

Screening for postpartum depression—research review and update

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Mothers of new babies should undergo screening for postpartum depression—preferably across healthcare locations and at multiple times up to one year after delivery, according to a research review in the *Harvard Review of Psychiatry*.

"Postpartum [depression](#) remains vastly under-diagnosed and under-treated, despite widespread consensus regarding its prevalence and potentially devastating consequences," write Dr. Erin Smith of Western Psychiatric Institute and Clinic of University of Pittsburgh Medical Center and colleagues. They analyze current research evidence on PPD [screening](#) from the psychiatrist's perspective.

Screening for PPD—What Psychiatrists Need to Know

Approximately 14.5 percent of women will experience a new episode of depression during pregnancy or in the initial months after delivery, studies report. Yet many cases of PPD go undiagnosed, and nearly half of diagnosed cases go untreated. After delivery, PPD can impede bonding with the newborn, adversely affecting the child's behavioral and emotional development.

Major obstetrics and pediatrics specialty groups recommend screening for PPD. But while there's an extensive body of research on PPD screening, it's mainly targeted to the primary care practitioners who

provide routine care for mothers and infants. Dr. Smith and colleagues review the evidence on screening tools, timing, and location—directed toward psychiatrists and other mental health professionals involved in treating PPD.

Postpartum depression is defined as symptoms of major depression developing within the first month after delivery, but the risk can persist for much longer. A key issue is distinguishing PPD from "maternity blues"—short episodes of mood swings, tearfulness, and mild depression that occur in up to 80 percent of new mothers, often within the first week after delivery.

This can make it difficult to decide how often and when to screen for PPD. Screening immediately after delivery may be less accurate, but may also improve access to psychiatric care. Screening just once after delivery may miss cases of PPD that develop later—up to one year after delivery. Women who don't experience PPD after their first pregnancy still need screening after subsequent pregnancies.

Several highly accurate questionnaires for PPD screening are available. The most commonly used tools, such as the Edinburgh Postnatal Depression Scale, can be used in a wide range of settings and take just a few minutes to perform. Other tools can provide accurate screening for PPD in just two questions.

Screening may be performed at clinics, doctor's offices, or other settings that provide care to pregnant women and their families. The pediatrician's office has been suggested as the "most logical and readily available setting"—although it may be challenging to carry out screening at routine well-baby visits. Dr. Smith and colleagues emphasize the need for close attention to new mothers with a past history of depression, in whom PPD risk increases to 25 percent.

Once PPD is suspected or recognized, referral for mental health evaluation and management is essential. Treatment may include psychotherapy, which the authors believe is a "reasonable option" for [mild depression](#); and/or medication, which they recommend for women with moderate to severe symptoms.

"Postpartum depression screening is recognized to be important for detection, feasible to carry out across locations, and useful in facilitating early diagnosis and treatment for women," Dr. Smith and colleagues conclude. They urge psychiatrists to be familiar with the screening approaches used in their area, and to be alert for possible depression in pregnant women and those with recent delivery.

"When used alone, screening does not increase the likelihood that women will receive treatment and follow-up," the researchers add. They highlight the need for further studies aimed at improving follow-up and treatment retention after diagnosis of PPD.

More information: Erin K. Smith et al. Postpartum Depression Screening, *Harvard Review of Psychiatry* (2016). [DOI: 10.1097/HRP.000000000000103](#)

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