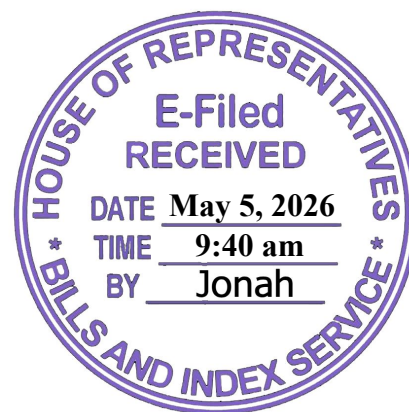


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 9082



Introduced by **Representative Ryan S. Recto**

EXPLANATORY NOTE

Beyond maternal mortality, maternal health challenges encompass a wide range of postpartum complications, including mental health conditions such as postpartum depression (PPD). Empirical evidence indicates that maternal mental health disorders are a significant and often overlooked public health concern. Studies show that at least 60 percent of Filipino mothers experience clinically significant perinatal depressive symptoms substantially higher than the global average of approximately 25 percent, as reported by the World Health Organization (WHO, 2025)¹. Despite this high prevalence, the utilization of postnatal care services in the Philippines remains critically low. While international health standards recommend at least two postnatal check-ups, only 13.5 percent of postpartum women receive an initial consultation within 3 to 41 days after delivery.²

This gap in care is largely attributed to persistent structural and sociocultural barriers, including limited access to healthcare services, a declining number of healthcare practitioners, and the enduring stigma surrounding maternal mental health conditions. Consequently, many women remain undiagnosed and untreated³, which

¹ World Health Organization, United Nations Children's Fund (UNICEF), United Nations Population Fund, World Bank & United Nations Department of Economic and Social Affairs, Population Division (2025). Trends in maternal mortality estimates 2000 to 2023: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. World Health Organization. <https://iris.who.int/handle/10665/381012>.

² Yamashita, T., Suplido, S. A., Llave, C., Tuliao, M. T., Tanaka, Y., & Matsuo, H. (2015). Understanding Postpartum Healthcare Services and Exploring the Challenges and Motivations of Maternal Health Service Providers in the Philippines: a Qualitative Study. *Tropical medicine and health*, 43(2), 123–130. <https://doi.org/10.2149/tmh.2014-40>

³ Robbins, C. L. (2023). Timing of Postpartum Depressive Symptoms. *Preventing Chronic Disease*, 20(20). <https://doi.org/10.5888/pcd20.230107>

may adversely affect not only their well-being but also the health and development of their children.

This proposed measure then seeks to institutionalize maternal mental health services within all government health facilities, integrate psychosocial support into the First 1,000 Days Program, and strengthen early detection, referral, and treatment mechanisms. It further aims to build the capacity of frontline health workers, promote public awareness to reduce stigma, and ensure adequate funding for the sustained implementation of maternal mental health programs nationwide.

It is hoped that through this measure Filipino mothers will be afforded accessible maternal mental health care, ultimately fostering healthier families and communities.

In view of the foregoing, the immediate passage of this bill is earnestly sought.



Ryan S. Recto
Representative
6th District, Batangas

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 9082

Introduced by **Representative Ryan S. Recto**

AN ACT
INSTITUTIONALIZING MATERNAL MENTAL HEALTH SERVICES IN ALL
GOVERNMENT HEALTH FACILITIES, INTEGRATING PSYCHOSOCIAL
SUPPORT IN THE FIRST 1,000 DAYS PROGRAM, PROVIDING FUNDS
THEREFOR, AND FOR OTHER PURPOSES

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

1 SECTION 1. *Short Title.* - This Act shall be known as the “*Maternal Mental*
2 *Health Support Act of 2026*”.

3 Sec 2. *Declaration of Policy.* - It is the policy of the State to uphold and protect
4 the mental health and overall well-being of Filipino women, particularly during the
5 prenatal, perinatal, postnatal, and postpartum period. The State also affirms the right
6 of all mothers to equitable access to timely, appropriate, and culturally competent
7 mental health services, free from stigma, discrimination, or other barriers to care.

8 Pursuant to Section 2 of Republic Act No. 11036, the State commits to
9 strengthening mental health services at all levels, with targeted attention to the
10 psychosocial needs of mothers and their children. Maternal mental health shall be
11 recognized as an essential component of comprehensive healthcare and public health
12 policy.

