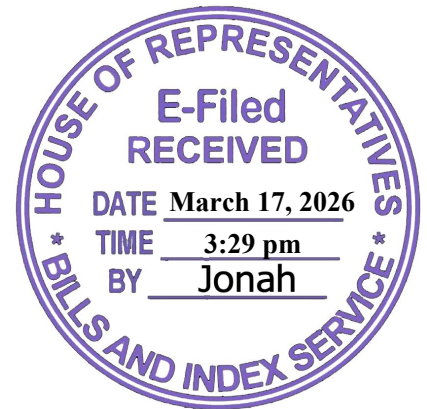


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 8617



Introduced by **HON. BRIAN RAYMUND S. YAMSUAN**

**AN ACT MANDATING THE PHILIPPINE HEALTH INSURANCE CORPORATION
(PHILHEALTH) TO DEVELOP AND PROVIDE A BENEFIT PACKAGE FOR
POSTPARTUM MENTAL HEALTH OF FILIPINO WOMEN, AND
APPROPRIATING FUNDS THEREFOR**

EXPLANATORY NOTE

“Ang ina ang ilaw ng tahanan.” This is a famous Filipino phrase referring to the central role of mothers as the heart and soul of their families. Filipino women are widely known for their strength, resilience, and willingness to sacrifice for their families and loved ones. However, behind their strength, many women quietly face personal struggles that are unseen and unspoken.

One vulnerable period in a woman’s life is the postpartum stage. Not only are there additional responsibilities of caring for a newborn, mothers also experience significant physical and mental changes.¹ Postpartum mental health refers to a woman’s well-being after giving birth.² A study on pregnant and postpartum women in the Philippines found that at least three in every five pregnant or postpartum Filipino women experienced clinically significant depressive symptoms.³ The same study found that

¹ Agustin, A. M., Briones, D. J., Mallari, M. A., Ong, C. M., Paboroquez, A., Rufino, N. L., Sanchez, J. M., Adarlo, G. (2024). Examining the Social Determinants of Seeking Help for Postpartum Mental Health. In N. Callaos, S. Hashimoto, N. Lace, B. Sánchez, M. Savoie (Eds.), Proceedings of the 15th International MultiConference on Complexity, Informatics and Cybernetics: IMCIC 2024, pp. 100-107. International Institute of Informatics and Cybernetics. <https://doi.org/10.54808/IMCIC2024.01.100>. Available at <https://archium.ateneo.edu/cgi/viewcontent.cgi?article=1049&context=hs-faculty-pubs>.

² *Id.*

³ Filoteo JA, Maravilla JC, Mاماat JE, et al. Epidemiological investigation of perinatal depression among pregnant and postpartum women: findings from a cross-sectional survey in the Philippines. *BMJ Open*. 2026;16(2):e109079. Published 2026 Feb 18. doi:10.1136/bmjopen-2025-109079. Available at <https://pmc.ncbi.nlm.nih.gov/articles/PMC12918685/#s4>

there is an elevated risk of postpartum depression among younger women and single mothers.

A number of studies have looked into the prevalence of postpartum depression among mothers in specific hospitals in the country. Their results show a varying prevalence of depression, with findings ranging from 14.5%,⁴ 22.61%,⁵ and even as high as 32.8%.⁶

Despite the prevalence of these conditions, postpartum mental health disorders are not often recognized or discussed in this country. Additionally, seeking help for mental health issues entails financial costs and may cause additional strain on new mothers and their families, making it even more difficult for postpartum women to receive the necessary mental health support.⁷ Addressing these barriers would require increasing public awareness about postpartum health conditions and improving access to affordable mental health services.

Currently, the Philippine Health Insurance Corporation's (PhilHealth) Maternity Care Package and Normal Spontaneous Delivery Package only cover post-partum care within 72 hours and 7 days after delivery.⁸ It does not cover postpartum mental health screening or treatment of postpartum depression or similar disorders, especially those that manifest or persist beyond the first week after childbirth.

While Philhealth provides benefit packages for general and specialty mental health services, there are none targeted towards the screening and diagnosis of postpartum mental health conditions in women. This gap is significant, especially because these disorders are not often talked about or widely known in the country. It is essential that Filipino mothers are not left to face these challenges alone.

⁴ De Chavez & Capco-Dichoso (2014). Prevalence Of Postpartum Depression Among Mothers Who Delivered In A Tertiary Hospital. *Philippine Journal of Obstetrics and Gynecology*, Volume 38, Number 3, pp.15-21. Available at <https://pjog.org/article-detail.php?id=15>.

