening in each trimester, as well as in the perinatal period.

**I. Problem Statement/Rationale**

**Problem statement:** All women need to be screened for perinatal depression every trimester and in the postpartum period. Women also need to be able to access culturally competent mental health services. Prenatal care providers need to be equipped with the knowledge and resources to appropriately screen pregnant women and refer them to the appropriate level of care.

**Rationale:** All women in the preconception, pregnancy, or postpartum period should be screened for depression due to the higher rates of depression during each of these stages. Because of the high rates of depression throughout the perinatal period, screening should occur at regular intervals, including at intake (i.e., the initial medical visit), as part of routine health history. Because the most significant risk factor for developing postnatal depression is a history of depression, women should be screened for postnatal depression at intake, and at each trimester, to identify and treat women at risk for perinatal depression. Women should also be screened during the postpartum and intervention care period because many women still have symptoms of depression up to two years after delivery.

**II. Policy Recommendations**

**PROMOTING UNIVERSAL DEPRESSION SCREENING**

We support policies that lead to universal depression screening, as well as increased access to perinatal depression screening and treatment through improved health insurance coverage. To achieve this, we recommend:

- Increasing education and training for perinatal mental health providers, including psychologists; psychiatrists; social workers; and nurses.
- Increasing investment in home visitation programs such as Supportive Postpartum Care (SPC), as well as other community safe havens as centers for psychosis and their families, including enhanced discovery of treatments, diagnostic tools and educational materials for providers. This bill would prioritize postpartum depression and psychosis by expanding research on mental illness, and establish grants for the operation and coordination of cost-effective delivery of essential services to all affected individuals and their families.

**INCReASING PSYChOSOCIAL S uPPORT Se RvICeS**

We recommend:

- Developing messaging campaigns to educate women and families.
- Increase investment in home visitation programs to improve postpartum screening and treatment.
- Increase access to unwarranted services for women facing complicated social issues, such as substance abuse or domestic violence.

**INCReASING PeRINATAL MeNTAL heALTh RESOURCES**

We believe increasing education and public awareness about perinatal depression is needed in order to decrease the stigma associated with this disease. The stigma associated with depression can be a barrier for women using mental health services.

**Recent Federal Legislation**

**INCReASING PeRINATAL MeNTAL heALTh**

We recommend:

- Increasing funding for programs and organizations dedicated to educating women on the need for perinatal depression screening and making the screening process a part of the standard of care for prenatal care services.
- Decreasing the stigma associated with perinatal depression.
- Increasing access to prenatal care services.

**We support policies and programs aimed at wellness development and increasing the number of mental health providers.

We recommend:

- Training on screening and treatment of perinatal depression for medical professionals during residency training.
- Offering perinatal massage as a specialty under psychiatry because this is growing need to recruit and train more psychiatrists in this specialty.
- Training for all mental health professionals, including psychologists, psychiatrists, social workers, marriage and family therapists, and marriage, family and child counselors on perinatal mood disorders, which should be offered under these disciplines.

**INCReASING PUBLIC AwAReNeSS Of PeRINATAL DePReSSION**

As social isolation is a major risk factor in perinatal depression, we believe investments should be made to increase psychosocial support services such as support groups, online communities and classroom education. We recommend programs and policies that:

- Support community-based organizations and other community safe havens as centers for psychosis and their families.
- Increase investment in home visitation programs to improve postpartum screening and treatment.
- Increase access to unwarranted services for women facing complicated social issues, such as substance abuse or domestic violence.

We recommend:

- Increasing access to psychosocial services such as support groups, online communities and classroom education.
- Increase investment in home visitation programs to improve postpartum screening and treatment.
- Increase access to unwarranted services for women facing complicated social issues, such as substance abuse or domestic violence.

We believe increasing education and public awareness about perinatal depression is needed in order to decrease the stigma associated with this disease. The stigma associated with depression can be a barrier for women using mental health services.

We recommend:

- Increasing funding for programs and organizations dedicated to educating women on the need for perinatal depression screening and making the screening process a part of the standard of care for prenatal care services.
- Decreasing the stigma associated with perinatal depression.
- Increasing access to prenatal care services.

