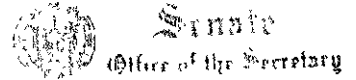


SIXTEENTH CONGRESS OF THE REPUBLIC)
OF THE PHILIPPINES)
Second Regular Session)



15 JUN -8 P4 :34

SENATE
S. No. 2821

RECEIVED BY: *J.*

Introduced by Senator Miriam Defensor Santiago

AN ACT
AN ACT TO PROVIDE FOR RESEARCH ON POSTPARTUM DEPRESSION
AND PSYCHOSIS

EXPLANATORY NOTE

The Constitution, Article 11, Section 15, provides:

The State shall protect and promote the right to health of the people and instill health consciousness among them.

Postpartum depression is a devastating mood disorder which strikes many women during and after pregnancy. Postpartum mood changes are common and can be broken into three subgroups: 'baby blues,' characterized by mood swings, feelings of being overwhelmed, tearfulness, irritability, poor sleep, mood changes, and a sense of vulnerability, and is an extremely common and the less severe form of postpartum depression; postpartum mood and anxiety disorders, which are more severe than baby blues and can occur during pregnancy and anytime within the first year of the infant's birth; and postpartum psychosis, which is the most extreme form of postpartum depression and can occur during pregnancy and up to twelve months after delivery, and its symptoms include losing touch with reality, distorted thinking, delusions, auditory hallucinations, paranoia, hyperactivity, and rapid speech or mania.

Although experts offered theories that might explain this disorder, the causes of postpartum depression are complex and unknown at this time. Furthermore, it is estimated that there were 126,826 cases of postpartum depression in the Philippines in 2004, but this number has been heavily measured through statistical extrapolation rather

than an actual count. This complete lack of statistics and information concerning this disorder is alarming. If this disorder goes undiagnosed and/or untreated, postpartum depression can lead to further depression, substance abuse, loss of employment, divorce and further social alienation, self-destructive behavior, or even suicide. Other known sociological impacts include negative effects on the infant's physical and psychological development, child abuse, neglect or death of the infant or other siblings, and the disruption of the family.

But postpartum depression is a treatable disorder if promptly diagnosed by a trained provider and attended to with a personalized regimen of care including social support, therapy, medication, and, when necessary, hospitalization. Research and public information campaigns is valuable in the diagnosis and treatment, and could eliminate the social stigma surrounding depression and mental illness, the myth of motherhood, the new mother's inability to self-diagnose her condition, the new mother's shame or embarrassment over discussing her depression so near to the birth of her child, the lack of understanding in society and the medical community of the complexity of postpartum depression.¹


MIRIAM DEFENSOR SANTIAGO
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¹ This bill was originally filed in the Third Regular Session of the Thirteenth Congress, and re-filed in the First Regular Session of the Fourteenth Congress.

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Be it enacted by the Senate and the House of Representatives of the Philippines in Congress assembled:

1 SECTION 1. *Short Title.* – This Act shall be known as the “Postpartum
2 Depression Research Act”.

3 SECTION 2. *Definition of Terms.* – For the purposes of this Act, the term:

4 A. “Secretary” shall refer to the Secretary of the Department of Health;

5 B. “Postpartum conditions” shall refer to the complex combination of
6 physical, emotional, and behavioral changes that occur in a mother after
7 giving birth, ranging from mild to severe depression.

8 SECTION 3. *Research on Postpartum Depression and Psychosis.* –

9 A. *In General.* – The Secretary, acting through the Director of the National
10 Center for Mental Health (in this section referred to as the “Center”), shall
11 expand and intensify research and related activities of the Center with
12 respect to postpartum conditions.

13 B. *Coordination With Other Centers.* – The Director of the Center shall
14 coordinate the activities of the Director under subsection (A) with similar
15 activities conducted by the other national research centers and agencies of

1 the Department of Health to the extent that such centers and agencies have
2 responsibilities that are related to postpartum conditions.

3 C. Programs for Postpartum Conditions. – In carrying out subsection (A), the
4 Director of the Center shall conduct or support research to expand the
5 understanding of the causes of, and to find a cure for, postpartum
6 conditions. Activities under such subsection shall include conducting and
7 supporting the following:

- 8 1. basic research concerning the etiology and causes of the conditions;
- 9 2. epidemiological studies to address the frequency and natural history
10 of the conditions;
- 11 3. development of improved diagnostic techniques;
- 12 4. Clinical research for the development and evaluation of new
13 treatments, including new biological agents; and
- 14 5. Information and education programs for health care professionals
15 and the public.

16 SECTION 4. *Appropriations.* – The amount necessary to carry out the provisions
17 of this Act shall be included in the budget of concerned government agencies in the
18 General Appropriations Act of the year following its enactment into law and thereafter.

19 SECTION 5. *Separability Clause.* – If any provision of this Act is held invalid or
20 unconstitutional, the same shall not affect the validity and effectivity of the other
21 provisions hereof.

22 SECTION 6. *Repealing Clause.* – All laws, decrees, orders, and issuances, or
23 portions thereof, which are inconsistent with the provisions of this Act, are hereby
24 repealed, amended or modified accordingly.

1 SECTION 7. *Effectivity Clause.* – This Act shall take effect fifteen (15) days after
2 its publication in the *Official Gazette* or in two (2) newspapers of general circulation.

Approved,

/aml 4June2015