

TITLE**POSTPARTUM DEPRESSION SCREENING****SCOPE**

Provincial: Public Health Well Child Clinics

DOCUMENT

HCS-229-01

APPROVAL AUTHORITY

Clinical Operations Executive Committee

INITIAL EFFECTIVE DATE

March 6, 2019

SPONSORProvincial Medical Director, Addiction & Mental Health
Senior Program Officer, Population, Public & Indigenous Health**REVISION EFFECTIVE DATE**

Not applicable

PARENT DOCUMENT TITLE, TYPE AND NUMBER

Postpartum Depression Screening Policy (HCS-229)

SCHEDULED REVIEW DATE

March 6, 2022

NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

If you have any questions or comments regarding the information in this document, please contact the Policy & Forms Department at policy@ahs.ca. The Policy & Forms website is the official source of current approved policies, procedures, directives, standards, protocols and guidelines.

OBJECTIVES

- To outline procedures that support the Alberta Health Services (AHS) *Postpartum Depression Screening Policy*.
- To provide guidance for **Public Health Nurses** who offer postpartum depression screening.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, Students, Volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary), working within Public Health Well Child Clinics.

ELEMENTS**1. Confidentiality**

- 1.1 The Public Health Nurse shall protect the privacy and security of health information and personal information in accordance with the *Freedom of Information and Privacy Act* (Alberta) and the *Health Information Act* (Alberta).
- 1.2 When contacting an **eligible mother**, administering screening, or implementing nursing actions, the Public Health Nurse shall follow relevant information and privacy policies, and use clinical judgment.

2. Nursing Assessment

- 2.1 The Public Health Nurse shall utilize **patient and family centred care** principles during interactions with the eligible mother to create a safe and supportive environment.
- a) The Public Health Nurse shall consider other determinants of health to reduce potential health inequities in eligible mothers who may be at risk of postpartum depression (PPD) and vulnerable to poor health outcomes.
- 2.2 The Public Health Nurse shall respect an eligible mother's choice to accept or decline PPD screening. The purpose of PPD screening shall be explained prior to PPD screening being offered and completed. If an eligible mother declines PPD screening, then the Public Health Nurse shall:
- a) refer the eligible mother to PPD information in the Healthy Parents, Healthy Children (HPHC) resources and the external AHS PPD webpage;
- b) exercise clinical judgment in conjunction with interactions with the eligible mother to determine if further discussion and/or actions about PPD are appropriate; and/or
- c) consider notifying the **physician of record** by completing a referral if appropriate (see section 9 of this Guideline) and identifying any PPD symptoms, risk factors or risk of suicide.
- 2.3 Considerations for determining if an eligible mother is at risk of PPD include:
- a) findings from any previous comprehensive postpartum assessment(s) or interactions with the eligible mother during the Public Health Well Child Clinic visit, with particular emphasis on those factors that are commonly associated with PPD including:
- (i) emotional status / mental health (e.g., prenatal mental health concerns, previous history of depression);
- (ii) sleep/rest;
- (iii) substance use;
- (iv) response to birth experience;
- (v) mobility/activity level; and
- (vi) support network;
- b) the Edinburgh Postnatal Depression Scale (EPDS) score (see section 4 and 5 of this Guideline); and
- c) responses to the *Postpartum Depression – Alternate Questions* if applicable (see section 7 of this Guideline).

3. Postpartum Depression (PPD) Screening

- 3.1 The Public Health Nurse shall assess a mother's eligibility for PPD screening. Mothers who are not eligible for routine PPD screening include:

Criteria	Rationale
a) Mothers who have disclosed a diagnosis and are actively being treated for depression or other perinatal mood disorders.	Understanding/assumption these mothers are already being cared for appropriately.
b) Foster or adoptive mothers.	EPDS validation studies lacking for non-biological mothers.
c) Mothers who have experienced a perinatal loss.	They do not attend Public Health Well Child Clinic; these mothers are followed using other local processes or protocols.
d) Mothers who have placed their infant for adoption.	They do not attend Public Health Well Child Clinic; these mothers are followed using other local processes or protocols.
e) Mothers who had their infant apprehended or placed in care.	They do not attend Public Health Well Child Clinic; these mothers are followed using other local processes or protocols.
f) Mothers who do not attend Public Health Well Child Clinic.	Opportunistic screening is being conducted for eligible mothers who attend Public Health Well Child Clinic.

