Scan of Parental Mental Health Best Practice Documents

Focus on Post Partum Depression

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Objectives of Review

• To identify current international best practice guidelines

Objectives of Presentation

• Current recommendations of perinatal depression:
  • Prevention
  • Screening
  • Treatment
Review Methods

Librarian-assisted grey literature review

Search Terms:

- Guideline, recommendations, best-practice, guidance,
- Parent, mother, father, maternal, postpartum, postnatal, perinatal, prenatal, antenatal
- Mental, depression, anxiety, stress, mood, mood-disorder
- Public health

Search Limits:

- Include clinical and public health guidance
- Include high-income English-speaking jurisdictions: Canada, U.S., U.K., Europe, Australia
- Include parental mental health issues: Depression, anxiety, stress
- Exclude severe mental illness/psychoses: Schizophrenia, bipolar disorder, drug addiction
Summary of Search Findings

- 23 documents: Best Practice (10), Policy (6), Evidence Reviews (4), Environmental Scans (3).
- International: Canada (4), US (10), Australia (1), UK (7), WHO (1)
- Mixed audiences: health professionals (10), government & healthcare policy makers (9), both health professionals & gov’t/policy (4)
- Evidence and recommendation grades
  - 8 Documents incorporating grades of evidence (Australia, Scotland, UK)
Summary of Recommendations

Prevention - Antenatal period

- Provide education regarding mental health in the perinatal period.\textsuperscript{2,3,7,17}

- Discuss symptoms/signs of perinatal depression with patients.\textsuperscript{2,3,21,23}

- No clear preventative strategies for antenatal depression in the absence of risk factors.\textsuperscript{1,4}

- Where risk factors are identified, consider facilitated self-help strategies.\textsuperscript{3,19}
Summary of Recommendations

Prevention – Postnatal period

• Women who received a psychosocial or psychological intervention were significantly less likely to develop postpartum depression.¹
  • Intensive, individualized postpartum home visits provided by public health nurses or midwives.¹,⁵,⁶
  • Lay (peer)-based telephone support.¹,²
  • Interpersonal psychotherapy.¹,²
  • Facilitated self help.³

¹ Dennis C, Doswell T. Psychosocial and psychological interventions for preventing postpartum depression. The Cochrane Collaboration; 2013.
Summary of Recommendations

Prevention – Postnatal period

- Some guidelines state that preventive intervention in the postnatal period should only be undertaken if there is evidence of risk factors.³,¹⁹

- There is limited or inconsistent evidence for prevention through: structured psychological interventions, exercise and physical therapies, multi-model interventions, massage, aromatherapy-massage, music therapy.²
Screening – Antenatal Period

• All women should be screened in the antenatal period. 1,2,3,4
  • Some guidelines recommend screening on >1 occasion.2,17
  • Recommendations for timing of screening vary.

• Use of Edinburgh Postnatal Depression Scale commonly cited 2,5,7,8,10
  • Several guidelines suggested a 2-question screen (Whooley Questions)3,4,12,19,21 before proceeding with EPDS or other validated screening tool.9,16
Screening – Postnatal Period

• All women should be screened for depressions during the post natal period:
  • Once, within the 6-16 week period \(^{1,3,5}\)
  • At least once \(^{2,8,16}\)
  • Twice, at 4-6 and 12-16 weeks \(^{4,19}\)
  • Greater the 2x. \(^{7,10}\)

• For women regarded to be at high risk (those with previous or current depressive disorder), enquiry about depressive symptoms should be made at each contact. \(^{4}\)
Summary of Recommendations

Treatment

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* little variation noted between guidelines
Summary of Recommendations

Maternal Infant Relationship - Screening

• Assessing the mother-infant interaction should be an integral part of the care of women in the postnatal period. ²

• Assess the nature of this relationship, including verbal interaction, emotional sensitivity and physical care, at all postnatal contacts. ³
Summary of Recommendations

Maternal Infant Relationship - Treatment

• The evidence that is available suggests that the outcomes of parent-infant psychotherapy are positive and generally persist for six months or more after the end of treatment. ¹

• RCT evidence cited for psychotherapy, home visits and infant massage. ³

• Other discussion of the maternal-infant relationship, not resulting in specific recommendations. ¹⁰,¹¹,¹⁵,¹⁷,²¹
Paternal Mental Health in the Perinatal Period

• “The EPDS is valid for depression screening for new biological fathers. The valid and reliable timeframe for offering the EPDS to new fathers is similar to new mothers. A lower cut-off score may be considered for men as men tend to answer lower on the questions about crying” ¹
• “Psychoeducation for women and, where appropriate their significant other(s) should be a routine component of care in the perinatal period.” ²
• Other guidelines mention of paternal risk, role, involvement, without specific recommendations made. ³,⁴,¹⁰, ¹²,¹⁵, ²¹
Key Documents


Canada:


U.S.


UK:


**International**