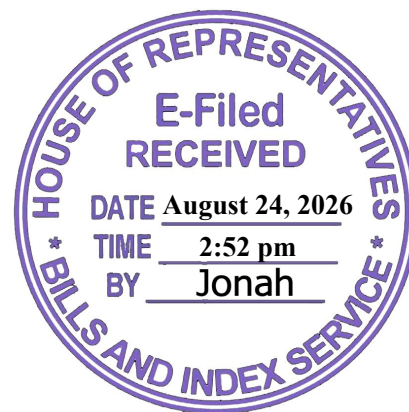




Republic of the Philippines
House of Representatives
Quezon City, Metro Manila

Twentieth Congress
Second Regular Session

HOUSE BILL NO. 10883



Introduced by Representatives Ferdinand Martin G. Romualdez, Yedda Marie K. Romualdez, Andrew Julian K. Romualdez and Jude A. Acidre

AN ACT
ESTABLISHING A NATIONAL MATERNAL MENTAL HEALTH PROGRAM, PROVIDING ACCESS TO MENTAL HEALTH SERVICES FOR PREGNANT AND POSTPARTUM WOMEN, INTEGRATING MATERNAL MENTAL HEALTH INTO PUBLIC HEALTH CARE SYSTEMS, AND APPROPRIATING FUNDS THEREFOR

EXPLANATORY NOTE

Pregnancy and the postpartum period are significant stages in a woman's life that involve profound physical, emotional, psychological, and social changes. While motherhood is often associated with joy and fulfillment, many women experience mental health challenges during this period, including depression, anxiety disorders, trauma-related conditions, and other mental health concerns. If left undetected and untreated, these conditions may adversely affect the health, safety, and quality of life of mothers, their children, and their families.

Maternal mental health conditions remain an underrecognized public health concern due to various barriers, including stigma, lack of awareness, limited access to mental health professionals, inadequate screening and referral systems, and financial constraints. Many women experiencing symptoms do not seek care because they fear judgment, discrimination, or misunderstanding of their condition. As a result, opportunities for early detection, intervention, and recovery are often missed.

Thus, this bill seeks to establish a National Maternal Mental Health Program that integrates maternal mental health services into existing maternal, newborn, child, and primary healthcare systems. It provides for routine and evidence-based screening during pregnancy and the postpartum period, standardized referral pathways, community-based support services, emergency intervention mechanisms, and continuity of care for women requiring further assessment and treatment.

Further, the measure strengthens the capacity of healthcare providers and frontline workers through competency-based training and continuing education on maternal mental health detection, intervention, referral, and stigma-sensitive care. It promotes workplace and educational support systems, community awareness programs, and the responsible use of tele-mental health services to expand access, particularly in geographically isolated and disadvantaged areas.

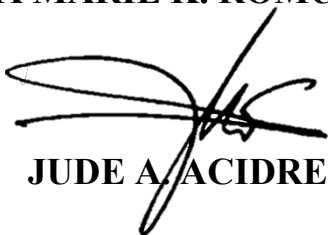
By recognizing maternal mental health as an essential component of women's health, family well-being, and public health, this bill seeks to build a healthcare system that supports mothers not only in surviving pregnancy and childbirth but also in achieving mental, emotional, and social well-being throughout the postpartum period.

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


FERDINAND MARTIN S. ROMUALDEZ


YEDDA MARIE K. ROMUALDEZ


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JUDE A. ACIDRE



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SYSTEMS, AND APPROPRIATING FUNDS THEREFOR

*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 “*Maternal Mental Health and Postpartum Care Act.*”

SECTION 2. Declaration of Policy. - It is hereby declared the policy of the State to protect and promote the physical, mental, and emotional well-being of women during pregnancy and the postpartum period by ensuring equitable access to

affordable, accessible, gender-responsive, evidence-based, and stigma-free maternal mental health services. Consistent with the constitutional duty of the State to protect and promote the right to health, the State shall integrate maternal mental health care into the national public health system, promote early detection, timely intervention, treatment, and recovery for maternal mental health conditions, strengthen community, family, and institutional support systems for mothers and their families, and reduce the stigma associated with maternal mental health through education, awareness, and coordinated public health programs.

