



NEW YORK STATE SENATOR

Liz Krueger

State Senate Passes Maternal Depression Treatment Bill

LIZ KRUEGER June 9, 2016

| ISSUE: **MATERNAL DEPRESSION**

Albany – Today the State Senate unanimously passed S6715, sponsored by Senator Liz Krueger, which would improve treatment options for women diagnosed with maternal depression. A second bill addressing maternal depression, S7881, is currently on the third reading calendar in the Senate. S7881 would clarify that when a maternal depression screening is provided by a pediatrician, the service is covered if the pediatrician is in the child's health insurance network. Both bills are sponsored in the Assembly by Assembly Member Diana C. Richardson.

“1 in 10 new mothers will experience symptoms of maternal depression, and far too many of them will needlessly suffer in silence,” said **Senator Krueger**. “This bill will improve access to treatment and help ensure that women have the resources they need to overcome maternal depression. I thank my colleagues for supporting S6715, and I urge the Senate leadership to schedule a vote on S7881 so that both bills can be taken up in the Assembly and sent to the Governor’s desk as soon as possible. There’s no reason for New York’s families to bear the burden of maternal depression when successful, proven treatment is available.”

S6715 would require the creation of a centralized list of available community resources, peer support groups, and providers who treat maternal depression, which would help providers conducting screenings make appropriate referrals and get more women access to treatment.

The bill also requires the state to invest in maternal depression treatment resources including strengthening and expanding a statewide hotline, encouraging peer support and telemedicine options, and improving the capacity of referral networks.

In 2014, Senator Krueger and Assembly Member Richard Gottfried sponsored legislation, which passed unanimously in both houses of the Legislature and was signed into law by Governor Cuomo, to provide education and promote screening and treatment-referrals for maternal depression. Maternal depression includes a range of perinatal mood disorders, emotional and psychological reactions a woman may experience during pregnancy or up to a year after childbirth. Symptoms can include feelings of despair or guilt, sadness, fatigue, difficulty concentrating, changes in appetite, and thoughts of suicide or of harming the baby. Maternal depression includes prenatal depression, “baby blues,” postpartum anxiety, postpartum depression, and postpartum psychosis. The latter is the most severe of these conditions, often including hallucinations and delusions, and results in infanticide and suicide rates of four and five percent, respectively.

Maternal depression affects a significant portion of pregnant women and new mothers; in fact, it is one of the most common medical complications women may experience during and after pregnancy. Each year, approximately 10 to 15 percent of new mothers develop postpartum depression, while 50 to 80 percent of new mothers will experience “baby blues.” A small but significant number – about 0.1 to 0.2 percent of new mothers – develop symptoms serious enough to be considered postpartum psychosis.

Maternal depression can lead to significant negative consequences for those affected and their families and children if left untreated. However, treatment for maternal depression has an 80 to 90 percent success rate. Early diagnosis and treatment significantly improve prognoses.

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RELATED LEGISLATION

2015-S6715

- Introduced

- - In Committee Assembly
 - In Committee Senate

- - On Floor Calendar Assembly
 - On Floor Calendar Senate

- - Passed Assembly
 - Passed Senate

- Delivered to Governor

- Signed By Governor

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Relates to maternal depression treatment

February 09, 2016

In Assembly Committee

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Do you support this bill?