

110TH CONGRESS
1ST SESSION

S. 1375

To ensure that new mothers and their families are educated about postpartum depression, screened for symptoms, and provided with essential services, and to increase research at the National Institutes of Health on postpartum depression.

IN THE SENATE OF THE UNITED STATES

MAY 11, 2007

Mr. MENENDEZ (for himself, Mr. DURBIN, Ms. SNOWE, Mr. BROWN, Mr. DODD, and Mr. LAUTENBERG) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To ensure that new mothers and their families are educated about postpartum depression, screened for symptoms, and provided with essential services, and to increase research at the National Institutes of Health on postpartum depression.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Mom’s Opportunity
5 to Access Health, Education, Research, and Support for
6 Postpartum Depression Act” or the “MOTHERS Act”.

1 **SEC. 2. FINDINGS.**

2 The Congress finds as follows:

3 (1) Postpartum depression is a devastating
4 mood disorder which strikes many women during
5 and after pregnancy.

6 (2) Postpartum mood changes are common and
7 can be broken into three subgroups: “baby blues,”
8 which is an extremely common and the less severe
9 form of postpartum depression; postpartum mood
10 and anxiety disorders, which are more severe than
11 baby blues and can occur during pregnancy and any-
12 time within the first year of the infant’s birth; and
13 postpartum psychosis, which is the most extreme
14 form of postpartum depression and can occur during
15 pregnancy and up to twelve months after delivery.

16 (3) “Baby blues” is characterized by mood
17 swings, feelings of being overwhelmed, tearfulness,
18 irritability, poor sleep, mood changes, and a sense of
19 vulnerability that usually starts in the first week and
20 resolves without treatment by the end of the second
21 week postpartum.

22 (4) The symptoms of postpartum mood and
23 anxiety disorders are as defined in the latest edition
24 of Diagnostic and Statistical Manual of Mental Dis-
25 orders (DSM), as published by American Psycho-
26 logical Association.

1 (5) The symptoms of postpartum psychosis in-
2 clude losing touch with reality, distorted thinking,
3 delusions, auditory hallucinations, paranoia, hyper-
4 activity, and rapid speech or mania.

5 (6) Baby blues afflicts up to 80 percent of new
6 mothers, postpartum depression occurs in 10 to 20
7 percent of new mothers, and postpartum psychosis
8 strikes 1 in 1,000 new mothers.

9 (7) The causes of postpartum depression are
10 complex and unknown at this time; however, contrib-
11 uting factors include: a steep and rapid drop in hor-
12 mone levels after childbirth; difficulty during labor
13 or pregnancy; a premature birth; a miscarriage; feel-
14 ing overwhelmed, uncertain, frustrated or anxious
15 about one's new role as a mother; a lack of support
16 from one's spouse, friends or family; marital strife;
17 stressful events in life such as death of a loved one,
18 financial problems, or physical or mental abuse; a
19 family history of depression or mood disorders; a
20 previous history of major depression or anxiety; or
21 a prior postpartum depression.

22 (8) Postpartum depression is a treatable dis-
23 order if promptly diagnosed by a trained provider
24 and attended to with a personalized regimen of care

1 including social support, therapy, medication, and
2 when necessary hospitalization.

3 (9) All too often postpartum depression goes
4 undiagnosed or untreated due to the social stigma
5 surrounding depression and mental illness, the ro-
6 manticization of motherhood, the new mother's in-
7 ability to self-diagnose her condition, the new moth-
8 er's shame or embarrassment over discussing her de-
9 pression so near to the birth of her child, the lack
10 of understanding in society and the medical commu-
11 nity of the complexity of postpartum depression, and
12 economic pressures placed on hospitals and pro-
13 viders.

14 (10) Untreated, postpartum depression can lead
15 to further depression, substance abuse, loss of em-
16 ployment, divorce and further social alienation, self-
17 destructive behavior, or even suicide.

18 (11) Untreated, postpartum depression impacts
19 society through its effect on the infant's physical
20 and psychological and cognitive development, child
21 abuse, neglect or death of the infant or other sib-
22 lings, and the disruption of the family.

23 (12) This Act shares the goals of the Melanie
24 Blocker-Stokes Postpartum Depression Research

1 and Care Act and will help new mothers who are
2 battling with postpartum conditions.

