

# Maternal Mental Health Screening and Referral

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## 1. Overview

### Purpose

To ensure that pregnant women and new mothers are screened for mental health issues and appropriate and timely support is offered.

### Scope

WDHB clinicians and social workers working in Womens Health, and Maternity Access Holders

## 2. Background

Although the incidence of mental illness is not greater for women in the perinatal period than for the adult population the nature and treatment of mental disorders differs in a number of important respects:

- There is a shifting risk/benefit relationship in the use of psychotropic medications
- Women with existing disorders may stop medication abruptly
- Women with some existing disorders may experience a relapse (e.g. Bipolar disorder)
- Treatment may need to be more urgent because of the effect on the fetus or the woman's health
- Puerperal psychosis often has a rapid and severe onset

The presence of anxiety and stress in pregnancy is associated with pre-term birth and can lead to cognitive, emotional and behavioural difficulties for the child (*Marcé Society*).

Suicide remains the leading "single" cause of maternal death in New Zealand. The PMMRC (Perinatal and Maternal Mortality review committee) recommends screening for all women.

## 3. Screening

### Frequency

Screening should occur at least once in pregnancy (as early as possible), and again at 10-14 days postpartum. Additional screening may be required if there are any changes in social and/or emotional wellbeing.

### Screening tools

Screening should include the following **three** elements:

1. Ask the woman to complete the Edinburgh Postnatal Depression Scale (EDPS). This is a 10 question survey that screens for depression. It has been found to be effective both antenatally and postnatally. The survey can be completed by the woman on paper (see Appendix 1) or online. The online tool on the "Beyond Blue" website calculates the woman's score automatically after she

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completes the questionnaire <https://www.beyondblue.org.au/resources/for-me/pregnancy-and-early-parenthood/edinburgh-postnatal-depression-scale>

2. Look for social features that may indicate stress and anxiety such as family violence, drug/or alcohol misuse, change in social situation – isolation from support, recent break-up, bereavement, financial stress.
3. Ask about mental health history, previous or current treatment for mental illness, previous PTSD, previous sexual abuse, previous serious mental illness (treatment resistant depression, bipolar disorder, psychosis, serious risk of harm), and admissions to a mental health facility

### 4. Referral to support services and or mental health services

If mental health concerns are identified there is an agreed referral pathway (Appendix 2) that can assist you to find the appropriate level of support for the woman. All women with mental health concerns should be referred to Te Aka Ora Vulnerable Families forum for consideration, so that the LMC can receive expert help and advice in planning care.

### 5. Support services

#### Virtual support

There are a number of mental health agencies and websites that you can direct women to for information and support.

[www.mothersmatter.co.nz](http://www.mothersmatter.co.nz)

[www.beyondblue.org.au](http://www.beyondblue.org.au)

[www.calm.auckland.ac.nz](http://www.calm.auckland.ac.nz)

[www.beatingtheblues.co.nz](http://www.beatingtheblues.co.nz)

[www.tabs.org.nz](http://www.tabs.org.nz)

<http://www.cherish.org.nz>

Women can download for free the “Mind the bump” app. This is a meditation tool designed to help women and couples support their emotional and mental wellbeing during pregnancy and after birth.

#### Local support

Raeburn House runs a directory of local support services; this is now available on-line or via their app:

<http://www.raeburnhouse.org.nz/information/directory-mobile-app>

### 6. References

#### Reference Table

1	Marcé International Society for Perinatal Mental Health Position Statement 2013 PSYCHOSOCIAL ASSESSMENT AND DEPRESSION SCREENING IN PERINATAL WOMEN
2	NICE Guideline - Antenatal and Postnatal Mental Health 200. National Collaborating Centre for Mental Health
3	PMMRC. 2015. <i>Ninth Annual Report of the Perinatal and Maternal Mortality Review Committee: Reporting mortality 2013</i> . Wellington: Health Quality & Safety Commission.
4	The Edinburgh Postnatal Depression Scale ( <i>British Journal of Psychiatry</i> , 150, 782-786). © 1987 The Royal College of Psychiatrists.
5.	MoH Healthy Beginnings 2012 <a href="http://www.health.govt.nz/publication/healthy-beginnings-developing-perinatal-and-infant-mental-health-services-new-zealand">http://www.health.govt.nz/publication/healthy-beginnings-developing-perinatal-and-infant-mental-health-services-new-zealand</a>

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## Appendix 1: Edinburgh Postnatal Depression Scale