SECTION 3. Definition of Terms. - For purposes of this Act:

(a) "Maternal mental health condition" refers to any mental, emotional, behavioral, or psychological condition that affects a woman during pregnancy or within two (2) years after childbirth, including but not limited to postpartum depression, anxiety disorders, postpartum psychosis, bipolar disorders, trauma-related disorders, substance use disorders, and other clinically recognized perinatal mental health conditions.

(b) "Postpartum period" refers to the period beginning immediately after childbirth and extending up to two (2) years after delivery for purposes of this Act.

(c) "Maternal mental health services" refer to preventive, promotive, diagnostic, therapeutic, rehabilitative, and recovery-oriented services designed to support maternal mental well-being, including mental health screening, psychological assessment, counseling, psychiatric consultation, psychosocial support, crisis

intervention, referral, treatment, follow-up care, and other appropriate mental health interventions.

(d) "Mental health screening" refers to the use of standardized, evidence-based, and culturally appropriate screening tools to identify individuals who may be experiencing maternal mental health conditions and who may require further assessment or intervention. Screening shall not, by itself, constitute a clinical diagnosis.

(e) "Evidence-based screening tools" refer to scientifically validated and culturally appropriate instruments approved or recognized by the Department of Health (DOH) for the screening of maternal mental health conditions.

(f) "Psychosocial support" refers to services and interventions that promote the psychological, emotional, and social well-being of mothers through counseling, peer support, family engagement, community-based services, and other appropriate support mechanisms.

(g) "Tele-mental health services" refer to the delivery of maternal mental health care through information and communication technologies, including telemedicine, teleconsultation, and other remote mental health services in accordance with applicable laws, rules, and regulations.

SECTION 4. National Maternal Mental Health Program. - The Department of Health (DOH), in coordination with the Philippine Commission on Women (PCW), the Department of Social Welfare and Development (DSWD), the Philippine Health

Insurance Corporation (PhilHealth), local government units (LGUs), public and private health care providers, and other concerned government agencies and stakeholders, shall establish, implement, and regularly evaluate a National Maternal Mental Health Program to ensure the delivery of accessible, equitable, evidence-based, and integrated maternal mental health services throughout pregnancy and the postpartum period.

The Program shall be integrated into existing maternal, newborn, child, and primary health care services and shall include, but not be limited to, the following:

- (a) Universal maternal mental health screening during prenatal, childbirth, and postpartum care using evidence-based screening tools approved by the DOH;
- (b) Standardized clinical guidelines, screening protocols, and referral pathways for the prevention, identification, assessment, treatment, and management of maternal mental health conditions;
- (c) Community-based counseling, psychosocial support, peer support services, and family-centered interventions;
- (d) Timely referral and access to appropriate mental health professionals, specialized care, and emergency psychiatric services for severe or high-risk cases;
- (e) Public education and awareness campaigns to promote maternal mental health literacy, reduce stigma, and encourage early help-seeking among mothers, families, and communities;

(f) Capacity-building and continuing education programs for health care workers and other service providers involved in maternal and child health;

(g) The establishment of mechanisms to ensure continuity of care, follow-up services, and coordination among health care facilities, local government units, and relevant service providers; and

(h) Monitoring, evaluation, and quality assurance mechanisms to assess program implementation, service delivery, and health outcomes, and to support evidence-based policy development and continuous program improvement.

SECTION 5. Mandatory Screening and Assessment. - All public hospitals, rural health units, barangay health stations, government-accredited maternal care facilities, and other health care providers offering prenatal, childbirth, and postpartum services shall conduct maternal mental health screening for pregnant and postpartum women using standardized, evidence-based, and culturally appropriate screening tools approved by the Department of Health (DOH).

Screening shall, at a minimum, be conducted during the following periods:

(a) The initial prenatal consultation;

(b) At least one (1) prenatal consultation during the third trimester of pregnancy;

(c) Prior to discharge following childbirth or before transfer from the health care facility, when clinically appropriate;

(d) The routine postpartum follow-up visit, including the six (6)-week postpartum checkup or its equivalent; and

(e) Such subsequent postpartum or pediatric well-child visits, within two (2) years after childbirth, as may be determined appropriate under the implementing rules and regulations, taking into consideration the mother's clinical condition and risk factors.