3 **TITLE I—DELIVERY OF SERV-**
4 **ICES REGARDING**
5 **POSTPARTUM DEPRESSION**
6 **AND PSYCHOSIS**

7 **SEC. 101. DELIVERY OF SERVICES REGARDING**
8 **POSTPARTUM DEPRESSION AND PSYCHOSIS.**

9 Subpart 3 of part B of title V of the Public Health
10 Service Act (42 U.S.C. 290bb–31 et seq.) is amended—

11 (1) by inserting after the subpart heading the
12 following:

13 **“CHAPTER I—GENERAL PROVISIONS”;**

14 and

15 (2) by adding at the end thereof the following:

16 **“CHAPTER II—DELIVERY OF SERVICES**
17 **REGARDING POSTPARTUM DEPRES-**
18 **SION AND PSYCHOSIS**

19 **“SEC. 520K. ESTABLISHMENT OF PROGRAM OF GRANTS.**

20 “(a) IN GENERAL.—The Secretary shall in accord-
21 ance with this chapter make grants to provide for projects
22 for the establishment, operation, and coordination of effec-
23 tive and cost-efficient systems to—

24 “(1) provide education to women who have re-
25 cently given birth, and their families, concerning

1 postpartum depression, postpartum mood and anx-
2 iety disorders, and postpartum psychosis (referred to
3 in this chapter as ‘postpartum conditions’) before
4 such women leave their birthing centers and to
5 screen new mothers for postpartum conditions dur-
6 ing their first year of postnatal checkup visits, in-
7 cluding the standard 6-week postnatal checkup visit;
8 and

9 “(2) provide for the delivery of essential serv-
10 ices to individuals with postpartum conditions and
11 their families.

12 “(b) RECIPIENTS OF GRANTS.—A grant under sub-
13 section (a) may be made to an entity only if the entity—

14 “(1) is—

15 “(A) in the case of a grant to carry out the
16 activities described in subsection (c)(1), a State;
17 and

18 “(B) in the case of a grant to carry out
19 the activities described in subsection (c)(2), a
20 public or nonprofit private entity, which may in-
21 clude a State or local government; a public or
22 nonprofit private hospital, community-based or-
23 ganization, hospice, ambulatory care facility,
24 community health center, migrant health cen-
25 ter, tribal government or territory, or homeless

1 health center; or other appropriate public or
2 nonprofit private entity; and

3 “(2) submits to the Secretary an application at
4 such time, in such manner, and containing such in-
5 formation as the Secretary may require.

6 “(c) CERTAIN ACTIVITIES.—

7 “(1) EDUCATION.—

8 “(A) IN GENERAL.—To the extent prac-
9 ticable and appropriate, the Secretary shall en-
10 sure that projects under subsection (a)(1) de-
11 velop policies and procedures to ensure that
12 education concerning postpartum conditions is
13 provided to women in accordance with subpara-
14 graph (B), that training programs regarding
15 such education are carried out at health facili-
16 ties within the State, and that screening and re-
17 ferral is provided in accordance with subpara-
18 graph (C).

19 “(B) REQUIREMENTS.—A State that re-
20 ceives a grant or contract under subsection
21 (a)(1) shall ensure that postpartum condition
22 education complies with the following:

23 “(i) Physicians, certified nurse mid-
24 wives, certified midwives, nurses, and other
25 licensed health care professionals within

1 the State who provide prenatal and post-
2 natal care to women shall also provide edu-
3 cation to women and their families con-
4 cerning postpartum conditions to promote
5 earlier diagnosis and treatment.

6 “(ii) All birthing facilities in the State
7 shall provide new mothers and fathers, and
8 other family members as appropriate, with
9 complete information concerning
10 postpartum conditions, including its symp-
11 toms, methods of coping with the illness,
12 and treatment resources prior to such
13 mothers leaving the birthing facility after a
14 birth.

15 “(iii) Physicians, certified nurse mid-
16 wives, certified midwives, nurses, and other
17 licensed health care professionals within
18 the State who provide prenatal and post-
19 natal care to women shall include fathers
20 and other family members, as appropriate,
21 in both the education and treatment proc-
22 esses to help them better understand the
23 nature and causes of postpartum condi-
24 tions.

1 “(C) SCREENING AND REFERRAL.—A
2 State that receives a grant or contract under
3 subsection (a)(1) shall ensure that new moth-
4 ers, during visits to a physician, certified nurse
5 midwife, certified midwife, nurse, or licensed
6 healthcare professional who is licensed or cer-
7 tified by the State, within the first year after
8 the birth of their child, are offered screenings
9 for postpartum conditions by using the Edin-
10 burgh Postnatal Depression Scale (EPDS), or
11 other appropriate tests. If the results of such
12 screening provide warning signs for postpartum
13 conditions, the new mother shall be referred to
14 an appropriate mental healthcare provider.

15 “(D) SUBGRANTS.—A State that receives a
16 grant or contract under subsection (a)(1) to
17 carry out activities under this paragraph may
18 award subgrants to entities described in sub-
19 section (b)(1)(B) to enable such entities to pro-
20 vide education of this type described in sub-
21 paragraph (B).

