

Postpartum Depression Screening in New Brunswick
BRIEF-September 16, 2008
Prepared in collaboration with Public Health Regions 1 and 3

Background Thirteen to 15% of new mothers suffer from postpartum depression (PPD) and many do not receive the help they need. PPD is characterized by low mood, anxiety, confusion, emotional instability, tearfulness, feelings of inadequacy, inability to cope, and suicidal ideation. PPD affects women of all socioeconomic backgrounds and can occur months after a child is born. Without diagnosis or treatment, PPD can have lasting negative effects on mothers and marital relationships. Children exposed to PPD are vulnerable to learning and behavioural problems. Lack of public awareness has made it difficult for many women to seek and receive treatment for this highly stigmatized mental illness. Many new mothers are unknowingly at risk for developing PPD. Screening will enhance the ability of service providers to identify and provide appropriate follow-up to women and their families in New Brunswick.

Goal The goal of this screening project was to answer the following questions: (1) What is the incidence of postpartum depression symptomatology among mothers who access pediatric immunization clinics in Fredericton and Moncton¹, New Brunswick? (2) What is the risk of self harm among these mothers? and (3) How many consent to follow-up?

Method The postpartum depression screening pilot project was conducted by UNB’s CHILD research team in collaboration with Public Health Regional Health Authority staff in the Fredericton and Moncton between April 2007 and March 2008. Nurses in both sites were trained to screen participants and provide follow-up care and referrals. A training manual for screening nurses and handouts for mothers were adapted from materials created by Public Health Edmonton, with the permission of the Capital Health Authority. Participation was voluntary. Mothers were screened using the Edinburgh Postnatal Depression Scale (EPDS) screening tool, which is a 10-item self-report instrument frequently used to assess postpartum depression symptomatology. Scores of 9 or greater are appropriate for follow-up in community screening and scores of 12 or greater are indicative of probable major PPD. Mothers scoring 9 or greater received appropriate referrals and information including physician and/or mental health referrals and information about PPD and available resources. All women who scored 12 or above received telephone support and referrals (by consent) from the screening nurse.

Results

Location	Total screened	EPDS 9+	Positive for self harm	EPDS 12+ ²	Positive for self harm
Fredericton	109	24 (22%)	7 (29%)	12 (11%)	5 (42%)
Moncton	299	55 (18%)	19 (35%)	34 (12%)	14 (42%)

¹ Not all infants are immunized in the PIC clinics; the proportion varies by region.

² This group is also counted in the EPDS 9+ category.



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Fredericton A total of 109 mothers were screened. Twenty-four (22%) of these mothers scored greater than nine on the EPDS screening tool indicating moderate to high levels of postpartum depression, and 16 (67%) agreed to a follow-up call from the screening nurse. Seven (29%) of the mothers who scored greater than 9 on the EPDS screen scored positively for thoughts of self-harm (i.e., sometimes, quite often, or hardly ever). Twelve of the 109 mothers (11%) had an EPDS score of 12 or higher, the cut-off for highly symptomatic cases of PPD, and 10 (83%) of these agreed to follow-up. Five of the mothers (42%) scoring at or above 12 scored positively for thoughts of self-harm.

Moncton A total of 299 mothers were screened. Fifty-five (18%) of these mothers scored nine or higher on the EPDS screening tool indicating moderate to high levels of postpartum depression, and 36 (66%) agreed to a follow-up call from the screening nurse. Of the mothers who scored greater than 9 on the EPDS screen, 19 (35%) scored positively for thoughts of self-harm (i.e., sometimes, quite often, or hardly ever). Thirty-four of the 299 mothers (12%) scored 12 or higher on the EPDS screen, the cut-off for highly symptomatic cases of PPD and 30 (88%) of these agreed to follow-up. Fourteen mothers reported thoughts of self-harm, representing 42% of mothers with EPDS scores of 12 or higher.

Conclusion and Recommendations

The findings are consistent with other postpartum depression screening studies (e.g. Gaynes et al., 2005), suggesting that early identification and prompt treatment of PPD is needed in New Brunswick to reduce the potential negative effects on maternal wellbeing and children's development. Widely recommended for new mothers, universal screening and follow-up for PPD reduces the stigma associated with this mental illness by normalizing the issue and increasing public awareness. The *New Brunswick Provincial Health Plan (2008-2012)* recognized the importance of reproductive health and early childhood development. As part of the Early Childhood and Youth Strategy, the government plans to support the development of strategies to reduce stigma around PPD and screen women during the postpartum period to facilitate their access to appropriate services. This pilot study forms the foundation for the government's new policy initiatives. Universal screening for postpartum depression by public health nurses in New Brunswick will enhance the ability of service providers to identify mothers symptomatic for PPD and provide appropriate and timely follow up care and referrals.

Summary of Recommendations

- ***Prenatally, increase awareness*** about PPD and its negative implications for families and children's development by providing information about PPD to expectant mothers and fathers, in for example, prenatal class curricula and media campaigns.
- Provide PPD information to mothers in ***hospital discharge packages***. All mothers should receive: easy to read information about PPD, a checklist of PPD symptoms (e.g. EPDS self-screening tool), and a list of postnatal resources available in their communities. These resources could also be made available on the ***GNB website***.
- Conduct ***universal screening*** of mothers for PPD (using EPDS) at six to eight weeks postpartum and provide follow-up by public health nurses. This is contingent on government allocation of the additional ***public health nursing resources*** and training required to provide extended services.
- Provide information and ***training for health care providers***, including nurses, physicians, and social workers about how to recognize and respond to PPD.
- To ensure timely and appropriate treatment, establish a ***joint public health/mental health protocol*** for fast tracking mental health referrals for mothers identified through public health screening as symptomatic for PPD.

UNB's CHILD Studies Program would be pleased to continue the successful collaboration established with Public Health to develop programming and evaluation tools to support families affected by PPD.