- 3.2 Ineligible mothers or mothers who do not attend Public Health Well Child Clinics may still be at risk for PPD. Although ineligible mothers and partners are not routinely screened, the Public Health Nurse shall use clinical judgment to determine how to best support them if signs and symptoms of depression are present.
- 3.3 The AHS *Edinburgh Postnatal Depression Scale* Form (English or validated translated versions) shall be routinely offered by the Public Health Nurse to all eligible mothers at the first regular Public Health Well Child Clinic visit (generally at two [2] months), and may also be offered any time up to 12 months postpartum as indicated.
- 3.4 Validated translated versions of the AHS *Edinburgh Postnatal Depression Scale* Form shall be offered in Arabic, French, Italian, Punjabi, Spanish, Traditional Chinese, and Vietnamese.

- a) A validated translated version of the *AHS Edinburgh Postnatal Depression Scale* Form shall be offered when the eligible mother has limited English or is non-English speaking.
 - b) AHS Telephone Interpretation Services (language line) shall be used to introduce and explain the validated translated versions of the *AHS Edinburgh Postnatal Depression Scale* Form to the eligible mother.
 - (i) AHS Telephone Interpretation Services (language line) shall not be used to facilitate completion of the translated versions of this form or to translate the English version into the eligible mother's preferred language.
 - c) Only self-administered, validated translated versions may be assumed to give an accurate score.
- 3.5 If completion of the *AHS Edinburgh Postnatal Depression Scale* Form (English or validated translated versions) is not possible, then Public Health Nurses shall offer the *Postpartum Depression – Alternate Questions* (see section 7 of this Guideline).
- 4. Conducting Screening using the AHS Edinburgh Postnatal Depression Scale Form (English or validated translated versions)**
- 4.1 The Public Health Nurse shall offer screening to the eligible mother, and introduce and explain the *AHS Edinburgh Postnatal Depression Scale* Form.
 - 4.2 The *AHS Edinburgh Postnatal Depression Scale* Form shall be self-administered.
 - 4.3 The Public Health Nurse shall encourage the eligible mother to complete the *AHS Edinburgh Postnatal Depression Scale* Form in private without any accompanying support people to maintain confidentiality. The Public Health Nurse shall use clinical judgment when asking others in the room to leave (see *Freedom of Information and Privacy Act* [Alberta]).
- 5. Interpreting Edinburgh Postnatal Depression Scale (EPDS) Scores**
- 5.1 Once the eligible mother has completed the *AHS Edinburgh Postnatal Depression Scale* Form, it shall be scored by the Public Health Nurse.
 - 5.2 Nursing actions are determined by respective EPDS scores (see Table 1 below and Appendix A: *EPDS Referral Flowchart*).
 - a) The Public Health Nurse shall exercise clinical judgment in conjunction with the EPDS score and interactions with the eligible mother to guide shared decision-making regarding nursing actions including re-screening, follow-up timeframe, further assessment, and support and/or referral options.

- b) 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.
- c) The Public Health Nurse shall recognize there may be societal beliefs that influence an eligible mother's perceptions, help-seeking behaviours, and coping mechanisms as they relate to PPD, thereby influencing responses provided on the *AHS Edinburgh Postnatal Depression Scale Form*.

5.3 If an eligible mother answers anything but "never" on question #10 of the *AHS Edinburgh Postnatal Depression Scale Form*, then the Public Health Nurse shall use the *Suicide Risk Referral Flowchart* (see Appendix C below) and *AHS Suicide Risk Referral Flowchart User Guide* as per section 8 of this Guideline.

Table 1: EPDS Scores, Interpretation and Nursing Actions

Score	Interpretation	Nursing Actions
Suicide risk referral		
If a mother answers anything but "never" on question #10	Possible suicide risk.	• Use the <i>Suicide Risk Referral Flowchart</i> and <i>AHS Suicide Risk Referral Flowchart User Guide</i> • Follow-up based on clinical judgment
EPDS in English		
13 - 30	The likelihood of depression is considered high and scores 13 and above require a referral for further assessment.	• Discuss screen results and any concerns • Offer referral • Develop a Family Support Plan with eligible mother • Inform of resources and services • Follow-up based on clinical judgment
10 - 12	The likelihood of depression is considered moderate (may indicate the presence of symptoms that may be distressing).	• Discuss screen results and any concerns • Identify strengths • Inform of resources and services • Follow-up based on clinical judgment
0 - 9	The likelihood of depression is considered low (may indicate the presence of some symptoms of distress that may be short-lived and are less likely to interfere with day-to-day ability to function at home or at work).	• Discuss screen results • Identify strengths • Inform of resources and services
EPDS in a validated translated version		
10 - 30	The likelihood of depression is possible.	• Discuss screen results and any concerns • Offer referral • Develop a Family Support Plan with eligible mother • Inform of resources and services • Follow-up based on clinical judgment