Mental health screening conducted pursuant to this Act shall be confidential, voluntary, culturally sensitive, non-discriminatory, and performed in accordance with applicable laws on data privacy and patient confidentiality. A positive screening result shall not, by itself, constitute a clinical diagnosis, but shall serve as the basis for further assessment, counseling, referral, or appropriate intervention by qualified health care professionals in accordance with DOH guidelines.

The DOH shall prescribe the standards, screening tools, referral protocols, documentation requirements, and quality assurance measures necessary for the effective implementation of this Section.

SECTION 6. Rights of Mothers Receiving Maternal Mental Health Services. -

Every pregnant and postpartum woman receiving services under this Act shall be entitled to the following rights:

- (a) To receive maternal mental health services that are accessible, equitable, gender-responsive, culturally sensitive, trauma-informed, and free from stigma and discrimination;
- (b) To be treated with dignity, respect, compassion, and courtesy at all times;
- (c) To receive complete, accurate, and understandable information regarding the nature, purpose, benefits, and possible risks of any screening, assessment, treatment, or intervention, and to provide informed consent in accordance with applicable laws;
- (d) To the confidentiality and privacy of personal information, medical records, and all communications relating to maternal mental health services, subject only to exceptions provided by law;
- (e) To participate in decisions concerning her care and treatment and, where appropriate, to involve her spouse, partner, family member, or chosen support person, consistent with her preferences and applicable laws;
- (f) To be referred promptly to appropriate health care providers or facilities when specialized assessment, treatment, or emergency intervention is necessary;
- (g) To receive continuity of care through appropriate follow-up services and coordinated referral mechanisms; and

(h) To be protected against discrimination, coercion, harassment, or denial of health care services on the basis of a maternal mental health condition or the seeking or receipt of maternal mental health services.

Nothing in this Act shall be construed to diminish or impair any rights guaranteed under existing laws relating to mental health, patients' rights, privacy, or the protection of women and children.

SECTION 7. Emergency Referral and Crisis Intervention. - All public hospitals, rural health units, barangay health stations, government-accredited maternal care facilities, and other health care providers providing maternal health services shall establish protocols for the timely identification, management, and referral of pregnant and postpartum women experiencing severe or urgent maternal mental health conditions.

Immediate assessment and appropriate intervention shall be provided to women presenting with, including but not limited to:

- (a) Suicidal thoughts, plans, attempts, or other indications of risk of self-harm;
- (b) Symptoms of postpartum psychosis or other severe psychiatric conditions requiring urgent evaluation;
- (c) Severe depression, anxiety, trauma-related symptoms, or other maternal mental health conditions that significantly impair daily functioning or present a risk to the mother, infant, or others; and
- (d) Other mental health emergencies as determined by qualified health care professionals in accordance with Department of Health (DOH) guidelines.

Health care facilities and service providers shall ensure the availability of appropriate referral pathways to qualified mental health professionals, emergency services, hospitals, and other specialized facilities capable of providing timely and appropriate care.

Emergency referral and crisis intervention services under this Section shall be provided in a manner that respects the dignity, safety, privacy, and rights of the mother, and shall prioritize the use of supportive, least restrictive, and clinically appropriate interventions consistent with existing mental health laws and standards of care.

The DOH shall develop national guidelines for maternal mental health crisis response, including referral protocols, coordination mechanisms among health facilities, emergency response procedures, and training requirements for frontline health care workers.

SECTION 8. Establishment of Maternal Mental Health Support Services. -

Every province and highly urbanized city shall establish or designate accessible maternal mental health support services within their respective local health systems to ensure the timely provision of preventive, promotive, curative, rehabilitative, and recovery-oriented mental health care for pregnant and postpartum women.

Such services may be provided through government hospitals, rural health units, barangay health stations, community health centers, or other accredited public or private health care facilities, and shall, where practicable, include:

- (a) Individual, group, and family counseling services;
- (b) Peer support groups and community-based psychosocial support programs;
- (c) Community-based mental health hotlines and crisis response services;
- (d) Tele-mental health services, including teleconsultation, remote counseling, and other technology-assisted mental health services, particularly for geographically isolated and disadvantaged areas (GIDAs);
- (e) Home visitation services for pregnant and postpartum women who are at risk, have limited mobility, or have difficulty accessing health care facilities;
- (f) Mobile mental health outreach services for underserved and remote communities;
- (g) Referral networks linking primary care facilities with mental health specialists, hospitals, and emergency psychiatric services to ensure continuity of care; and
- (h) Other support services that the Department of Health (DOH) may determine necessary to improve access to quality maternal mental health care.

