

“A striking characteristic of postpartum depression is how covertly it is suffered”

-Margaret G. Spinelli



Perinatal depression, includes major and minor depressive episodes that occur during pregnancy or in the first twelve months after delivery, is one of the **most common medical complications during pregnancy and the postpartum period**, affecting one in seven women (ACOG, October 2018).

OB-GYNs and other obstetric care providers should screen patients at least once during the perinatal period for depression and anxiety symptoms **using a standardized, validated tool**. It is recommended that all OB-GYNs and other obstetric care providers complete a full assessment of mood and emotional well-being (including screening for postpartum depression and anxiety with a validated instrument) during the comprehensive postpartum visit for each patient. If a patient is screened for depression and anxiety during pregnancy, additional screening should then occur during the comprehensive postpartum visit (ACOG, October 2018).

The following screening instruments have been validated for use during pregnancy and the postpartum period to assist with systematically identifying patients with maternal depression (ACOG, October 2018).

Screening Tool	Number of Items	Time to Complete	Sensitivity and Specificity	Spanish Available
Edinburgh Postnatal Depression Scale	10	< 5 minutes	Sensitivity 59-100% Specificity 49-100%	Yes
Postpartum Depression Screening Scale	35	5-10 minutes	Sensitivity 91-94% Specificity 72-98%	Yes
Patient Health Questionnaire 9	9	< 5 minutes	Sensitivity 75% Specificity 90%	Yes
Beck Depression Inventory	21	5-10 minutes	Sensitivity 47.6-82% Specificity 85.9-89%	Yes
Beck Depression Inventory - II	21	5-10 minutes	Sensitivity 56-57% Specificity 97-100%	Yes
Center for Epidemiologic Studies Depression Scale	20	5-10 minutes	Sensitivity 60% Specificity 92%	Yes
Zung Self-Rating Depression Scale	20	5-10 minutes	Sensitivity 45-89% Specificity 77-88%	No

Universal screening is an optimal approach to detection of new mothers who are suffering from depression following childbirth.

Universal depression screening in outpatient settings improves detection rates compared to routine care (35.4% and 6.3%, respectively) (Sit & Wisner, 2009). Use of universal, validated screening tools have greater benefits and improved efficiency compared to the direct interviewing style assessment.

For additional information, guidance, and resources to assist in screening for perinatal mood and anxiety disorders, view KDHE’s Mental Health Integration Toolkit: http://www.kdheks.gov/c-f/mental_health_integration.htm