0 - 9	The likelihood of depression is considered low.	• Discuss screen results • Identify strengths • Inform of resources and services
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6. Family Support Plan

- 6.1 The Family Support Plan is a personalized plan of coping strategies and available resources. Developing a safety plan assists the eligible mother to identify:
- warning signs that the mother may be struggling to cope;
 - coping strategies the mother may find calming and comforting to decrease level of risk;
 - friends, family, and community supports that can be called on to help; and
 - other **health care professionals** and agencies that can be contacted for support.
- 6.2 The Public Health Nurse shall develop a Family Support Plan with the eligible mother when:
- likelihood of depression is considered high, using the English version of the AHS *Edinburgh Postnatal Depression Scale* Form (13-30 EPDS score);
 - likelihood of depression is possible, using a validated translated version of the AHS *Edinburgh Postnatal Depression Scale* Form (10-30 EPDS score);
 - the risk of suicide is considered moderate and the mother is not deemed to be in imminent danger, using the *Suicide Risk Referral Flowchart* (see Appendix C below) and the AHS *Suicide Risk Referral Flowchart User Guide*; or
 - when appropriate, based on the Public Health Nurse's clinical judgment.

7. Use of Postpartum Depression – Alternate Questions

- 7.1 The Public Health Nurse shall use the *Postpartum Depression – Alternate Questions* to facilitate a referral for a depression and/or suicide risk assessment (see Appendix B: *Postpartum Depression – Alternate Questions Referral Flowchart*) when:
- it is not possible to complete the AHS *Edinburgh Postnatal Depression Scale* Form in English or using a validated translated version. Possible reasons for not completing the form include but are not limited to, a physical inability to self-administer the form, comprehension, literacy, or

the unavailability of a validated translated version in the eligible mother's preferred language; and

- b) the Public Health Nurse's clinical judgment in conjunction with interactions with the eligible mother has determined that a discussion about PPD is appropriate.

7.2 The *Postpartum Depression – Alternate Questions* shall be delivered verbally.

7.3 The AHS Telephone Interpretation Services (language line) shall be used to facilitate administration of the *Postpartum Depression – Alternate Questions* when the eligible mother has limited English or is a non-English speaking or reading person.

7.4 Nursing actions are determined by responses (see Table 2 below).

- a) The Public Health Nurse shall exercise clinical judgment in conjunction with interactions with the eligible mother to guide shared decision-making regarding nursing actions including re-screening, follow-up timeframe, further assessment, and support and/or referral options.
- b) The Public Health Nurse shall recognize there may be societal beliefs that influence a mother's perceptions, help-seeking behaviours, and coping mechanisms as they relate to PPD, thereby influencing responses provided.

7.5 The Public Health Nurse shall ask a risk of harm question (question #3 of *Postpartum Depression – Alternate Questions*). If the eligible mother answers "yes", the Public Health Nurse shall use the *Suicide Risk Referral Flowchart* (see Appendix C below) and AHS *Suicide Risk Referral Flowchart User Guide* as per section 8 of this Guideline.

7.6 The Public Health Nurse shall consider developing a Family Support Plan with the eligible mother when there is likelihood of depression.