The DOH shall issue standards and guidelines governing the establishment, operation, coordination, and quality assurance of maternal mental health support services under this Act. Local government units are encouraged to partner with accredited private health care providers, civil society organizations, academic

institutions, and community-based organizations in expanding the availability and accessibility of such services.

SECTION 9. Tele-Mental Health Services. - The Department of Health (DOH), in coordination with local government units (LGUs), the Philippine Health Insurance Corporation (PhilHealth), accredited health care providers, and other concerned stakeholders, shall promote and support the use of tele-mental health services to improve access to maternal mental health care, particularly for pregnant and postpartum women in geographically isolated and disadvantaged areas (GIDAs), underserved communities, and areas with limited availability of mental health professionals. Tele-mental health services under this Act may include:

- (a) Remote mental health screening and assessment;
- (b) Teleconsultation with qualified mental health professionals;
- (c) Remote counseling, psychosocial support, and follow-up care;
- (d) Referral coordination and case management;
- (e) Mental health education and support services for mothers and families; and
- (f) Other technology-assisted maternal mental health interventions as may be determined appropriate by the DOH.

The provision of tele-mental health services shall comply with applicable laws, rules, and regulations on patient confidentiality, data privacy, informed consent, professional standards, and the secure use of health information technologies.

The DOH shall establish standards and guidelines for the implementation, accreditation, quality assurance, and integration of tele-mental health services into

existing maternal health programs, including protocols for determining when in-person assessment or emergency referral is necessary.

SECTION 10. Capacity Building and Training. - The Department of Health (DOH), in coordination with the Department of Social Welfare and Development (DSWD), the Professional Regulation Commission (PRC), the Commission on Higher Education (CHED), concerned professional organizations, and other relevant government agencies and stakeholders, shall develop and implement competency-based education and continuing training programs on maternal mental health for health care providers and other frontline personnel.

The training programs shall be designed to strengthen the capacity of service providers in the prevention, early identification, screening, assessment, management, referral, and follow-up care of maternal mental health conditions, while promoting gender-responsive, culturally sensitive, trauma-informed, and stigma-free care.

Participants in such training programs shall include, but not be limited to:

- (a) Physicians;
- (b) Psychiatrists;
- (c) Psychologists;
- (d) Nurses;
- (e) Midwives;
- (f) Social workers;
- (g) Barangay health workers;

- (h) Community health workers and other frontline health personnel; and
- (i) Other professionals and service providers involved in maternal and child health care, as may be determined by the DOH.

The DOH shall establish minimum competency standards and training guidelines and shall ensure that continuing education and refresher training programs are conducted periodically to keep health care providers updated on current evidence-based practices and national clinical guidelines on maternal mental health.

SECTION 11. Workplace and Educational Support. - All government agencies, government-owned or -controlled corporations, and state universities and colleges employing women shall adopt and implement maternal mental wellness policies and programs to support the mental health and well-being of pregnant and postpartum employees.

Private employers are encouraged to adopt similar workplace policies, taking into consideration the size of the enterprise, the nature of its operations, and existing labor laws and regulations.

Such workplace policies and programs may include, but shall not be limited to:

- (a) Reasonable workplace accommodations and flexible work arrangements, where practicable and consistent with operational requirements;
- (b) Access to information on available maternal mental health services and appropriate referral mechanisms;

- (c) Mental health awareness, education, and stigma reduction programs for employees and supervisors;
- (d) Reintegration and return-to-work support for employees following maternity leave or mental health-related leave associated with pregnancy or the postpartum period;
- (e) Confidential access to counseling services, employee assistance programs, or mental health support services, where available; and
- (f) Measures to foster a supportive, respectful, and non-discriminatory work environment for pregnant and postpartum employees.

No employee shall be subjected to discrimination, harassment, or any adverse employment action solely on the basis of seeking, receiving, or being referred for maternal mental health services, consistent with existing labor laws and applicable civil service rules.