**MOM’s Opportunity to Access Health, Education, Research, and Support for Postpartum Depression Act (MOTHERS Act)**

This bill aims to ensure that new mothers and their families are educated about postpartum depression, screened for symptoms and provided with essential services. In addition, it would increase research into the causes, diagnoses and treatments for postpartum depression. It includes two grants to help healthcare providers educate mothers and families, as well as identify and treat postpartum depression. Grants would provide for the delivery of essential services to individuals with postpartum depression and psychosis and their families, including enhanced outpatient and home-based health care, inpatient care and support services.

**INCReASING PeRINATAL MeNTAL heALTh**

We recommend:

- Increasing funding for programs and organizations dedicated to educating women on the need for perinatal depression screening and making the screening process a part of the standard of care for prenatal care services.
- Decreasing the stigma associated with perinatal depression.
- Increasing access to prenatal care services.

We believe increasing education and public awareness about perinatal depression is needed in order to decrease the stigma associated with this disease. The stigma associated with depression can be a barrier for women using mental health services.

We recommend:

- Increasing funding for programs and organizations dedicated to educating women on the need for perinatal depression screening and making the screening process a part of the standard of care for prenatal care services.
- Decreasing the stigma associated with perinatal depression.
- Increasing access to prenatal care services.

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**MOM’s Opportunity to Access Health, Education, Research, and Support for Postpartum Depression Act (MOTHERS Act)**

This bill aims to ensure that new mothers and their families are educated about postpartum depression, screened for symptoms and provided with essential services. In addition, it would increase research into the causes, diagnoses and treatments for postpartum depression. It includes two grants to help healthcare providers educate mothers and families, as well as identify and treat postpartum depression. Grants would provide for the delivery of essential services to individuals with postpartum depression and psychosis and their families, including enhanced outpatient and home-based health care, inpatient care and support services.
Perinatal depression is highly treatable with both pharmacotherapy and medication. Prenatal care providers are uniquely poised to conduct depression screening due to an increased frequency and regularity of visits during the perinatal period. Unfortunately, screening is not performed as frequently or consistently as recommended for many reasons, which include: lack of knowledge about standard of quality care, limited reimbursement for depression screening, and lack of resources for referrals to providers who screen patients for perinatal depression.

2. Policy Recommendations

II. Policy Recommendations

PROMOTING UNIVERSAL DEPRESSION SCREENING

We support policies that lead to universal depression screening, as well as increased access to perinatal depression screening, treatment, and treatment through improved health insurance coverage. To achieve this, we recommend:

- Establishing a standard of care to include screening in each trimester, as well as in the perinatal period, in programs such as the Comprehensive Perinatal Services Program (CPSP).
- Private insurance companies establish a standard of care to include screening in each trimester, as well as in the postpartum period.

INCREASING WOMEN’S ACCESS TO MENTAL HEALTH SERVICES

We believe women need increased access to mental health services, including pharmacological and psychological treatment during pregnancy and the postpartum period. To accomplish this, we recommend:

- Expanding pregnancy Med-Cal services to include mental health services.
- An examination of the restrictions insurance companies place on mental health services. Although insurance companies are prohibited by law from setting caps on mental health benefits, most fee-for-service insurance plans have greater restrictions and higher co-payments for mental health services than for medical services.
- Increasing Med-Cal and Medicare reimbursement for mental health services because they are currently lower than private insurer rates.

INCREASING EDUCATION AND TRAINING FOR PRENATAL CARE PROVIDERS

Prenatal care providers including obstetric, family practice, and pediatric health care providers need more education and training regarding the signs, symptoms, and the importance of screening for perinatal depression. We recommend support of programs and policies that:

- Increase education for prenatal care providers on perinatal depression topics, such as defining the disease, understanding its impact, screening and diagnosis, as well as available resources to treat perinatal depression.
- Increase access to continuing medical education courses in the area of perinatal depression for medical providers.