22 “(2) SERVICES.—To the extent practicable and
23 appropriate, the Secretary shall ensure that projects
24 under subsection (a)(2) provide services for the diag-
25 nosis and management of postpartum conditions.

1 Activities that the Secretary may authorize for such
2 projects may also include the following:

3 “(A) Delivering or enhancing outpatient
4 and home-based health and support services, in-
5 cluding case management, screening and com-
6 prehensive treatment services for individuals
7 with or at risk for postpartum conditions, and
8 delivering or enhancing support services for
9 their families.

10 “(B) Delivering or enhancing inpatient
11 care management services that ensure the well
12 being of the mother and family and the future
13 development of the infant.

14 “(C) Improving the quality, availability,
15 and organization of health care and support
16 services (including transportation services, at-
17 tendant care, homemaker services, day or res-
18 pite care, and providing counseling on financial
19 assistance and insurance) for individuals with
20 postpartum conditions and support services for
21 their families.

22 “(d) INTEGRATION WITH OTHER PROGRAMS.—To
23 the extent practicable and appropriate, the Secretary shall
24 integrate the program under this title with other grant

1 programs carried out by the Secretary, including the pro-
2 gram under section 330.

3 **“SEC. 520L. TECHNICAL ASSISTANCE.**

4 “The Secretary may provide technical assistance to
5 assist entities in complying with the requirements of this
6 chapter in order to make such entities eligible to receive
7 grants under section 520K.

8 **“SEC. 520M. AUTHORIZATION OF APPROPRIATIONS.**

9 “For the purpose of carrying out this chapter, there
10 are authorized to be appropriated such sums as may be
11 necessary for each of the fiscal years 2008 through
12 2010.”.

13 **TITLE II—RESEARCH ON**
14 **POSTPARTUM DEPRESSION**
15 **AND PSYCHOSIS**

16 **SEC. 201. CONSENSUS RESEARCH CONFERENCE AND PLAN**
17 **CONCERNING POSTPARTUM DEPRESSION**
18 **AND PSYCHOSIS.**

19 Part B of title IV of the Public Health Service Act
20 (42 U.S.C. 284 et seq.) is amended by adding at the end
21 the following:

1 **“SEC. 409J. CONSENSUS RESEARCH CONFERENCE AND**
2 **PLAN CONCERNING POSTPARTUM DEPRES-**
3 **SION AND PSYCHOSIS.**

4 “(a) CONSENSUS RESEARCH CONFERENCE AND
5 PLAN.—

6 “(1) CONFERENCE.—The Secretary, acting
7 through the Director of NIH, the Administrator of
8 the Substance Abuse and Mental Health Services
9 Administration, and the heads of other Federal
10 agencies that administer Federal health programs
11 including the Centers for Disease Control and Pre-
12 vention, shall organize a series of national meetings
13 that are designed to develop a research plan for
14 postpartum depression and psychosis (referred to in
15 this section as ‘postpartum condition’).

16 “(2) PLAN.—The Secretary, taking into ac-
17 count the findings of the research conference under
18 paragraph (1), shall develop a research plan relating
19 to postpartum conditions. Such plan shall include—

20 “(A) basic research concerning the etiology
21 and causes of postpartum conditions;

22 “(B) epidemiological studies to address the
23 frequency and natural history of postpartum
24 conditions and the differences among racial and
25 ethnic groups with respect to such conditions;

1 “(C) the development of improved diag-
2 nostic techniques relating to postpartum condi-
3 tions; and

4 “(D) clinical research for the development
5 and evaluation of new treatments for
6 postpartum conditions, including new biological
7 agents.

8 “(3) REPORT.—Not later than 2 years after the
9 date of enactment of this section, the Secretary shall
10 prepare and submit to the appropriate committees of
11 Congress a report concerning the research plan
12 under paragraph (2).

13 “(b) ACTIVITY RELATING TO RESEARCH PLAN.—

14 “(1) IN GENERAL.—After the development of
15 the research plan under subsection (a)(1), the Sec-
16 retary, acting through the Director of NIH shall ex-
17 pand and intensify research and related activities of
18 the Institutes relating to postpartum conditions in a
19 manner appropriate to carry out such plan, and in
20 particular shall direct research efforts to carry out
21 such plan.

22 “(2) REPORT.—Not later than 1 year after the
23 development of the research plan under subsection
24 (a)(1), and annually thereafter, the Secretary shall
25 prepare and submit to the appropriate committees of

1 Congress a report on the progress made with respect
2 to such plan and the status of ongoing activities re-
3 garding postpartum conditions at the National Insti-
4 tutes of Health.”.

○