⁵ Santiago, Maria & Habana, Maria. (2020). Determination of the Prevalence of Postpartum Depression and Risk Factors Among Postpartum Patients at a Tertiary Government Urban Hospital Using the Edinburgh Postnatal Depression Scale-Filipino Translation (EPDS-F): A Cross-Sectional Study. 10.21203/rs.3.rs-34244/v1.

⁶ Garcia, Roxanne Endozo1; Luna, Jericho Thaddeus P.2. Prevalence of postpartum depression among mothers in a tertiary government hospital in the Philippines during the COVID-19 pandemic. *Philippine Journal of Obstetrics and Gynecology* 48(3):p 177-184, Jul–Sep 2024. | DOI: 10.4103/pjog.pjog_17_24

⁷ Agustin, A. M., Briones, D. J., Mallari, M. A., Ong, C. M., Paboroquez, A., Rufino, N. L., Sanchez, J. M., Adarlo, G. (2024). Examining the Social Determinants of Seeking Help for Postpartum Mental Health. In N. Callaos, S. Hashimoto, N. Lace, B. Sánchez, M. Savoie (Eds.), *Proceedings of the 15th International MultiConference on Complexity, Informatics and Cybernetics: IMCIC 2024*, pp. 100-107. International Institute of Informatics and Cybernetics. <https://doi.org/10.54808/IMCIC2024.01.100>. Available at <https://archium.ateneo.edu/cgi/viewcontent.cgi?article=1049&context=hs-faculty-pubs>.

⁸ <https://www.philhealth.gov.ph/circulars/2015/circ025-2015.pdf>

To address these gaps, this measure seeks to mandate the Philhealth to develop a benefit package specifically targeted to support the postpartum mental health of Filipino women, including routine screening, diagnosis, and treatment of postpartum mental health disorders such as postpartum blues, depression, or psychosis. In addition, the DOH and PhilHealth shall also conduct nationwide information and awareness campaigns on postpartum mental health, to shed light on these concerns and promote the availability of government support services.

In view of the foregoing, the approval of this measure is earnestly sought.


BRIAN RAYMUND S. YAMSUAN
Representative
2nd District, Parañaque City

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HOUSE OF REPRESENTATIVES
Quezon City

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

SECTION 1. Short Title. – This Act shall be known as the "Postpartum Mental Health Benefits Act."

SEC. 2. Declaration of Policy. – It is the policy of the State to protect and promote the right to health of the people and instill health consciousness among them. The State also recognizes the role of women in nation-building and affirms the need to promote their health and well-being. Towards this end, the State shall provide accessible and affordable postpartum mental health services for Filipino women.

SEC. 3. Postpartum Mental Health Benefit Package. – Within one (1) year from the effectivity of this Act, the Philippine Health Insurance Corporation (PhilHealth), in consultation with the Department of Health (DOH), and key stakeholders, shall develop a benefit package to support the postpartum mental health of Filipino women. The benefit package shall cover routine screening, diagnosis, and treatment of postpartum mental health disorders.

For purposes of this Act, postpartum mental health disorders include, but are not limited to mood disturbances or disorders appearing shortly after birth, such as postpartum blues, depression, or psychosis.

SEC. 4. Information and Awareness Campaign. – The DOH and PhilHealth shall conduct nationwide information and awareness campaigns on postpartum mental health. These campaigns shall aim to educate Filipino mothers and families on the importance of postpartum care and the availability of government support services, including the benefit package provided under this Act.

SEC. 5. Implementing Rules and Regulations. - The Department of Health, in consultation with key stakeholders, shall promulgate the necessary rules and regulations to implement the provisions of this Act.

SEC. 6. Appropriations. - The amount necessary to implement this Act shall be charged against the total revenue of PhilHealth, composed of premium contributions from direct contributors and premium subsidies of the government for the indirect contributors.

SEC. 7. Separability Clause. — If any provision or part hereof is held invalid or unconstitutional, the remainder of the law or the provisions not otherwise affected shall remain valid and subsisting.

SEC. 8. Repealing Clause. — Any law, presidential decree or issuance, executive order, letter of instruction, administrative order, rule or regulation contrary to or inconsistent with the provisions of this Act is hereby repealed, modified, or amended accordingly.

SEC. 9. Effectivity. — This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,