

ASSEMBLY, No. 5087

STATE OF NEW JERSEY

219th LEGISLATURE

INTRODUCED DECEMBER 7, 2020

Sponsored by:

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District 27 (Essex and Morris)

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District 37 (Bergen)

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District 37 (Bergen)

Co-Sponsored by:

Assemblywoman Dunn and Assemblyman Benson

SYNOPSIS

Requires DOH to establish public awareness campaign and develop policies and procedures to promote recognition and treatment of perinatal anxiety.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 11/8/2021)

1 **AN ACT** concerning perinatal anxiety and supplementing Title 26 of
2 the Revised Statutes.

3
4 **BE IT ENACTED** *by the Senate and General Assembly of the State*
5 *of New Jersey:*

6
7 1. The Legislature finds and declares that:

8 a. Perinatal anxiety is a level of unhealthy distress that may be
9 experienced by a woman either during pregnancy, or within the first
10 year following childbirth.

11 b. According to the New Jersey Department of Health,
12 approximately six percent of pregnant women and 10 percent of
13 postpartum women experience perinatal anxiety, and this disorder
14 can occur on its own or in conjunction with, or as a precursor to,
15 symptoms of depression.

16 c. An untreated anxiety disorder can often put a person at
17 increased risk for future problems with anxiety and depression, and
18 there is a growing body of literature indicating that perinatal
19 anxiety may also affect pregnancy outcomes.

20 d. Symptoms of perinatal anxiety range from mild to severe,
21 and may include constant and uncontrollable worry, racing
22 thoughts, mental rumination, foreboding thoughts or imagery, loss
23 of appetite, sleep disturbance, irritability, edginess or an inability to
24 sit still, muscle tension or twitching, back or neck pain, tightening
25 of the chest or throat, shallow breathing, difficulty concentrating or
26 focusing, forgetfulness, dizziness, increased heart rate, hot flashes,
27 nausea, and panic attacks.

28 e. The symptoms of perinatal anxiety not only reduce a
29 woman's ability to enjoy her pregnancy and childbirth experiences,
30 but may also have a negative impact on a woman's actions or
31 behaviors, such as by causing the woman to: avoid certain
32 situations, activities, places, or people; attempt to over-control
33 situations; seek constant reassurance from others; engage in
34 obsessive or compulsive behavior; or react with excessive vigilance
35 in relation to potential or imagined dangers.

36 f. The exact causes of perinatal anxiety are unknown, but
37 various factors may contribute to development of this disorder, such
38 as changes in hormone levels; a personal or family medical history
39 that includes prior diagnoses for mental disorders or perinatal mood
40 disorders; difficulties or complications with the current pregnancy
41 or any prior pregnancies; a high-risk pregnancy or history of prior
42 high-risk pregnancies; medical problems experienced by the
43 mother, fetus, or infant child either before, or within the year after,
44 childbirth; a lack of sleep; feelings of isolation or a perceived loss
45 of freedom stemming from pregnancy or motherhood; the existence
46 of perfectionist tendencies or personality traits; sudden changes in
47 routine; or ordinary life stressors such as marital or financial
48 problems.

1 g. Perinatal anxiety can negatively impact the child and the
2 child's father, as well as the mother, since the mother may have
3 exaggerated or irrational responses to real or imagined threats, may
4 become reclusive or increasingly irritable, or may demonstrate
5 symptoms that are otherwise detrimental to communication, or that
6 promote feelings of anxiety in others.

7 h. Perinatal anxiety may be dismissed by the woman suffering
8 from the disorder, and by those around her, as ordinary maternal
9 worry, or may be thought to be self-induced or self-controllable.

10 i. Perinatal anxiety has been called "the hidden disorder"
11 because, despite being more prevalent than postpartum depression,
12 it is not generally discussed in perinatal consultations or in the
13 public domain, and is not regularly studied by health care
14 practitioners or research groups.

15 j. If early recognition and treatment are to occur, perinatal
16 anxiety should be discussed in childbirth classes and obstetrical
17 office visits; pregnant women and new mothers should be screened
18 for the disorder and encouraged to inform others of their symptoms
19 in the same way as they would for physical complications; and
20 public education about perinatal anxiety should be enhanced, in
21 order to increase awareness of the disorder, and reduce any social
22 stigma or obstacles to treatment, which may be associated
23 therewith.

24 k. Perinatal anxiety, even in its more severe stages, is a highly
25 treatable disorder, and psychotherapy, increased exercise, and
26 pharmaceutical intervention have each proved to be effective in
27 reducing or eliminating the symptoms associated therewith.

28 l. There is at least one evaluation scale, developed by
29 researchers in Western Australia, and known as the Perinatal
30 Anxiety Screening Scale (PASS), which has been recognized for its
31 ability to correctly identify women with anxiety disorders, and
32 recommended for use by medical professionals in the screening of
33 pregnant women and new mothers for perinatal anxiety.

34 m. It is imperative that health care professionals who provide
35 prenatal and postnatal care in the State have a thorough
36 understanding of perinatal anxiety so that they can detect, diagnose,
37 and treat this disorder and prevent the most severe cases.