INCREASING EDUCATION AND TRAINING OF MENTAL HEALTH PROVIDERS

Mental health providers need access to training in the most current treatments for perinatal depression. We support policies and programs that:

- Increase education and awareness among psychiatrists about the use of pharmacological treatment during and after pregnancy.
- Provide training for mental health providers in the areas of evidence-based treatment of pregnant women as well as women in the postpartum period who are breastfeeding.
- Provide mental health professionals with cultural competence training.

INCREASING PERINATAL MENTAL HEALTH RESOURCES

There is a scarcity of mental health services available to women in L.A. County, particularly those under Medi-Cal. We support policies and programs aimed at workforce development and increasing the numbers of mental health providers.

We recommend:

- Training on screening and treatment of perinatal depression for medical professionals during residency training.
- Offering perinatal mood disorders as a specialty under these disciplines.
- Providing perinatal mood disorders as a specialty under psychiatry because there is a growing need to recruit and train more psychiatrists in this specialty.
- Training for all mental health professionals, including psychologists, psychiatrists, social workers, marriage and family therapists, and marriage, family and child counselors on perinatal mood disorders, which should be offered across all of these disciplines.

INCREASING PUBLIC AWARENESS OF PERINATAL DEPRESSION

We believe increasing education and public awareness about perinatal depression is needed in order to decrease the stigma associated with this disease. The stigma associated with depression can be a barrier for women using mental health services.
Many of these short-term and long-term effects on children, as well as at increased risk of child abuse and neglect.20 Children of mothers with perinatal depression are also at increased risk of child abuse and neglect. Many of these short-term and long-term effects on mother and child can be witnessed by child protective services if perinatal depression is diagnosed and treated with a combination of psychotherapy and medication.22

I. Problem Statement/Rationale

Problem statement: All women need to be screened for perinatal depression every trimester and in the postpartum period. Women also need to be able to access culturally competent perinatal health services. Prenatal care providers need to be equipped with the knowledge and resources to appropriately screen patients and refer them to the appropriate level of care.

Rationale: All women in the preconception, pregnancy, or postpartum period should be screened for depression due to the high rates of depression during each of these stages.21 Because of the high rates of depression throughout the perinatal period, screening should occur at regular intervals, including at intake (i.e., the initial medical visit), as part of routine health history.21,22 Because the most significant risk factor for developing perinatal depression is a history of depression, women should be screened for postpartum depression at intake, and at each trimester, to identify and treat women at risk for perinatal depression. Women should be assessed for postpartum depression and in the postpartum period, because many women still have symptoms of depression up to two years after delivery.23

II. Policy Recommendations

A. Promoting Universal Depression Screening

We support policies that lead to universal depression screening, as well as increased access to perinatal depression screening and treatment through improved health insurance coverage. To achieve this, we recommend:

• Establishing a standard of care to include screening in each trimester, as well as in the postpartum period, in programs such as the Comprehensive Perinatal Services Program (CPSP).

• Private insurance companies establish a standard of care to include screening in each trimester, as well as in the postpartum period.

B. Increasing Women’s Access to Mental Health Services

We believe women need increased access to mental health services as part of regular prenatal care and pharmacological treatment during pregnancy and the postpartum period. To accomplish this, we recommend:

• Expanding pregnancy Med-Cal services to include mental health services.

• An examination of the restrictions insurance companies place on mental health services. Although insurance companies are prohibited by law from setting caps on mental health benefits, in many cases insurance plans have greater restrictions and higher co-payments for mental health services than for medical services.

• Increasing Med-Cal and Medicare reimbursement for mental health services because they are currently lower than private insurers’ rates.24

C. Increasing Education and Training for Prenatal Care Providers

Prenatal care providers including obstetric, family practice and pediatric health care providers need more education and training on detecting and understanding the importance of screening for perinatal depression. We recommend support of programs and policies that:

• Increase education for prenatal care providers on perinatal depression topics, such as defining the disease, understanding its impact, screening and diagnosis, as well as available resources to treat perinatal depression.

• Increase access to continuing medical education courses in the area of perinatal depression for medical providers.

