SENATE, No. 546

STATE OF NEW JERSEY

219th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2020 SESSION

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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

Introduced Pending Technical Review by Legislative Counsel.

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

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

1. The Legislature finds and declares that:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

5. This act shall take effect immediately.

STATEMENT

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

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

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

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

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

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

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

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

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