Table 2: Postpartum Depression – Alternate Questions, Interpretation and Nursing Actions

Response	Interpretation	Nursing Actions
Risk of Harm Question (Q3)		
Answers "YES" to Risk of Harm Question	Possible suicide risk	- Use the <i>Suicide Risk Referral Flowchart</i> and AHS <i>Suicide Risk Referral Flowchart User Guide</i> - Follow-up based on clinical judgment
Postpartum Depression Questions (Q1 and Q2)		
Answers "YES" to one or both questions	The likelihood of depression is possible	- Offer referral - Consider developing a Family Support Plan with the eligible mother - Inform of resources and services - Follow-up based on clinical judgment

Answers "NO" to both questions	The likelihood of depression is considered low	- Identify strengths - Inform of resources and services
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8. Suicide Risk Referral Flowchart and User Guide

- 8.1 The *Suicide Risk Referral Flowchart* (see Appendix C below) and *AHS Suicide Risk Referral Flowchart User Guide* shall be used to facilitate a referral for a suicide risk assessment in the event that:
- an eligible mother accepts screening and answers anything but "never" on question #10 of the *AHS Edinburgh Postnatal Depression Scale* Form;
 - an eligible mother answers "yes" on question #3 (risk of harm) of the *Postpartum Depression – Alternate Questions* (see Appendix B below); or
 - the Public Health Nurse identifies risk factors and/or signs of suicidal ideation.
- 8.2 An eligible mother's choice to accept or decline to answer questions about suicide risk shall be respected. If an eligible mother declines to participate in this discussion, then the Public Health Nurse shall follow the nursing actions for when:
- likelihood of depression is considered high, using the English version of the *AHS Edinburgh Postnatal Depression Scale* Form (13-30 EPDS score) (see Table 1 above);
 - likelihood of depression is possible, using a validated translated version of the *AHS Edinburgh Postnatal Depression Scale* Form (10-30 EPDS score) (see Table 1 above); or
 - likelihood of depression is possible, using the *Postpartum Depression – Alternate Questions* (see Table 2 above).
- 8.3 If it is determined that risk of harm (question #10 of the *AHS Edinburgh Postnatal Depression Scale* Form or question #3 of *Postpartum Depression – Alternate Questions*) does not refer to suicidal ideation, then the Public Health Nurse shall refer to the screening flowchart used (see Appendix A: *EPDS Referral Flowchart* or Appendix B: *Postpartum Depression – Alternate Questions Referral Flowchart*) for nursing actions.
- 8.4 The Public Health Nurse shall develop a Family Support Plan with the eligible mother when the risk of suicide is considered moderate and when the mother is not deemed to be in imminent danger.
- 8.5 The Public Health Nurse should, whenever possible and practical, obtain consent to notify a primary contact (e.g., partner / family member or designated individual) to inform them of her condition and/or location.

- a) The Public Health Nurse shall document consent and any disclosure of health information in the electronic medical record.
 - b) Disclosure should not occur if it is known to be against the mother's wishes.
 - c) The Public Health Nurse should 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).
- 8.6 Consent is not required to disclose health information about the mother to a health care professional providing continuing treatment and care.
- 8.7 Consent is not required to disclose health information when the Public Health Nurse has reasonable grounds to believe the disclosure will prevent or minimize an imminent danger to the health or safety of the mother.
- a) Three (3) criteria must be satisfied for there to be "imminent danger" to an adult, including clarity, danger and imminence.
- 8.8 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.
- a) If arrangements need to be made for someone to look after a minor, the primary contact should be informed. If the Public Health Nurse cannot locate the eligible mother's primary contact or another appropriate person to arrange for safety and care of the minor, then the Public Health Nurse shall contact Child and Family Services.

9. Identifying Referral Options and Follow-up

- 9.1 The Public Health Nurse shall consider the following factors when guiding shared decision-making to determine the appropriate referral options and follow-up with the eligible mother:
- a) clinical judgment in conjunction with interactions with the eligible mother; and
 - b) availability of resources and services specific to the Zone.
- 9.2 The Public Health Nurse shall:
- a) refer an eligible mother for further assessment who may be at risk for PPD or risk of suicide; or
 - b) inform the physician of record of a referral to a health care professional or emergency department; and/or

- c) inform the physician of record of PPD symptoms, risk factors or risk of suicide when an eligible mother has declined screening.

9.3 The Public Health Nurse shall complete a referral by:

- a) printing the completed electronic medical record public health PPD assessment page;
- b) printing an electronic medical record cover letter that includes:
 - (i) the name, designation, address, and telephone and fax number of the intended recipient;
 - (ii) the specific reason for referral or clear indication that the communication is for information only; and
 - (iii) the name, designation, address, and telephone number of the Public Health Nurse initiating the referral; and
- c) faxing the electronic medical record PPD assessment page and cover letter to the health care professional and/or physician of record.

