SENATE JOINT RESOLUTION 17-037


CONCERNING THE DESIGNATION OF THE FIRST WEEK OF MAY AS "NATIONAL MATERNAL MENTAL HEALTH AWARENESS WEEK".

WHEREAS, Approximately one in seven women experience pregnancy-related depression, which can occur at any time during pregnancy and up to one year postpartum, making this mental health condition the most common complication of pregnancy; and

WHEREAS, By conservative estimates, this daunting statistic means more than 600,000 women in the U.S. suffer each year from pregnancy-related depression; and

WHEREAS, According to the National Research Council and Institutes of Medicine, the effects of maternal depression on children are linked to "serious consequences, most notably impaired mother-infant bonding and long-term effects on emotional behavior and cognitive skills", and children raised by clinically depressed mothers are at risk for
later mental health problems, social adjustment difficulties, and difficulties in school, all of which place children raised by depressed mothers at greater risk for needing early intervention services and may increase their need for special education services in school; and

WHEREAS, One public health study conducted by specialists at the University of Maryland School of Public Health also found that women suffering from maternal depression had health care costs that were 90 percent higher than those of nondepressed women; and

WHEREAS, The U.S. Preventative Services Task Force recommends screening for depression in the general adult population, including pregnant and postpartum women, and screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up; and

WHEREAS, Postpartum Support International recommends screening for the presence of prenatal or postpartum mood and anxiety disorders, at the first prenatal visit, at least once in each of the second and third trimesters, and at a six-week postpartum obstetrical visit, with repeated screening at six and/or twelve months in OB and primary care settings, and the American Academy of Pediatrics also recommends maternal depression screening three times during the child's first year at well-child visits; and

WHEREAS, Pregnant women and mothers in the postpartum period are not routinely screened for maternal mental health disorders, though there are recommended screening tools, and this oversight is largely due to a shortage of and the inability for screening providers to easily find qualified healthcare providers who can offer necessary and accessible treatment, including psychiatrists, psychologists, social workers, and counselors; and

WHEREAS, In 2014, Colorado Medicaid began paying providers to conduct annual depression screenings, and this change allowed for a mother's postpartum depression screening to be conducted at her child's well-child visit in the first six months of a child's life and for the screening to be billed to the child's Medicaid coverage; and

WHEREAS, Colorado is one of ten states in the U.S. that allow for
this screening to be billed under the child's Medicaid, but unfortunately, Colorado is the only one of these states that limits this screening to once per year; and

WHEREAS, This year, Colorado's legislative Joint Budget Committee voted to increase funding for maternal mental health wellness screenings for mothers who qualify for Medicaid and Colorado's Child Health Plan Plus, and with the additional funding, these mothers will now be offered three screenings, instead of one, during the critical first year after giving birth to their children; now, therefore,

Be It Resolved by the Senate of the Seventy-first General Assembly of the State of Colorado, the House of Representatives concurring herein:

That we, the members of the Colorado General Assembly, hereby:

(1) Acknowledge that while there is much work to be done in Colorado to ensure that women have access to maternal mental health services and supports, there are also many committed healthcare providers, stakeholders, philanthropy and agencies, both locally and nationally, working to support women struggling with depression during pregnancy and postpartum; and

(2) Designate the first week of May as "National Maternal Mental Health Awareness Week" to encourage Coloradans to support mothers and their children, especially those struggling with depression symptoms, so that they can receive the services and supports needed to help themselves and their children pursue healthy, meaningful lives.

Be It Further Resolved, That copies of this Joint Resolution be sent to the National Coalition for Maternal Mental Health; Colorado Children's Campaign; Dr. Wendy Davis, Executive Director, Postpartum Support International; Ms. Beverly J. Warner; Ms. Phuonglan Nguyen, Ms. Caitlin Evard, and Ms. Mandy Bakulski, Coordinators for the Colorado Department of Public Health and Environment's Pregnancy-related Depression and Anxiety Public Awareness Campaign; Dr. Jennifer Harned Adams, Co-Coordinator, Colorado Postpartum Support International - Colorado Chapter; Emma Goforth, Maternal and Child Health Program Coordinator, Tri-County Health Department; Lisa Jansen
Thompson, Executive Director, Early Childhood Partnership of Adams County; Kate Kripke, Postpartum Wellness Center of Boulder; Ms. Lauren Bardin; American Academy of Pediatrics, Colorado Chapter; American Congress of Obstetricians and Gynecologists, Colorado Section; Colorado Academy of Family Physicians; Colorado Hospital Association; Healthy Expectations Perinatal Mental Health Program; and Colorado Children’s Healthcare Access Program.

Kevin J. Grantham
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