

SB0039



95TH GENERAL ASSEMBLY

State of Illinois

2007 and 2008

SB0039

Introduced 1/31/2007, by Sen. Don Harmon

SYNOPSIS AS INTRODUCED:

New Act

Creates the Postpartum Mood Disorders Prevention Act. Sets out the findings of the General Assembly and the purposes of the Act. Provides that the Director of Public Health, in conjunction with the Department of Financial and Professional Regulation and the Board of Nursing, shall work with physicians, healthcare facilities, nurses, and licensed health care workers in the State to develop policies and procedures related to the prevention, treatment, and diagnosis of postpartum mood disorders in women.

LRB095 05070 KBJ 25139 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning public health.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 1. Short title. This Act may be cited as the
5 Postpartum Mood Disorders Prevention Act.

6 Section 5. Findings and purposes.

7 (a) The General Assembly finds all of the following:

8 (1) Postpartum mood disorders include a wide range of
9 emotional, psychological, and physiological reactions to
10 childbirth, including loneliness, sadness, fatigue, low
11 self-esteem, loss of identity, increased vulnerability,
12 irritability, confusion, disorientation, memory
13 impairment, agitation, and anxiety, which challenge the
14 stamina of the new mother and impair her ability to
15 function and care for her newborn child.

16 (2) Postpartum mood disorders are believed to be the
17 result of a chemical imbalance triggered by a sudden
18 dramatic drop in hormonal production after the birth of a
19 child.

20 (3) Women at highest risk for postpartum mood disorders
21 can be those with previous psychiatric difficulty, such as
22 depression, anxiety or panic disorder, and those with a
23 family member with a history of such psychiatric

1 difficulty. However, postpartum mood disorders frequently
2 strike without warning in women without any past emotional
3 problems or psychiatric difficulties and with or without
4 any complications in pregnancy.

5 (4) Many new mothers suffering from postpartum mood
6 disorders require counseling and treatment, yet many do not
7 realize that they need help or are unable to find and
8 secure appropriate resources.

9 (5) In addition to the mother, the effects of
10 postpartum mood disorders can also significantly impact
11 the infant, as well as the father, other children, and
12 extended family members. Maternal depression can affect
13 the mother's ability to respond sensitively to her infant's
14 needs and can strain the family relationships.

15 (b) The purpose of this Act is:

16 (1) to provide information to women and their families
17 about postpartum mood disorders in order to lower the
18 likelihood that new mothers will continue to suffer from
19 this illness in silence; and

20 (2) to develop procedures for assessing women for
21 postpartum mood disorders during prenatal and postnatal
22 physician visits.

23 Section 10. Definitions. In this Act:

24 "Health care worker" has the meaning given to that term in
25 the Health Care Worker Self-Referral Act.

1 "Hospital" has the meaning given to that term in the
2 Hospital Licensing Act.

3 "Nurse" means a nurse licensed under the Nursing and
4 Advanced Practice Nursing Act.

5 "Physician" means a physician licensed to practice
6 medicine in all of its branches.

7 "Postnatal care" means a visit to a physician or other
8 health care worker occurring after birth, with reference to the
9 infant or mother.

10 "Prenatal care" means a visit to a physician or other
11 health care worker occurring before birth.

12 Section 15. Postpartum mood disorders prevention. The
13 Director of Public Health, in conjunction with the Department
14 of Financial and Professional Regulation and the Board of
15 Nursing, shall work with physicians, healthcare facilities,
16 nurses, and licensed health care workers in the State to
17 develop policies and procedures to meet each of the following
18 requirements concerning postpartum mood disorders:

19 (1) Physicians and other licensed health care workers
20 providing prenatal care to women shall provide education to
21 women and their families about postpartum mood disorders.

22 (2) All hospitals and other healthcare facilities in
23 the State shall provide departing new mothers and fathers
24 and other family members, as appropriate, with complete
25 information about postpartum mood disorders, including its

1 symptoms, methods of coping with the illness, and treatment
2 resources.

3 (3) Physicians and other licensed health care workers
4 providing prenatal and postnatal care to women shall assess
5 new mothers for postpartum mood disorder symptoms at a
6 prenatal check-up visit in the third trimester of
7 pregnancy, prior to discharge from the hospital or other
8 healthcare facility, and at the initial postnatal check-up
9 visit and at each postnatal check-up visit thereafter until
10 the infant's first birthday.

11 (4) Physicians and other licensed health care workers
12 providing pediatric care to an infant shall assess the
13 infant's mother for postpartum mood disorder symptoms at
14 any well-baby check-up at which the mother is present prior
15 to the infant's first birthday in order to ensure that the
16 health and well-being of the infant are not compromised by
17 an undiagnosed postpartum mood disorder in the mother.

18 (5) Physicians and other licensed health care workers
19 providing prenatal and postnatal care to women shall
20 include fathers and other family members, as appropriate,
21 in both the education and treatment processes to help them
22 better understand the nature and causes of postpartum mood
23 disorders.

24 (6) For purposes of this Act, assessment shall consist
25 of the Edinburgh Postnatal Depression Scale, which the new
26 mother shall complete upon checking in for her appointment

1 or the infant's appointment prior to being seen by the
2 physician or other licensed health care worker.