

REVENUE: No revenue impact

FISCAL: Fiscal statement issued

Action:	Do Pass the A-Engrossed Measure
Vote:	4 - 0 - 1
Yeas:	Kruse, Morrisette, Morse, Monnes Anderson
Nays:	0
Exc.:	Bates
Prepared By:	Robert Shook, Administrator
Meeting Dates:	5/28

WHAT THE MEASURE DOES: Creates a workgroup of specified members in the Department of Human Services for the purpose of studying and reporting to the Legislative Assembly findings and recommendations relating to risks, education, practices, and funding models for identifying and treating maternal mental health disorders. Defines maternal mental health disorders for purposes of the measure as the time period encompassing pregnancy and the first year postpartum.

ISSUES DISCUSSED:

- Postpartum depression and perinatal mood disorders
- Statewide network related to care for maternal mental health
- Prevalence of perinatal depression

EFFECT OF COMMITTEE AMENDMENT: No amendment.

BACKGROUND: According to the U.S. Department of Health and Human Services, one in eight women will suffer from postpartum depression, with symptoms including sadness, anxiety, irritability, irregular sleep patterns, trouble concentrating or remembering things and frequent crying, beginning some time in the first year after giving birth. A small number of women suffer from severe perinatal depression called postpartum psychosis with symptoms of extreme confusion, hopelessness, inability to sleep or eat and thoughts of injuring themselves, their child or others. The New York University Child Study Center reports that depressed mothers aspire to provide their children a nurturing environment, and that their perceptions of themselves as inadequate affects their parenting ability and interferes with the child's development of social-emotional competence. Mothers with depression report feeling overwhelmed. When they encounter frustration they may react with anger and hostility, negatively affecting their relationships with their children. Children of depressed mothers often model the mother's sad emotions, passive coping mechanisms and depressive styles of interacting.

Research from The National Center for Children in Poverty suggests that mothers may be encouraged to seek treatment if educated about the effects of depression on their children. Emerging strategies center on family-focused services in settings that parents trust. A family approach to treatment allows for early intervention with young children and their parents, preventing depression or reducing the need for more formal treatment. Developing strategies involve: screening and follow-up for women; targeted interventions to reduce maternal depression and improve early parenting; and promoting awareness of maternal depression.

According to the March of Dimes, depression increases the likelihood of pre-term birth and consequently the costs of childbirth. With 40 percent of Oregon's births covered by the Oregon Health Plan, finding and treating maternal depression could result in significant systemic savings.

6/2/2009 4:33:00 PM

This summary has not been adopted or officially endorsed by action of the committee.