D. Increasing Education and Training of Mental Health Providers

Mental health providers need access to training in the most current treatments for perinatal depression. We support policies and programs that:

• Increase education and awareness among psychiatrists about the use of pharmacological treatment during and after pregnancy.

• Provide training for mental health providers in the areas of evidence-based treatment of pregnant women and women in the postpartum period.

• Encourage mental health professionals with cultural competency training.

E. Increasing Perinatal Mental Health Resources

There is a scarcity of mental health services available to women in L.A. County, particularly those under Med-Cal. We support policies and programs aimed at workforce development and increasing the numbers of mental health providers.

We recommend:

• Training on screening and treatment of perinatal depression for medical professionals during residency training.

• Offering perinatal mood disorders as a specialty under psychiatry because there is a growing need to train and recruit more psychiatrists in this specialty.

• Training for all mental health professionals, including psychologists, psychiatrists, social workers, marriage and family therapists, and marriage, family and child counselors on perinatal mood disorders, which should be offered as a specialty under psychiatry.

F. Increasing Public Awareness of Perinatal Depression

We believe increasing education and public awareness of perinatal depression is needed in order to decrease the stigma associated with this disease. The stigma associated with depression can be a barrier for women using mental health services.

We recommend:

• Increasing funding for programs and organizations dedicated to educating women on the need for perinatal depression screening and making the screening process a part of the standard of care for prenatal care services.

• Developing messaging campaigns to educate women on perinatal depression and making them aware of its prevalence and the need to access services.

G. Increasing Psychological Support Services

As social isolation is a major risk factor in perinatal depression, we believe investments should be made to increase psychological support services such as support groups, online communities and classroom education. We recommend programs and policies that:

• Support community-based organizations and other community safe havens as centers for information on perinatal depression for women and their families.

• Increase investment in home visitation programs to improve postpartum screening and treatment.

• Improve access to wraparound services for women living complicated social issues, such as substance abuse or domestic violence.

Inc. Increasing Psychosocial Support Services

We recommend:

• Developing messaging campaigns to educate women and their families.

• Increasing investment in home visitation programs to improve postpartum screening and treatment.

• Improving access to wraparound services for women living complicated social issues, such as substance abuse or domestic violence.

• Improving access to support groups and online communities.

• Offering perinatal mood disorders as a specialty under psychiatry because there is a growing need to train and recruit more psychiatrists in this specialty.

• Increasing education and awareness among psychiatrists about the use of pharmacological treatment during and after pregnancy.

We believe increasing education and public awareness of perinatal depression is needed in order to decrease the stigma associated with this disease. The stigma associated with depression can be a barrier for women using mental health services.

We recommend:

• Increasing funding for programs and organizations dedicated to educating women on the need for perinatal depression screening and making the screening process a part of the standard of care for prenatal care services.

• Developing messaging campaigns to educate women on perinatal depression and making them aware of its prevalence and the need to access services.

• Increasing psychological support services.

As social isolation is a major risk factor in perinatal depression, we believe investments should be made to increase psychological support services such as support groups, online communities and classroom education. We recommend programs and policies that:

• Support community-based organizations and other community safe havens as centers for information on perinatal depression for women and their families.

• Increasing investment in home visitation programs to improve postpartum screening and treatment.

• Improving access to wraparound services for women living complicated social issues, such as substance abuse or domestic violence.

• Increasing education and awareness among psychiatrists about the use of pharmacological treatment during and after pregnancy.

• Increasing access to wraparound services for women living complicated social issues, such as substance abuse or domestic violence.

Momo’s Opportunity to Access Health, Education, Research, and Support for Postpartum Depression Act (MOTHERS Act) S. 1375 Senator Robert Menendez (N.J.)

This bill aims to ensure that new moms and their families are educated about postpartum depression, screened for symptoms and provided with essential services. In addition, it would require research into the causes, diagnoses and treatments for postpartum depression. It includes two grants to help healthcare providers educate mothers and families, as well as identify and treat postpartum depression. Grants would provide for the delivery of essential services to individuals with postpartum depression and psychosis and their families, including enhanced outpatient and home-based health care, inpatient care and support services.