10. Conducting Staff Education

10.1 All Public Health Nurses who conduct PPD screening shall be provided with education and training related to the care of eligible mothers on:

- a) values, beliefs, and attitudes;
- b) patient and family centred care;
- c) diversity and Indigenous Peoples;
- d) mental health concepts;
- e) mental illness during the perinatal period;
- f) PPD screening;
- g) suicide risk;
- h) PPD referral; and
- i) PPD treatment.

10.2 The Public Health Nurse shall receive staff education about PPD when commencing employment, and as needed according to the established education review patterns at each Community/Public Health Clinic.

- 10.3 Resources and tools to facilitate implementation of this Guideline will be found at the external AHS PPD webpage under 'Information for Health Professionals'.

11. Providing Parent Education

- 11.1 The Public Health Nurse shall refer all mothers and/or parents to the PPD information in the Healthy Parents, Healthy Children (HPHC) resources and the external AHS PPD webpage.

12. Documentation

- 12.1 Data elements shall be collected for surveillance purposes based on the indicators identified in the *AHS Recommendations for Standardization and Reporting of Maternal and Child Health Indicators*. Additional data elements will also be required for evaluation purposes.

DEFINITIONS

Actively being treated means a patient currently under the care of a Physician or health care professional for the treatment of depression or other perinatal mood disorders.

Eligible mother means postpartum (birth up to one year after childbirth) mothers who have not disclosed a diagnosis and are not actively being treated for depression or other perinatal mood disorders, have not experienced a perinatal loss, are not foster or adoptive mothers, have not placed their infant for adoption, and have not had their infant apprehended or placed in care. Ineligible mothers shall be followed using local processes or protocols.

Health care professional means an individual who is a member of a regulated health discipline, as defined by the *Health Disciplines Act* (Alberta) or the *Health Professions Act* (Alberta), and who practises within scope and role.

Patient and family centred care means care provided working in partnership with patients and families by encouraging active participation of patients and families in all aspects of care as integral members of the patient's care and support team, and as partners in planning and improving facilities and services. Patient and family centred care applies to patients of all ages and to all areas of health care.

Physician of record means the one who has primary responsibility and authority for the medical care of a patient. In community settings, this will likely mean the family physician or general practitioner; in acute care settings, this may mean the admitting and/or following physician, or a hospitalist. As a patient flows through the continuum of care, the physician of record may change with the type of service provided.

Public Health Nurse means all regulated members of the College and Association of Registered Nurses of Alberta (CARNA) who deliver public health services under the authority of the Medical Officer of Health of Alberta Health Services.