13 Sec 3. *Objectives.* - This Act aims to institutionalize maternal mental health
14 services in all government health facilities, ensuring that comprehensive and
15 accessible care is available to all mothers. It seeks to integrate psychosocial screening,
16 support, and appropriate interventions within the First 1,000 Days Program to address
17 maternal mental health needs from pregnancy through early childhood. The Act
18 further promotes early detection, timely referral, and the provision of adequate care
19 for maternal mental health conditions, while strengthening the capacity of healthcare
20 workers to deliver mental health and psychosocial support (MHPSS) services. In
21 addition, it endeavors to raise public awareness and reduce stigma surrounding
22 maternal mental health, and to ensure the allocation of sufficient and sustained

1 funding for the effective implementation of maternal mental health programs
2 nationwide.

3 Sec 4. *Definition of Terms.* - As used in this Act:

4 a) *Maternal Mental Health* refers to the emotional, psychological, and social
5 well-being of women during pregnancy, childbirth and the postpartum
6 period;

7
8 b) *Postpartum Depression (PPD)* refers to a type of depression that affects
9 some women after childbirth, marked by feelings of extreme sadness,
10 anxiety, and exhaustion which may interfere with a mother's ability to care
11 for herself and her child;

12
13 c) *First 1,000 Days Program* refers to the comprehensive initiative focused
14 on the health, nutrition, and development interventions covering the period
15 from conception to a child's second birthday. It is the government's health
16 and nutrition strategy covering the period from conception to a child's second
17 birthday;

18
19 d) *Psychosocial Support* refers to non-medical interventions aimed at
20 promoting mental well-being, including counseling, peer support, community
21 education, and referral services;

22
23 e) *Government Health Facilities* refer to all barangay health stations, rural
24 health units, city/municipal/provincial health offices, and public hospitals.

25
26 f) *Government Hospitals* refers to a hospital operated and maintained either
27 partially or wholly by the national, provincial, municipal or city government
28 or other political subdivision, or by any department, division, board or other
agency thereof.

29
30 g) *Barangay Health Worker (BHW)* refers to a person who has undergone
31 training programs under any accredited government and non-government
32 organization and who voluntarily renders primary health care services in the
33 community after having been accredited to function as such by the local
34 health board in accordance with the guidelines promulgated by the
35 Department of Health (DOH); and

36
37 h) *Basic Mental Health First Aid for Mothers* refers to structured, community-
38 based training that equips frontline maternal health workers with the ability
39 to recognize and respond to signs of maternal mental health challenges and
provide initial support or referral, until professional help is available.

40 Sec 5. *Mandatory Screening for Postpartum Depression.* - All government
41 health centers and public hospitals shall be mandated to have maternal mental health
42 screening, including for postpartum depression, as part of the standard postnatal
43 check-up. Such screening shall follow evidence-based clinical guidelines to be issued

1 by the Department of Health (DOH), and shall be administered by trained health
2 professionals or barangay health workers (BHWs) under supervision.

3 Sec 6. *Establishment of Maternal Mental Health Units.* - All Department of
4 Health (DOH)-retained hospitals, hospitals under its supervision and control, and at
5 least one (1) provincial hospital per province shall establish a Maternal Mental Health
6 Unit (MMHU) staffed with qualified mental health professionals. These units shall
7 provide:

- 8 a) Psychological evaluation and counseling;
- 9 b) Psychiatric consultation, diagnosis, and treatment services;
- 10 c) Support group facilitation for mothers; and
- 11 d) Emergency crisis intervention related to maternal mental health.

12 The Department of Health shall determine the appropriate staffing pattern and
13 develop the framework and guidelines on appropriate service capability for said units.

14 Sec 7. *Training of Frontline Health Personnel.* - The DOH, in coordination with
15 the city and municipal health offices of local government units (LGUs), the Department
16 of Social Welfare and Development (DSWD), Department of the Interior and Local
17 Government (DILG), and accredited training institutions, shall develop and implement
18 the *Basic Mental Health First Aid for Mothers Training Program*. This program shall be
19 mandatory for all barangay health workers, rural health midwives, and other relevant
20 frontline maternal health personnel.

21 Sec 8. *Integration into the First 1,000 Days Program.* - The psychosocial and
22 mental health needs of pregnant and lactating women shall be integrated into the First
23 1,000 Days Program established under Republic Act No. 11148. This shall include:

- 24 a) Routine psychological screening during pregnancy and the postpartum
25 period;
- 26 b) Counseling and support services for adolescent, pregnant, and lactating
27 women;
- 28 c) Referral protocols for moderate to severe maternal mental health conditions;
29 and
- 30 d) Family education programs promoting maternal mental health awareness.

31 The Department of Health (DOH) shall ensure that maternal mental health and
32 psychosocial support services are integrated into the National Enhanced First 1,000
33 Days Program, in collaboration with the Department of Social Welfare and
34 Development (DSWD), the National Nutrition Council (NNC), and local government
35 units (LGUs).

