Screening for Perinatal Mood and Anxiety Disorders

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Background and Significance

- 10% of pregnant women are affected by PMAD.[2,5,6,8]
- PMAD includes postpartum depression (PPD), psychosis, anxiety disorders, obsessive compulsive disorder, posttraumatic stress disorder, and bipolar disorder.[16]
- Risk factors: low socioeconomic status, low education, history of mental illness, delivering a preterm baby, exposure to interpersonal violence, and a lack of social support.[9]
- Symptoms: insomnia, poor nutrition, inadequate weight gain, missed prenatal visits, greater use of harmful substances, and noncompliance.[2,15]
- Complications of untreated PMAD in pregnancy and postpartum:
  - Prenatal effects like suicide, harm to self or others, preterm labor, low birth weight, and preeclampsia [4,8,12,17]
  - Postpartum and familial complications such as lack of bonding with newborn, delayed development of the child, and paternal mental health disorders [13]

Literature Review

- PubMed, CINAHL, Ebscohost, Medline, Google Scholar, PsycINFO and Cochrane Database of Systematic Reviews
- Keywords: Perinatal mood and anxiety disorders, current screening, and PMAD in pregnancy
- Inclusion criteria: Full-text, peer-reviewed
- Exclusion criteria: Published before 2008
- Levels of Evidence
  - Level I – 1 Systematic Review
  - Level II – 1 Randomized Controlled Trial
  - Level III – 3 Quasi Experiments
  - Level IV – 1 Cohort & 1 Case-control
  - Level V – 4 Meta-synthesis
  - Level VI – 2 Qualitative studies
  - Level VII – 3 Organization reports

Position Statement

The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) supports that perinatal mood and anxiety disorder (PMAD) screening protocols and policies should be established to assess the pregnant woman at least once in her pregnancy. Adequate training should be available to the staff, and it is the nurses' role to be the patient advocate and teacher regarding the disorders and treatment options.[2]

Summary of the Evidence

- Frequent screening raises healthcare professionals' awareness of perinatal mental health, which can aid in early detection and prevention of complications.[3,17]
- In order to provide consistent screening and treatment, uniform protocols and policies must be created.[5,14]
- Many mothers are aware of PMAD but afraid to report symptoms because of potential rejection and belittlement due to societal stigmas.[4,6]
- Primary prevention improves cost efficiency and increases patient outcomes achieved through early recognition with the effective use of screening tools. The Edinburgh Postnatal Depression Scale score $\geq$ 10 demonstrates a sensitivity rate to $\geq$ 90%.[8]
- The Postpartum Depression Screening Scale demonstrates a sensitivity rate of 94% and specificity of 98%.[4]
- Implementing the safety bundle: Screening, Brief intervention, Referral, and Treatment (SBIRT), for PMAD increased recognition and treatment of PMAD, especially in pregnant adolescents.[9,18]
- There is high costs for families and the nation for untreated PMAD.[12]
- Pregnant women have a higher prevalence of mood and anxiety disorders, which has increased from 2006 – 2015.[13,21]

Current Practice

Worldwide	National	State	Local
The World Health Organization suggests the integration of community - based interventions and a mental health aspect into maternal health policies, plans, and activities in countries worldwide.[20]	• American College of Obstetricians and Gynecologists screening once during the perinatal period for depression and anxiety.[5] • US Preventative Services Task Force annual screening for depression.[5] • Council on Patient Safety in Women's Healthcare resources.[5,7] • AWHONN advocacy [2]	Louisiana Department of Health made the 2021 Louisiana Developmental Screening Guidelines based on the American Academy of Pediatrics propositions for screening of only perinatal depression with the Patient Health Questionnaire-9 (PHQ-9) during child health visits at one, two, four, and six months.[11]	• Ochsner Lafayette General Medical Center (A. Tregre, RN, personal communication, February 4, 2022) ○ PHQ-9 on admit to the postpartum unit ○ Previous mental illness requires further assessment ○ No official annual staff training. ○ PPD competency evaluations • Private clinicians (J. Heinen, RN, personal communication, February 4, 2022) ○ Mostly screening for depression and anxiety ○ No official training for staff

Clinical Considerations

- Best conducted in clinical outpatient settings rather than hospitals due to time constraints (Dr. H. Hurst, personal communication, February 4, 2022).
- High cost of untreated PMAD for the individual family, institution, and the nation's economy[12]
- Staff training and competency can improve early recognition and primary prevention, decreasing costs and increasing patient outcomes.[17]
- The lack of institutional protocols negatively impacts the consistency and frequency of screening.[17]
- Consideration of the availability of resources for referral.
- Various treatments for PMAD include counseling, complimentary and alternate medicines, and electroconvulsive therapy.[3]

Recommendations and Conclusions

- Culturally appropriate teaching to enhance the patients' understanding of PMAD and promote the use of available resources.[2]
- Establish uniform guidelines and increase access to community resources for screening, support, and treatment.[2]
- Make insurance coverage for mental health affordable.[2]
- Promote adequate training for all healthcare professionals to better recognize and advocate for patients with PMAD.[2]
- Further research for PMAD disorders throughout the course of pregnancy.[2]
- Primary prevention can decrease costs and perinatal complications with the rising prevalence of PMAD.[12]