Recent Federal Legislation

Melanie Blocker-Stokes Postpartum Depression Research & Care Act H.R. 20 Representative Bobby Rush (IL)

This bill would expand and extend research at the National Institutes of Health with respect to postpartum depression and psychosis, including increased discovery of treatments, diagnostic tools and educational materials for providers. This bill would prioritize postpartum depression and psychosis by expanding research on mental illness, and establish grants for the operation and coordination of collaborative delivery systems of essential services to afflicted individuals and their families.

MOM’s Opportunity to Access Health, Education, Research, and Support for Postpartum Depression Act (MOTHERS Act)
Maternal depression (also known as perinatal depression) is a public health concern affecting countless women, infants, and their families in Los Angeles County. Given L.A. County’s vast size and large population, there is a high prevalence of perinatal depression. Unfortunately, resources are limited for providing treatment to women suffering from maternal depression. L.A. County was the birthplace of 150,377 babies in 2005 - 14% of the state’s births. However, the program does not require providers to use the evidence-based screening tool for prenatal depression. Health providers who are screening for prenatal and postpartum depression encourage a society of mental health services available for referrals in L.A. County, particularly for women with Medi-Cal.

The screening and treatment of perinatal depression is critical to ensuring the healthy birth and development of the newborn. Perinatal depression can have some devastating effects on both mother and child. During pregnancy, depression can lead to increased risk of poor health status, lower quality of life and substance abuse.1 4, 8 Women with untreated depression have lower utilization of prenatal care services and have an increased risk of preterm delivery and low-birthweight babies.9, 10 Mothers with untreated depression have a decreased duration of breastfeeding. Perinatal depression also can lead to a disruption in the bond between mother and child, resulting in impaired attachment.11, 12

The impact of perinatal depression on infants is

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This bill would have required the State Department of Health Services, in cooperation with other postpartum mood and anxiety disorders professionals, to prepare an information sheet for pregnant women containing relevant information about the symptoms and treatments for postpartum mood and anxiety disorders, and related resources and assistance for parents, in order to make that information sheet available to healthcare providers and members of the public. It would have required a physician or other healthcare practitioner that provides prenatal care to a pregnant woman during gestation or at delivery of an infant to provide the woman with a copy of that information sheet.

This bill would have required the State Department of Health Services to conduct a pilot project for the Medicaid and Mood Disorders (MAMD) Community Awareness Campaign to increase awareness and provide educational information to pregnant women and new mothers on postpartum mood and anxiety disorders, including postpartum depression, anxiety disorder, obsessive-compulsive disorder, and postpartum psychosis.

Maternal depression (also known as perinatal depression) is among public health concerns affecting countless women, infants, and their families in Los Angeles County. Given L.A. County’s vast size and large population, there is a high prevalence of perinatal depression. Unfortunately, resources are limited for providing treatment to women suffering from maternal depression.

LA County was the birthplace of 150,377 babies in 2005 - 1 in 27 babies born each year in Los Angeles County.3, 4, 5 While compared to national births, one out of every 27 babies born each year in L.A. County is born in L.A. County. Women Receiving Public Assistance: Pilot Study of an Integrated Health Care Services Program, providers are reimbursed for screening services on driving assessment. It does not require providers to use the evidence-based Screening tools for prenatal depression. Health providers who are screening for prenatal depression and postpartum depression encounter a variety of mental health services available for referrals in L.A. County, particularly for women with Medi-Cal. The screening and treatment of perinatal depression is critical to ensuring the healthy birth and development of the newborn. Perinatal depression can have some devastating effects on both mother and child. During pregnancy, depression can lead to increased risk of poor health status, lower quality of life and substance abuse.1, 2, 3 Women with untreated depression have lower utilization of prenatal care services and have increased preterm delivery rates.4, 5, 6, 7, 8, 9, 10, 11 Mothers with untreated depression have a decreased duration of breastfeeding. Postpartum depression also can lead to a disruption in the bond between mother and child, resulting in impaired attachment.12, 13 The impact of maternal depression on infants is not well understood, but it is critical to ensure the healthy birth and development of the newborn.