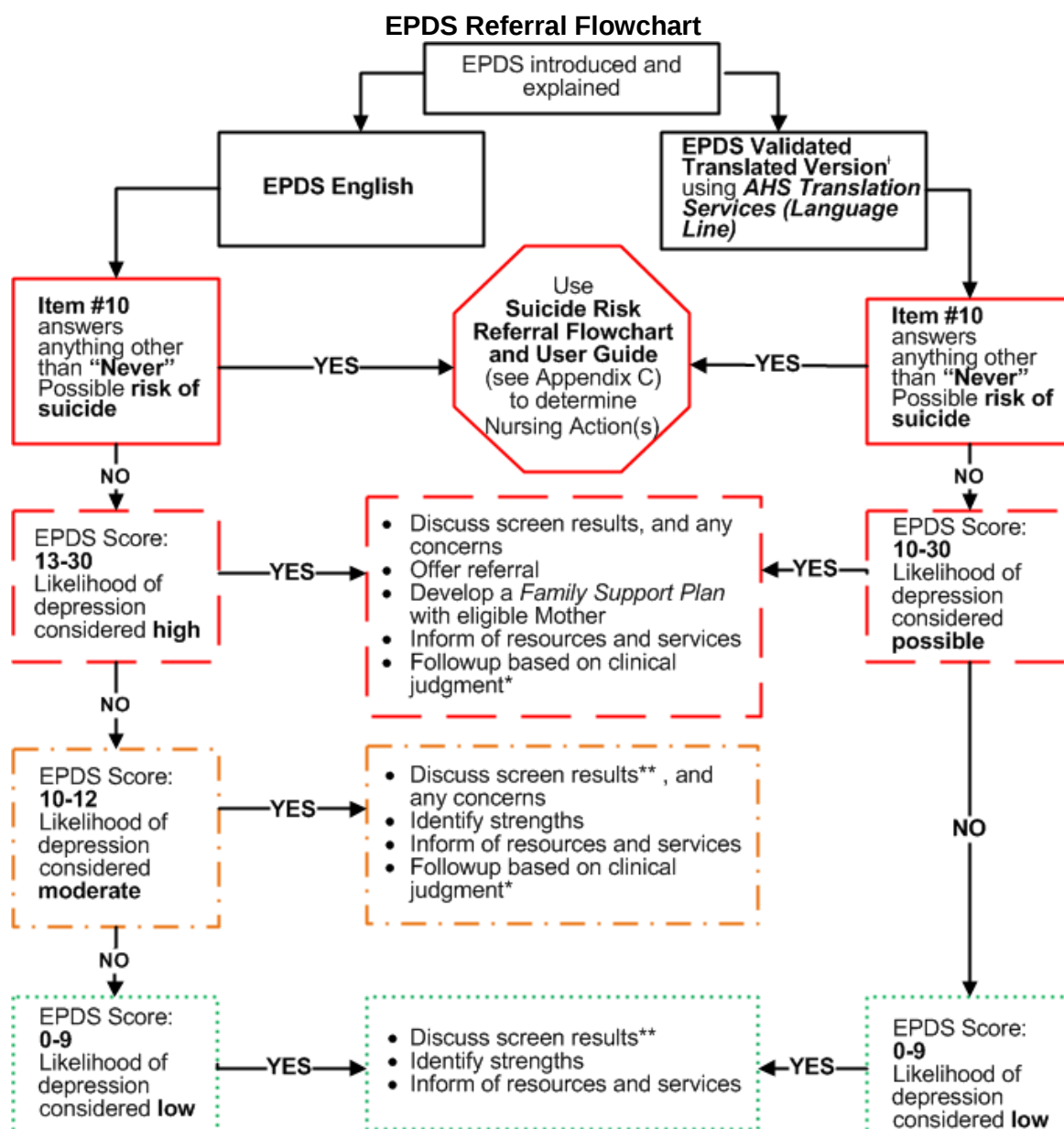
REFERENCES

- Appendix A: *EPDS Referral Flowchart*
- Appendix B: *Postpartum Depression – Alternate Questions Referral Flowchart*
- Appendix C: *Suicide Risk Referral Flowchart*
- Alberta Health Services Governance Documents:
 - *Postpartum Depression Screening Policy* (HCS-229)
- Alberta Health Services Forms:
 - *Edinburgh Postnatal Depression Scale* (English and validated translated versions) (#21183)
- Alberta Health Services Resources:
 - *Recommendations for Standardization of Maternal and Child Public Health Indicators*
 - *Suicide Risk Referral Flowchart User Guide*
- Non-Alberta Health Services Documents:
 - *Children First Act* (Alberta)
 - *Freedom of Information and Privacy Act* (Alberta)
 - *Health Information Act* (Alberta)

VERSION HISTORY

Date	Action Taken
August 14, 2019	Non-substantive change
Click here to enter a date	Optional: Choose an item

APPENDIX A

**Note:**

*The public health nurse shall exercise clinical judgment in conjunction with *EPDS* score and interactions with the eligible mother to guide shared decision making regarding nursing actions including rescreening, followup timeframe, further assessment, and support and/or referral options.

