

Postpartum Depression Education Module: Key Points for Clinical Practice

Providing Respectful and Responsive Care (Values, Beliefs and Attitudes, Patient and Family Centred Care, Diversity and Indigenous Peoples)

- our attitudes, whether we are conscious of them or not, have a direct and significant impact on the people around us and the care we provide(1)
- self-reflection of individual values, beliefs and attitudes, personally and professionally, is the foundation for providing PFCC and developing or improving cultural competence(1,2)
- respecting a mother's values, beliefs and attitudes may create a supportive and safe environment where you can better support her in making informed decisions(3–7)
- providing unbiased and collaborative care that is respectful of, and responsive to a mother's needs and values builds confidence and self-efficacy; improving health and wellbeing(4,8)
- The core concepts of PFCC are:
 - respect and dignity
 - information sharing
 - participation
 - collaboration
- it's unrealistic to expect that any one health care professional will have complete knowledge of all cultures or to think that all members of any one cultural group will have the same values, beliefs and attitudes(1,9)
- however, it's important to understand that culture can affect beliefs and behaviours related to providing and receiving care(1)
- respecting a mother's values, beliefs and attitudes may create a supportive and safe environment where you can better support her in making informed decisions(3–7)
- providing unbiased and collaborative care that is respectful of and responsive to a mother's needs and values builds confidence and self-efficacy, improving her health and wellbeing(4,8)
- several factors and historical actions in Canada that have influenced Indigenous Peoples' access to health care that may increase the likelihood of PPD and affect an Indigenous mother's desire to participate in PPD screening
- it's important to consider a mother's values, beliefs and attitudes during interactions with the mother and while screening for PPD or offering referral for assessment and followup care

Mental Health Concepts

- mental health is affected by individual attributes, social circumstances and environmental factors(10)
- mental illness, just like any other illness, is diagnosable and is caused by biological, developmental and/or psychosocial factors(10)
- the two most common mental illnesses across the lifespan are depression and anxiety disorders(11)
- capitalizing on existing supports are important in mitigating the experience and impacts of postpartum depression and anxiety(12–14)
- self-care behaviours including healthy nutrition, physical activity, sleep, time for self and seeking support may help to lessen the symptoms of depression and contribute to maintaining positive mental health(15,16)
- PPD is an example of a mental illness(17)
- self-care can help lessen the symptoms of depression and postpartum blues and contribute to positive mental health(15,18,19)
- the experience of pregnancy and parenthood is unique for each mother and is influenced by the stability of her relationships, social networks and supports(7)

Mental Illness during the Perinatal Period

- it is estimated without routine, standardized screening, up to three-quarters of mothers with depression or anxiety disorders are not identified and only one in 10 mothers requiring health care receives it(20–22)
- depression during the postpartum period is estimated to affect up to 15% of mothers(23–26)
- whether symptoms are mild, moderate or severe, maternal mental illness can have a significant impact on all aspects of a mother's life; affecting her infant, partner, and family(27–29)
- stigma related to mental illness can lead to low rates of help-seeking; lack of access to care, diagnosis and treatment; and social marginalization affecting employment, income and families(30,31)
- health literacy plays an essential role in determining help-seeking behaviour and it's suggested to be the driving force in acceptability of treatment(31)
- postpartum blues occur in approximately 80% of mothers; symptoms are often brief and mild and resolve within a week or two after childbirth(18,32).
- PPD is a form of a major depressive disorder and can be mild, moderate or severe(7,17)
- PPD symptoms generally appear within the first four weeks after childbirth; however, they can occur anytime up to one year after childbirth(17,18).
- major risk factors of PPD are a personal history of depression, family history of depression and PPD with a previous pregnancy(18)
- many mothers experience anxiety disorders during the perinatal period and it's usually closely linked with depression(18)
- like depression, untreated anxiety has a significant impact on all aspects of a mother's life; affecting her infant, partner, and family(27–29)
- postpartum psychosis is a medical emergency(19)

PPD Screening

- opportunistic PPD screening is offered routinely to all eligible mothers during the first Public Health Well Child Clinic visit and may be offered anytime up to 12 months postpartum as indicated
- a mother's choice to participate in PPD screening is voluntary
- screening is offered using *EPDS* in English or a validated translated version or *Postpartum Depression-Alternate Questions*
- cut-off score for validated translated versions is lower than English *EPDS* to optimize sensitivity; the score of 10 has been validated for all groups when screening for possible depression and aligns with other provinces
- a referral for further assessment may be considered when interactions with the eligible mother indicate that the likelihood of depression may be higher than the score indicates
- a referral will be offered if the *EPDS* English score is 13-30 or *EPDS* validated translated version score is 10-30
- the *Postpartum Depression – Alternate Questions* are used to facilitate a referral for depression and/or suicide risk assessment when completing the *EPDS* is not possible
- the manner in which PPD screening is introduced can affect the outcome(18,30,31,33)
- its best practice that ALL interpretation is provided by an *AHS Telephone Interpretation Services (language line)* interpreter
- societal beliefs and opinions of friends and family members may affect a mother's perception, help-seeking behaviour and coping mechanisms as they relate to PPD, thereby influencing the responses provided(30,31,34)
- when a mother is screened for PPD, refer to the corresponding referral flowchart(s) to interpret scores and identify nursing actions
- use clinical judgment in conjunction with interactions with the mother to guide shared decision making regarding nursing actions, including rescreening, followup timeframe, and support or referral options
- *Family Support Plan* is a one-page personalized plan of coping strategies and available resources
- routine screening of ineligible mothers and partner's depression is not within the current scope of the *Public Health Postpartum Depression Screening Policy and Guidelines*
- ineligible mothers may still be at risk of PPD; while ineligible mothers are not offered routine screening, the public health nurse will use clinical judgment if signs and symptoms of depression are present to determine how to best support them
- a partner's depression may be associated with a new mother's distress or the early parenthood experience(7) and has shown to have similar impacts as maternal depression(18,35)
- partners are not offered routine screening, use clinical judgment if signs and symptoms of depression are present to determine how to best support them
- tools, resources and nursing actions that may be used to support ineligible mothers and partners who are not offered routine screening may include, but are not limited to: *Postpartum Depression - Alternate Questions, Suicide Risk Referral Flowchart and User Guide, anticipatory guidance, Family Support Plan, Healthy Parents, Healthy Children and AHS PPD webpage (www.ahs.ca/ppd)*

