

# HOW TO SCREEN FOR PERINATAL MOOD OR ANXIETY DISORDERS

(Depression or Anxiety during the pre- or post-natal period)

## SCREENING TOOLS TO USE:

### DEPRESSION:

PATIENT HEALTH QUESTIONNAIRE 9:

- A nine-question scale based on the diagnostic criteria for major depressive episode (DSM-V)
- Tells us how often and to what degree patients experience these symptoms of depression over the past two weeks

EDINBURGH POSTNATAL DEPRESSION SCALE:

- The EPDS-10 covers the symptoms of perinatal depression, with certain questions that discuss feelings of anxiety or intrusive thoughts

### ANXIETY SCALES:

EDINBURGH POSTNATAL DEPRESSION SCALE 3:

- The EPDS-3 specifically refers to the anxiety subscale (questions 3-5) and is often paired with the PHQ-9

GENERALIZED ANXIETY DISORDER 7:

- A seven-question scale that covers the diagnostic criteria for generalized anxiety disorders
- Women experiencing perinatal depression often present with some anxiety symptoms, and someone with depression wouldn't necessarily have anxiety symptoms

### HOW TO ADMINISTER THE SCREENING TOOL:

- Start by telling parent that these are a few questions that the clinic asks all patients.
- These questions will let us know how you're coping with the changes in your life as you are expecting a new baby or life with a new baby.
- If administering verbally, ask questions in a private place with the door closed.
- If there are concerns about having a partner in the room, you may ask them to step out for a moment or to complete the screen themselves.
- If administering on paper, give parents a private place to complete the screen and go over the screen with them together.
- Emphasize that screening results are covered by privacy laws and that health and safety is of the most importance to the clinical team.
- Let the patient know that this is only a screening tool and not diagnostic – this indicates that they are experiencing stress but not necessarily that they are depressed.

### WHAT ARE THE EXPECTED RESULTS?

- 15-20% of women report mood or anxiety disorders during or after pregnancy.
- Some groups are more likely to experience a mental illness: teen parents, parents of a NICU baby, immigrants, people with prior history of mental illness.

**WHY IS THIS IMPORTANT FOR PATIENT CARE?**

- Perinatal mood and anxiety disorders affect health outcomes like birthweight and caregiver-infant bonding.
- Perinatal mental health is also connected to the success of breastfeeding and one's ability to follow through with medical recommendations for themselves and their children.
- Due to the trauma of disrupted attachment and bonding during the first years of life, children of depressed mothers are at increased risk for impaired cognitive and motor development, difficult temperament, poor self-regulation, low self-esteem, and behavior problems.

**TIPS AND TRICKS FROM A SUCCESSFUL FORMER SCREENER:**

- Welcoming smile
- Introducing yourself and job title
- Let them know you are here for support
- If in OB setting: Ask them if they know what prenatal depression is
- If in pediatric setting: Ask them if they know what postpartum depression is
- Provide psychoeducation:
  - You are not alone: 10-15% of all women experience a mental health challenge during pregnancy.
  - You are not to blame: you did nothing to cause this and this doesn't make you a bad mom.
  - With the right help, you can get better: therapy and medication are just a couple of ways to help treat depression or anxiety. We have a team here at the clinic that are here to work with you to get and stay healthy.
- Describe some of common symptoms:
  - Feeling overwhelmed or worried all the time
  - Feeling guilty
  - Feeling afraid or angry
  - Not feeling a connection with your child or others around you
  - Lack of focus
  - Unwelcome or scary thoughts that you can't control
  - Unable to sleep when the baby is sleeping
- Ask them if they have felt any of those feelings since getting pregnant/giving birth
- If they say yes, ask them in what ways have they felt that way and how they address their symptoms.
- Let them know that the first year of a baby's life can often be the most difficult/challenging.
- When they begin talking about how they have been feeling: validate their feelings, reassure them that it is completely okay to feel however they feel, use words of encouragement with all moms and congratulate the parent on making it to this appointment.
- Let them know you're here for support and how strong they are for speaking up for themselves because raising a baby is not easy.