	SCORE
<b>1. I have been able to laugh and see the funny side of things</b>	
<input type="checkbox"/> As much as I always have	0
<input type="checkbox"/> Not quite as much now	1
<input type="checkbox"/> Definitely not so much now	2
<input type="checkbox"/> Not at all	3
<b>2. I have looked forward with enjoyment to things</b>	
<input type="checkbox"/> As much as I ever did	0
<input type="checkbox"/> Rather less than I used to	1
<input type="checkbox"/> Definitely less than I used to	2
<input type="checkbox"/> Hardly at all	3
<b>3. I have blamed myself unnecessarily when things went wrong</b>	
<input type="checkbox"/> Yes, most of the time	3
<input type="checkbox"/> Yes, some of the time	2
<input type="checkbox"/> Not very often	1
<input type="checkbox"/> No, never	0
<b>4. I have been anxious or worried for no good reason</b>	
<input type="checkbox"/> No, not at all	0
<input type="checkbox"/> Hardly ever	1
<input type="checkbox"/> Yes, sometimes	2
<input type="checkbox"/> Yes, very often	3
<b>5. I have felt scared or panicky for no very good reason</b>	
<input type="checkbox"/> Yes, quite a lot	3
<input type="checkbox"/> Yes, sometimes	2
<input type="checkbox"/> No, not much	1
<input type="checkbox"/> No, not at all	0
<b>6. Things have been getting on top of me</b>	
<input type="checkbox"/> Yes, most of the time I haven't been able to cope at all	3
<input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual	2
<input type="checkbox"/> No, most of the time I have coped quite well	1
<input type="checkbox"/> No, I have been coping as well as ever	0
<b>7. I have been so unhappy that I have had difficulty sleeping</b>	
<input type="checkbox"/> Yes, most of the time	3
<input type="checkbox"/> Yes, sometimes	2
<input type="checkbox"/> Not very often	1
<input type="checkbox"/> No, not at all	0
<b>8. I have felt sad or miserable</b>	
<input type="checkbox"/> Yes, most of the time	3
<input type="checkbox"/> Yes quite often	2
<input type="checkbox"/> Not very often	1
<input type="checkbox"/> No, not at all	0
<b>9. I have been so unhappy that I have been crying</b>	
<input type="checkbox"/> Yes, most of the time	3
<input type="checkbox"/> Yes, quite often	2
<input type="checkbox"/> Only occasionally	1
<input type="checkbox"/> No, never	0
<b>10. The thought of harming myself has occurred to me</b>	
<input type="checkbox"/> Yes, quite often	3*
<input type="checkbox"/> Sometimes	2
<input type="checkbox"/> Hardly ever	1
<input type="checkbox"/> Never	0
<b>Total</b>	

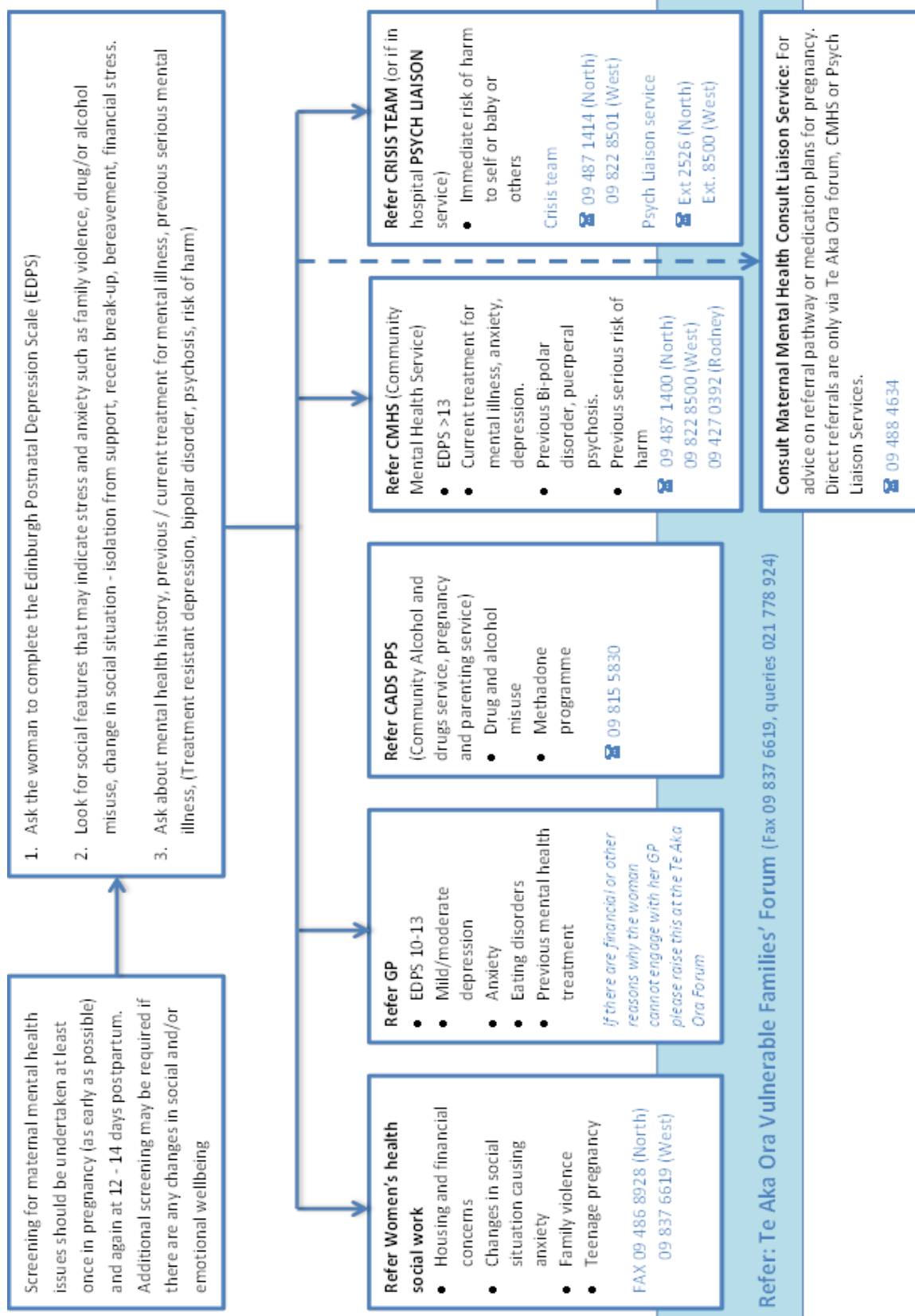
• A positive score in Question 10 needs urgent assessment

<b>Issued by</b>	Head of Division Midwifery	<b>Issued Date</b>	November 2016	<b>Classification</b>	0125-13-010
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## Appendix 2: Screening and Referral Pathway



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