38
39 2. a. The Commissioner of Health, in conjunction with the
40 State Board of Medical Examiners and the New Jersey Board of
41 Nursing, shall work with health care facilities and licensed health
42 care professionals in the State to develop policies and procedures to
43 effectuate the following requirements concerning perinatal anxiety:

44 (1) Physicians, nurse midwives, and other licensed health care
45 professionals who provide prenatal care shall provide prenatal
46 patients and their family members with complete information about
47 perinatal anxiety, including the symptoms of the disorder, methods
48 of coping with the disorder, and a list of available treatment

1 resources, and shall screen prenatal patients, at least once during
2 each trimester of pregnancy, for perinatal anxiety.

3 (2) All birthing facilities in the State shall provide departing
4 new mothers and fathers, and, as appropriate, other family
5 members, with complete information about perinatal anxiety,
6 including the symptoms of the disorder, methods for coping with
7 the disorder, and a list of available treatment resources.

8 (3) Physicians, nurse midwives, and other licensed health care
9 professionals who provide postnatal care shall screen new mothers
10 for perinatal anxiety prior to their discharge from the birthing
11 facility, and again at the first few postnatal check-up visits.

12 (4) Physicians, nurse midwives, and other licensed health care
13 professionals who provide prenatal or postnatal care shall include
14 fathers and other family members, as appropriate, in both the
15 education and treatment processes, in order to help them better
16 understand the nature and causes of perinatal anxiety so that they
17 can overcome any spillover effects of the disorder and improve
18 their ability to be supportive of the expecting or new mother.

19 b. Any screening test that is conducted pursuant to the
20 requirements of this section shall be accomplished either through
21 the use of the PASS scale described in subsection l. of section 1 of
22 this act, or through the use of another scale or test that has been
23 approved by the commissioner for such screening purposes.

24 c. As used in this section and in P.L.2000, c.167 (C.26:2-
25 175 et seq.), “birthing facility” means any inpatient or ambulatory
26 health care facility, which is licensed by the Department of Health,
27 and which provides birthing and newborn care services.

28
29 3. The Commissioner of Health shall establish a public
30 awareness campaign to inform the general public about the nature
31 and causes of perinatal anxiety and its health implications,
32 including its symptoms, methods of coping with the disorder, and
33 the most effective means of treatment.

34
35 4. The Commissioner of Health shall adopt rules and
36 regulations, in accordance with the “Administrative Procedure Act,”
37 P.L.1968, c.410 (C.52:14B-1 et seq.), to implement the provisions
38 of this act and effectuate its purposes.

39
40 5. This act shall take effect immediately.

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43 STATEMENT

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45 This bill would provide for increased public education and
46 patient screening in relation to the perinatal mood disorder known
47 as perinatal anxiety. In particular, the bill would direct the
48 Commissioner of Health, in conjunction with the State Board of

1 Medical Examiners and the New Jersey Board of Nursing, to work
2 with health care facilities and licensed health care professionals in
3 the State to develop policies and procedures to effectuate the
4 following requirements:

5 Physicians, nurse midwives, and other licensed health care
6 professionals who provide prenatal care will be required to provide
7 prenatal patients and their family members with complete
8 information about perinatal anxiety, including the symptoms of the
9 disorder, methods for coping with the disorder, and a list of
10 available treatment resources, and would additionally be required to
11 screen prenatal patients for perinatal anxiety at least once during
12 each trimester of pregnancy;

13 All birthing facilities in the State will be required to provide
14 departing new mothers and fathers, and, as appropriate, other family
15 members, with complete information about perinatal anxiety,
16 including the symptoms of the disorder, methods for coping with
17 the disorder, and a list of available treatment resources;

18 Physicians, nurse midwives, and other licensed health care
19 professionals who provide postnatal care will be required to screen
20 new mothers for perinatal anxiety prior to the mother's discharge
21 from the birthing facility, and again at the first few postnatal check-
22 up visits; and

23 Physicians, nurse midwives, and other licensed health care
24 professionals who provide prenatal or postnatal care will be
25 required to include fathers and other family members, as
26 appropriate, in both the education and treatment processes, in order
27 to help them better understand the nature and causes of perinatal
28 anxiety so that they can overcome any spillover effects of the
29 disorder and improve their ability to be supportive of the expecting
30 or new mother.

31 Screening under the bill would be accomplished either through
32 the use of the Perinatal Anxiety Screening Scale (PASS) – a
33 recently developed screening test that has been recognized for its
34 ability to correctly identify women with anxiety disorders, and
35 recommended for use by medical professionals in the screening of
36 pregnant women and new mothers for perinatal anxiety – or through
37 the use of another scale or test that has been approved by the
38 commissioner for such screening purposes.

39 The bill would additionally require the commissioner to develop
40 a public awareness campaign that is designed to inform the general
41 public about the nature and causes of perinatal anxiety and its
42 health implications, including the symptoms of the disorder,
43 methods of coping with the disorder, and the most effective means
44 of treatment.

45 The commissioner would be required to adopt rules and
46 regulations to implement the bill's provisions and effectuate its
47 purposes.