1 The lead coordinating body shall be the National Nutrition Council (NNC) and
2 shall update the program's operational guidelines to reflect this integration.

3 Sec 9. *Training and Capacity Building.* - The DOH, in partnership with the
4 Department of the Interior and Local Government (DILG), the Commission on Higher
5 Education (CHED), and professional health organizations, shall:

6 a) Develop and implement training modules on maternal mental health for
7 health workers;

8 b) Include maternal mental health competencies in nursing, midwifery, and
9 medical curricula; and

10 c) Certify barangay health workers and community volunteers to provide basic
11 psychosocial support.

12 Sec 10. *Information and Education Campaign.* - The Philippine Information
13 Agency (PIA), in coordination with DOH and DSWD, shall lead a nationwide education
14 and awareness campaign to:

15 a) Promote maternal mental health and psychosocial well-being;

16 b) Combat stigma and discrimination against women experiencing mental
17 health conditions.

18 c) Encourage help-seeking behavior among pregnant and postpartum women.

19 Also, the DOH, in partnership with the People's Television Network (PTV),
20 Philippine Broadcasting Service (PBS) and Philippine News Agency (PNA), shall lead a
21 nationwide, sustained public education campaign to increase awareness of maternal
22 mental health, reduce stigma associated with postpartum depression, and encourage
23 affected women to seek help. The campaign shall utilize print, broadcast, and other
24 necessary digital media and shall be cascaded in local languages and culturally
25 appropriate formats.

26 Sec 11. *Role of Local Government Units.* - LGUs shall be responsible for the
27 local implementation of maternal mental health services, including the designation of
28 mental health focal persons in health offices and the mobilization of community
29 support networks.

30 Sec 12. *Monitoring, Evaluation, and Reporting.* - The DOH, through Dr. Jose
31 Fabella Memorial Hospital—the National Maternity Hospital, in coordination with the
32 Philippine Statistics Authority (PSA), the Department of Social Welfare and
33 Development (DSWD) and the Commission on Population and Development
34 (POPCOM), shall develop indicators to monitor the incidence, diagnosis, and treatment
35 outcomes of maternal mental health conditions. They shall conduct an annual
36 monitoring of the Act and submit an annual report of its status to the Office of the
37 President and to the Joint Congressional Oversight Committee.

1 Sec 13. *Joint Congressional Oversight Committee.* – A Joint Congressional
2 Oversight Committee, hereafter referred to as the Oversight Committee, is hereby
3 constituted. The Oversight Committee shall set the overall framework to review the
4 implementation of this Act. It shall also determine the inherent weaknesses in the law
5 and recommend the necessary remedial legislation or executive measures.

6 The Oversight Committee is composed of seventeen (17) members, with the
7 chairpersons of the Committee on Health, Committee on Women and Gender Equality
8 and Committee on Social Services of the House of Representatives, and the Committee
9 on Health and Demography and Committee on Women, Children and Family and
10 Gender Equality of the Senate as co-chairpersons; and six (6) members from each
11 House, to be designated by the Speaker of the House of Representatives and the
12 Senate President, respectively.

13 The review of the implementation of this Act must include a systematic
14 evaluation of its impact, accomplishments of the program, and performance of its
15 implementing agencies. The Oversight Committee shall conduct the review every three
16 (3) years reckoned from the effectivity of this Act, or whenever deemed necessary by
17 a majority of the members of the Oversight Committee.

18 Sec 14. *Appropriations.* - The amount needed for the implementation of this
19 Act shall be charged to the current year's appropriations of the Department of Health
20 (DOH). Thereafter, such amount as may be necessary for the continued
21 implementation of this Act shall be included in the annual General Appropriations Act.

22 Sec 15. *Implementing Rules and Regulations.* - Within sixty (60) days from the
23 effectivity of this Act, the Secretary of the Department of Health, in coordination with
24 the Department of Social Welfare and Development (DSWD), Commission on
25 Population and Development (POPCOM), National Nutrition Council (NNC),
26 Department of Interior and Local Government (DILG), other relevant agencies and
27 stakeholders, shall promulgate the implementing rules and regulations (IRR)
28 necessary for the effective implementation of this Act.

29 Sec. 16. *Separability Clause.* – If any provision of this Act is held invalid or
30 unconstitutional, the other provisions not so declared shall remain in force and effect.

31 Sec. 17. *Repealing Clause.* – All laws, decrees, orders, rules, and regulations
32 contrary to or inconsistent with the provisions of this Act are hereby repealed or
33 amended accordingly.

34 Sec. 18. *Effectivity.* – This Act shall take effect fifteen (15) days after its
35 publication in the Official Gazette or a newspaper of general circulation.

36 *Approved,*