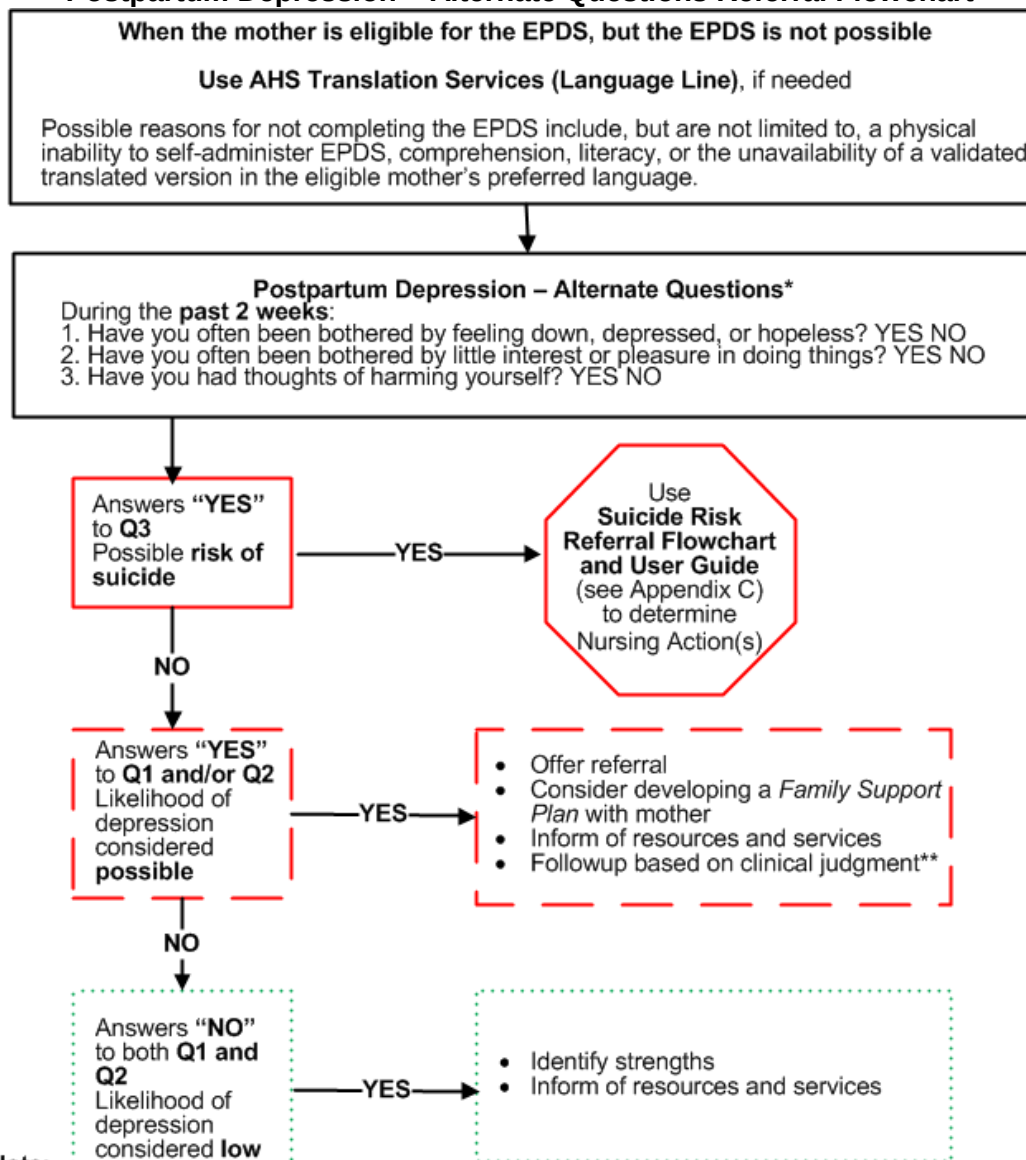
**A referral for further assessment may be considered when interactions with the eligible mother indicate that the likelihood of depression may be higher than the score indicates. A referral shall be offered if the *EPDS* English score is 13-30 or *EPDS* validated translated version score is 10-30.

¹Validated Translated Versions available in:

Arabic, French, Italian, Punjabi, Spanish, Traditional Chinese and Vietnamese

APPENDIX B

Postpartum Depression – Alternate Questions Referral Flowchart

**Note:**

*The *Postpartum Depression - Alternate Questions* are comprised of three questions: two questions are adapted from the Patient Health Questionnaire (PHQ2) and one risk of harm question. The PHQ2 enquires about the frequency of depressed mood and loss of interest or pleasure in doing things (anhedonia) over the past 2 weeks. The purpose of the PHQ2 is to screen for depression as a first step approach. Those who screen positive shall be sent for further assessment. The *Postpartum Depression - Alternate Questions* are delivered verbally and facilitated by AHS Translation Services (Language Line) when the mother has limited English or is a non-English speaking or reading person.

**The public health nurse shall exercise clinical judgment in conjunction with interactions with the eligible mother to guide shared decision making regarding nursing actions including rescreening, followup timeframe, further assessment, and support and/or referral options.

APPENDIX C

Suicide Risk Referral Flowchart

For mothers who answer:

1. anything but "never" on EPDS question #10 OR

2. "yes" to Risk of Harm question on *Postpartum Depression – Alternate Questions*Refer to **User Guide** for rationale for questions and more detailed nursing actions