

Much to gain from early detection of postpartum depression

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Depression after childbirth affects about one in 10 women. This type of depression has a great impact on the mother, but can also affect the development of the child. It is therefore important to identify possible

depression at an early stage. Mothers who have just given birth often find it difficult to talk about their symptoms of depression, and even healthcare professionals often do not recognize such depressions. University of Twente Ph.D. candidate and child healthcare physician Angarath van der Zee conducted research on how Preventive Child Healthcare (PCHC) centers could improve the detection of depressions. Van der Zee says: "My study showed that much is to be gained by early detection by PCHC. The number of mothers experiencing depression at nine months postpartum has decreased by up to a third."

Van der Zee indicates that more 95% of the mothers visit preventive child healthcare centers with their child several times in the first year of life. This could be an excellent opportunity to detect [depression](#) early. Furthermore, there is a reliable short questionnaire available, the Edinburgh Postnatal Depression Scale (EPDS), which the PCHC could use to screen for depression.

A significant improvement

As part of the PostUp Study, Van der Zee investigated the effect on mother and child of repeatedly using the EPDS at the PCHC center in the first six months after childbirth. Mothers completed the ten questions of the EPDS prior to the consultation. The PCHC physician discussed the outcome with the mother during the consultation. If the outcome of the EPDS signaled severe depressive symptoms, that were confirmed during the consultation, the PCHC physicians were advised to refer the mother to specialized care. If the mother had mild symptoms, she was offered a home visit by a PCHC nurse. The study showed a clear effect of the screening; at nine months postpartum, 2.5% of the mothers in the group that was screened had depression symptoms, while in the group that was not screened, 8.4% of the mothers had symptoms. In addition, mothers who were screened were more confident about their own parenting skills, had fewer anxiety symptoms, and improved general

mental wellbeing.

The study also provided pointers for improvement. For example, in the current situation with no screening, four in ten mothers who had experienced depression symptoms had been treated for these symptoms in the year after childbirth. By establishing stepped care, more mothers could be treated. Mothers with [mild symptoms](#) should be able to get easy-access support through PCHC, and mothers with more severe symptoms should be offered clear and accessible treatment, tailored to the specific situation of [mothers](#) in this period. Furthermore, the detection of symptoms of depression should be started during the pregnancy. This calls for close collaboration and coordination between midwives, maternity care nurses and PCHC.

Moreover, in addition to depression, attention should also be paid to anxiety. The study showed that the EPDS was unable to detect anxiety adequately. However, postpartum anxiety has been shown to be even more common than depression. Other ways of recognizing anxiety should therefore be sought.

Effects on the child and social impact

The effect of the screening on the social-emotional development of the child at the age of one year was not measurable in the study. A reason for this could be that the children were still young, making it difficult to measure a possible effect of screening on the development of the child using a questionnaire. Further research should be conducted to determine whether a greater focus on the interaction between mother and child in the stages after screening has a beneficial effect on the social-emotional development of the child.

Finally, the study showed that postpartum depression has a major impact on society. Mothers with depression symptoms make more use of other

healthcare services such as physiotherapy and emergency care, not only for themselves but also for their [child](#). Mothers with symptoms of depression also have higher absenteeism rates. Introducing the screening nationwide and implementing a follow-up plan could reduce this social impact.

More information: Additional information on this PhD defense can be found at postup.nl

Provided by University of Twente

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