The Department of Labor and Employment (DOLE), the Civil Service Commission (CSC), and the Department of Health (DOH) shall jointly develop guidelines to assist employers in the implementation of workplace maternal mental wellness policies under this Act.

The Commission on Higher Education (CHED), in coordination with the DOH and concerned professional regulatory bodies, shall ensure that maternal mental health education is appropriately integrated into the curricula of medicine, nursing, midwifery, psychology, social work, and other allied health professions, consistent with national educational standards.

SECTION 12. Community-Based Awareness and Education Programs. - The Department of Health (DOH), in coordination with the Philippine Commission on Women (PCW), the Department of Social Welfare and Development (DSWD), local government units (LGUs), and other concerned government agencies and stakeholders, shall develop and implement sustained community-based awareness and education programs to promote maternal mental health and increase public understanding of maternal mental health conditions.

Such programs shall include, but not be limited to:

- (a) Public education on maternal mental health, including postpartum depression, anxiety disorders, postpartum psychosis, and other maternal mental health conditions;
- (b) Information on the signs and symptoms of maternal mental health conditions, available treatment options, and the importance of early detection and timely intervention;
- (c) Promotion of mental health literacy and stigma reduction through culturally appropriate and evidence-based information campaigns;
- (d) Education and engagement of spouses, partners, family members, caregivers, employers, and community leaders to strengthen support systems for pregnant and postpartum women;
- (e) Dissemination of information on government programs, available maternal mental health services, referral pathways, and emergency mental health resources;
- (f) Community outreach activities in geographically isolated and disadvantaged areas (GIDAs), indigenous cultural communities, and other underserved populations to improve awareness and access to maternal mental health services; and

(g) Observance of relevant national and international mental health awareness activities, as may be determined by the DOH, to promote public education and advocacy on maternal mental health.

The DOH shall encourage partnerships with civil society organizations, professional associations, academic institutions, faith-based organizations, and community-based organizations in the development and implementation of awareness and education programs under this Act.

Information, education, and communication (IEC) materials developed pursuant to this Act shall be evidence-based, culturally sensitive, gender-responsive, accessible to persons with disabilities where practicable, and made available in Filipino, English, and other local languages, as appropriate.

SECTION 13. Data Collection, Monitoring, and Research. - The Department of Health (DOH) shall establish and maintain a national maternal mental health data collection, monitoring, and evaluation system to support evidence-based policymaking, improve service delivery, and assess the effectiveness of programs implemented under this Act.

The system shall, subject to applicable laws on data privacy and confidentiality, collect and analyze data on:

- (a) The prevalence and incidence of maternal mental health conditions;
- (b) The utilization and accessibility of maternal mental health services;
- (c) Screening, referral, treatment, and follow-up outcomes;

- (d) Workforce capacity, service availability, and regional disparities in access to care;
- (e) Program implementation, quality of service delivery, and health outcomes; and
- (f) Other indicators as may be determined by the DOH for the effective implementation and evaluation of this Act.

The DOH shall regularly monitor and evaluate the implementation of the National Maternal Mental Health Program and may collaborate with academic institutions, research organizations, professional associations, local government units, and other relevant stakeholders in the conduct of research and program evaluation.

The DOH shall submit an annual report to the President of the Philippines and to Congress on the implementation of this Act. The report shall include, among others, program accomplishments, utilization of maternal mental health services, prevalence trends, implementation challenges, expenditures, identified service gaps, and recommendations for legislative, policy, or administrative action.

All personal information and medical records collected pursuant to this Act shall be processed and protected in accordance with applicable laws, rules, and regulations on data privacy, confidentiality, and the protection of patient information. The publication of reports and research findings under this Act shall not disclose information that would identify any individual patient.

SECTION 14. Monitoring and Evaluation of Program Implementation. - The Department of Health (DOH), in coordination with the Philippine Commission on Women (PCW), the Department of Social Welfare and Development (DSWD), local

government units (LGUs), the Philippine Health Insurance Corporation (PhilHealth), and other concerned agencies and stakeholders, shall establish a monitoring and evaluation framework to assess the implementation, effectiveness, accessibility, and sustainability of programs and services established under this Act.

