TITLE
POSTPARTUM DEPRESSION SCREENING

SCOPE
 Provincial: Public Health Well Child Clinics

APPROVAL AUTHORITY
Clinical Operations Executive Committee

SPONSOR
Provincial Medical Director, Addiction & Mental Health
Senior Program Officer, Population, Public & Indigenous Health

PARENT DOCUMENT TITLE, TYPE AND NUMBER
Not applicable

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 facilitate standardized nursing assessment, opportunistic screening, referral, and surveillance of postpartum depression (PPD) during patient visits to the Public Health Well Child Clinics.

  - Screening refers to the presumptive identification of unrecognized disease or defect by the application of tests, examinations, or other procedures that can be applied rapidly. Screening tests separate out apparently well persons who may have a disease from those who probably do not. A screening test is not intended to be diagnostic.

  - Opportunistic screening refers to tests offered to an individual without symptoms of the disease/disorder when they present to a health care professional for reasons unrelated to that disease/disorder.

PRINCIPLES

Alberta Health Services (AHS) recognizes that PPD affects many families at a particularly vulnerable time.

AHS is committed to improving maternal mental health and the overall health of mothers and their families through standardized and evidence-informed processes for nursing assessment, screening, referral, and surveillance of PPD within the Public Health Well Child Clinics.

The provisions of this policy are based on the principles of patient and family centred care.

Public Health Nurses shall routinely offer screening to all eligible mothers at the first regular Public Health Well Child Clinic visit (generally at two [2] months), and may also offer screening any time up to 12 months postpartum as indicated.
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. Nursing Assessment

   1.1 Public Health Nurses shall utilize patient- and family-centred care principles during Public Health Well Child Clinic visits to create a safe and supportive environment.

   1.2 Public Health Nurses shall respect an eligible mother’s choice to accept or decline PPD screening or referral. The purpose of PPD screening shall be explained prior to PPD screening being offered and completed.

   1.3 Considerations to assist in 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 (refer to the AHS Postpartum Depression Screening Guideline);

      b) the Edinburgh Postnatal Depression Scale (EPDS) score; and

      c) responses to the Postpartum Depression – Alternate Questions, if applicable.

2. Postpartum Depression (PPD) Screening and Determination of Risk

   2.1 The AHS Edinburgh Postnatal Depression Scale Form (English and validated translated versions) or Postpartum Depression – Alternate Questions shall be used for PPD screening.

   2.2 The AHS Edinburgh Postnatal Depression Scale Form shall be routinely offered by Public Health Nurses 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.

      a) Refer to the AHS Postpartum Depression Screening Guideline for EPDS scores used to indicate likelihood of depression and corresponding nursing actions.

   2.3 Public Health Nurses shall use the Suicide Risk Referral Flowchart (refer to the AHS Postpartum Depression Screening Guideline) and AHS Suicide Risk
Referral Flowchart User Guide to facilitate a referral for a suicide risk assessment as per the AHS Postpartum Depression Screening Guideline.

3. Referrals and Communication

3.1 Public Health Nurses shall work in collaboration with the eligible mother’s health care professional and communicate information as needed.

3.2 In cases where a referral is appropriate, Public Health Nurses shall offer the referral, and encourage and support eligible mothers to attend the appointment as per the AHS Postpartum Depression Screening Guideline.

4. Surveillance and Quality Improvement

4.1 Postpartum data elements shall be collected in public health databases. Refer to the AHS Postpartum Depression Screening Guideline for a list of these data elements.

4.2 Annual reports shall be generated by Public Health Surveillance and Reporting (Population, Public and Indigenous Health) using the data elements collected in the public health databases.

4.3 Annual reports shall be available for planning, implementation, and evaluation of PPD screening and programming.

5. Documentation

5.1 PPD screening and the corresponding nursing actions shall be documented in the electronic medical record as per the AHS Postpartum Depression Screening Guideline.

DEFINITIONS

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.
**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**

- Alberta Health Services Governance Documents:
  - *Postpartum Depression Screening* Guideline (HCS-229-01)
- Alberta Health Services Forms:
  - *Edinburgh Postnatal Depression Scale* (English and validated translated versions) (#21183)
- Alberta Health Services Resources:
  - *Recommendations for Standardization and Reporting of Maternal and Child Public Health Indicators*
  - *Suicide Risk Referral Flowchart User Guide*
- Non-Alberta Health Services Documents:

**VERSION HISTORY**

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