- if the *Postpartum Depression - Alternate Questions* and/or *Suicide Risk Referral Flowchart* are used, follow the nursing actions outlined on the referral flowchart used
- the Public Health PPD referral process may be used for both eligible and ineligible mothers
- evidence suggests that EPDS cut-off scores for fathers may be lower than cut-off scores for mothers, but have not been validated, therefore, at this time using the EPDS with fathers is not recommended
- if a mother declines PPD screening consider the following: refer to *Healthy Parents, Healthy Children*, use clinical judgment to determine if further discussions and/or actions are appropriate, inform her physician, reassure and normalize symptoms of PPD and encourage to speak to someone if she is feeling overwhelmed or has concerns

Suicide Risk

- question 10 of the *EPDS* (English and validated translated versions) and Question 3 of the *Postpartum Depression - Alternate Questions* asks about 'harm' yet does not identify suicidal ideation
- If eligible mother declines to participate in the Suicide Risk Referral Flowchart discussion, following the nurse actions outlines for when likelihood of depression is:
 - considered high, using the *EPDS* English version (13-30 EPDS score); or
 - possible, using the *EPDS* validated translated version (10-30 EPDS score); or
 - possible, using the *Postpartum Depression – Alternate Questions*
- the use of clear and direct language concerning suicide contributes to reducing the stigma that is associated with it
- a previous suicide attempt is the most important risk factor for suicide(36–39)
- the level of risk increases with the amount of plan detail included and the ease with which the mother can provide the details of her plan
- the presence of any psychiatric disorder, such as depression, is the second most significant risk factor for suicide(32,36,37,40,41)
- approximately 90% of people who died by suicide had a psychiatric illness (e.g., depression, bipolar)(36–41)
- protective factors enable a person to protect their mental health and can buffer from suicidal thoughts and behaviour(37,42,43)
- **high risk:** *suicidal thoughts with a plan or suicidal thoughts and lack of identified protective factors*
- **moderate risk:** *suicidal thoughts, no current plan and able to identify protective factors*
- if **crisis services** are **available** and will support the mother's transition and welfare, follow facility, program or zone policy and procedures - document nursing actions taken in electronic medical record
- if **crisis services** are **not available** or are unable to support the mother's transition and welfare, follow the *Suicide Risk Referral Flowchart* nursing actions
- zones may have crisis-related services to support a mother who is at risk of suicide, including mental health professionals and/or crisis or mobile teams

Consent

- whenever possible and practical, obtain verbal consent to notify primary contact (e.g., partner/family member or designated individual) to inform them of the mother's condition and/or location
 - document verbal consent and any disclosure of health information in the electronic medical record
 - disclosure should not occur if it is known to be against the mother's wishes
 - use clinical judgment to determine who to contact about the welfare of the mother if it will minimize the threat to the mother (e.g., domestic violence)
- consent is not required to disclose health information about the mother to a health care professional providing continuing treatment and care
- consent is not required to disclose health information when there are reasonable grounds to believe the disclosure will prevent or minimize an imminent danger to the health or safety of the mother
 - three criteria must be satisfied for the legal definition of "imminent danger" to exist:
 - **clarity:** the intended victim or group of victims must be sufficiently identifiable;
 - **danger:** the danger to the victim must be serious bodily harm or death;
 - **imminence:** the risk must be serious and a sense of urgency must be created by the threat of danger; the risk could be a future risk but must be serious enough that a reasonable person would be convinced that the harm would be carried out
- consent is not required to notify the mother's primary contact, other appropriate person or *Child and Family Services* to arrange for someone to care for or keep the mother's children safe
 - if the eligible mother's primary contact or another appropriate person to arrange for safety and care of the minor, then contact *Child and Family Services*

Postpartum Depression Treatment

- mothers who are experiencing PPD symptoms may be reluctant to engage in treatment due to stigma and societal beliefs(30,31,34)
- administering treatment or medications is not within the scope of practice of a PHN
- a broad understanding of treatment options may facilitate discussions with the mother about safe and effective treatment options, which may or may not involve pharmaceutical treatment - this may help her feel more comfortable in accessing services and engaging in effective treatment
- reassure mothers that PPD is a common condition and with treatment, the majority of mothers have positive outcomes(19)

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