The monitoring and evaluation framework shall include, but shall not be limited to, the assessment of:

- (a) The availability, accessibility, and utilization of maternal mental health services across regions and local government units;
- (b) The implementation and compliance of health care facilities with screening, referral, and service delivery standards;
- (c) The effectiveness of training programs and the adequacy of the maternal mental health workforce;
- (d) The effectiveness of public awareness programs in improving maternal mental health literacy and reducing stigma;
- (e) The outcomes of maternal mental health interventions, including referral completion, continuity of care, and patient satisfaction;
- (f) The adequacy and utilization of financial mechanisms supporting maternal mental health services, including PhilHealth benefits and government funding; and
- (g) Other indicators necessary to determine the effectiveness and impact of this Act.

The DOH shall conduct periodic evaluations of the National Maternal Mental Health Program and shall submit recommendations for policy improvement, program enhancement, and resource allocation based on evaluation findings.

The DOH shall make available appropriate summary reports on program implementation while ensuring that all personal and sensitive health information remains protected in accordance with applicable data privacy and confidentiality laws.

SECTION 15. Appropriations. - The amount necessary for the implementation of this Act shall be included in the annual General Appropriations Act.

Local government units are encouraged to allocate funds from their Gender and Development (GAD) budgets and health funds for maternal mental health programs.

SECTION 16. PhilHealth Coverage for Maternal Mental Health Services. - The Philippine Health Insurance Corporation (PhilHealth), in coordination with the Department of Health (DOH), shall develop, enhance, and implement benefit packages or mechanisms to ensure financial access to maternal mental health services for pregnant and postpartum women.

Such coverage shall include, subject to applicable PhilHealth policies and benefit standards:

- (a) Maternal mental health screening and assessment;
- (b) Psychological counseling, psychosocial support, and other appropriate non-pharmacological interventions;
- (c) Psychiatric consultation, diagnosis, treatment, and follow-up care for women requiring specialized mental health services;
- (d) Crisis intervention and emergency mental health services for high-risk cases;

- (e) Essential medicines and other clinically indicated treatments in accordance with approved clinical guidelines; and
- (f) Other maternal mental health services as may be determined necessary by PhilHealth and the DOH.

PhilHealth shall ensure that benefit mechanisms under this Section are accessible through accredited health care providers, including primary care facilities, hospitals, and other qualified service providers, and shall establish appropriate referral and coordination mechanisms to support continuity of care.

The DOH and PhilHealth shall periodically review the utilization, effectiveness, and adequacy of maternal mental health benefits and shall make appropriate recommendations to improve coverage, affordability, and accessibility of services under this Act.

SECTION 17. Implementing Rules and Regulations. - Within ninety (90) days from the effectivity of this Act, the DOH, in coordination with PCW, DSWD, Department of Labor and Employment (DOLE), Department of Education (DepEd), Commission on Higher Education (CHED), and other concerned agencies, shall promulgate the necessary rules and regulations for the effective implementation of this Act.

SECTION 18. Administrative Accountability. - All government agencies, local government units, public health care facilities, and government-accredited maternal care providers responsible for the implementation of this Act shall comply with the

standards, protocols, and requirements established herein and under the implementing rules and regulations issued pursuant to this Act.

Failure to comply with the mandatory provisions of this Act, including the required establishment of maternal mental health services, screening procedures, referral mechanisms, reporting requirements, and other obligations imposed upon covered government entities and facilities, shall be subject to appropriate administrative remedies in accordance with existing civil service laws, health regulations, and other applicable laws, rules, and regulations.

No health care worker shall be held administratively liable solely due to the absence of available resources, lack of access to appropriate referral facilities, or other circumstances beyond their reasonable control, provided that the health care worker acted in good faith, followed applicable protocols, and made reasonable efforts to provide or facilitate appropriate care.

The Department of Health (DOH) shall establish mechanisms for monitoring compliance, receiving reports of non-compliance, providing technical assistance, and supporting corrective actions to ensure the effective implementation of this Act.

SECTION 19. Separability Clause. - If any provision of this Act is declared unconstitutional or invalid, the remaining provisions not affected thereby shall remain in full force and effect.

SECTION 20. Repealing Clause. - All laws, decrees, executive orders, rules, and regulations inconsistent with this Act are hereby repealed or modified accordingly.

SECTION 21. Effectivity. - This Act shall take effect fifteen (15) days after publication in the Official Gazette or in a newspaper of general circulation.

Approved,