"I don't want to screen because what if I have to report" – screening is not about getting a family in trouble. Rather, this gets the whole family the supports they need

## SAMPLE SCRIPTS

### SCREENING INTRODUCTION

#### ENGLISH

In our clinic, we believe that when a woman is healthy and well, both emotionally and physically, she has a better chance of maintaining her and her child's healthy development during her pregnancy and beyond. It is very common for new moms to experience a lot of stress in the postpartum period. For this reason, we have created a team to help support your new family.

Here are some questions we would like you to answer in order to help us help you. Please take your time and if you are unsure about what a question is asking or if you need any help answering any of the questions, please do not hesitate to ask. When all of the questions are complete, we will review the answers with you.

#### SPANISH

En nuestra clínica, creemos que cuando una mujer está sana, ambos de las emociones y del cuerpo, tiene ella más habilidad de manejar el desarrollo de su hijo y su propia salud durante y después del parto. Es común que las mujeres experimentan mucho estrés en la época después del parto. Por eso, hemos creado un equipo con la meta de apoyar a su familia.

He aquí unas preguntas. Sus respuestas nos pueden ayudar a ayudar a usted. Favor de tomar su tiempo, y si tiene alguna pregunta o quiere ayuda, estamos aquí a servirle. Cuando el cuestionario está lleno, revisaremos las respuestas con usted.

### WARM HANDOFF

Being pregnant can be an exciting time but it can also bring up additional stress. As part of our new approach, we are having all women who are pregnant briefly meet with one of our Behavioral Health providers at every trimester, beginning today. She will ask you a few questions regarding your stress level and your well-being as well as provide you with some information. This should only take a few minutes and the MA will introduce you to her after we are done.



## **Scripts for how to introduce and administer Edinburgh Postnatal Depression Scale (EPDS); how to respond if client scores below 12, above 12 and suicidal risk (question 10)**

### 1. Introducing the EPDS:

My role as your health care provider/service coordinator is to make sure that I continue to give good care to you and your baby. We know that all mothers have stress and so it's important for me to check in with you to see how you are doing with this. I'm going to ask you some questions that will help us understand together what things in your life might be stressful for you right now. We ask these ten questions to all our mothers enrolled in our program. It's important to answer these questions as best as you can as this will allow me to understand what type of help will be best for you and your baby.

### 2. Administering the EPDS:

- Ask the client to respond to each question that comes closest to how she has been feeling in the ***past 7 days***
- All 10 items need to be completed

### 3. Responding to the Results:

#### **If the total score is less than 12**

- It looks like you're doing fine. Here is a resource for you called "A Guide for Moms" which you can use to give you some extra help when you need it.

#### **If the total score is 12 or more**

- In looking at some of your answers it looks like you might be having a difficult time right now.
- Does that sound like how you are feeling?
- A lot of mothers' experience these feelings and find it helpful to get some extra help to get through a difficult time.
- Whom do you talk to when you're having these feelings?

- It can be very useful to talk to someone, like a mental health counselor, who is good at helping people figure out exactly what is causing them to feel stressed. They can also give extra support that is needed to make a person feel better.
- Let's look over this list of mental health providers and pick one that might work for you and let's set up an appointment soon for you to be evaluated.
- It's also important for your primary care provider to know what's going on with you and how you are feeling. If it's okay with you, I'd like to share this information with them so that they can also be involved in giving the best care for you during the pregnancy and after the baby is born.

4) If the client responds to Question 10 on EPDS "Thought of Harming Self" either **Yes, quite often**, or, **Sometimes**, or **Hardly Ever** :

- Discuss with client her responses and assess her safety
- Facilitate on site psychiatric evaluation, if available, or contact local Mobile Crises team
- Call EMS when necessary
- Document safety plan in client record

### **Discussing Clients Responses**

- I'd like to talk to you about one of the questions you answered on the survey.
- I noticed that you answered that during the past 7 days you have had thoughts about possibly harming yourself.
- Many mothers say they have had these feelings from time to time.
- I would like to talk with you about these feelings and see how I can help.
- Before I leave your house it's important for me to check to make sure that you are safe.

b) If the client asks you not to share her suicidal thoughts with anyone:

- Make sure that your client understands your obligation and responsibility as a health care provider
- You have a legal obligation to share this information and ensure that she and her baby are safe

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