1 Perinatal Depression and Anxiety

Perinatal depression and anxiety (PND/A) may occur during pregnancy and up to one year after birth.

WHAT TO KNOW

Treatment is effective and available

Postpartum blues or "Baby Blues"

- Experienced by up to 80% of birthing people after birth due to hormonal changes
- Symptoms subside within two weeks

Perinatal depression

- Can occur anytime in pregnancy and up to one year after birth
- Experienced by 16% of birthing people in pregnancy and between 9.3% and 31% in the first year postpartum
- Perinatal depression and anxiety often co-exist

Perinatal depression

- Can occur in pregnancy and up to one year after birth
- Experienced by 8% of birthing people in pregnancy or postpartum
- Perinatal depression and anxiety often co-exist

Postpartum psychosis

- Presents with a loss of contact with reality. Onset is unexpected and rapid and is a psychiatric emergency
- Most often occurs within two weeks of delivery
- Postpartum psychosis is very rare *(1 - 2 birthing people per 1000 births)*

Fathers

Up to 10% of fathers whose partner has perinatal depression also experience depression

Untreated perinatal depression can impact a person's relationships and the social emotional development of their child(ren).

SIGNS AND SYMPTOMS

EMOTIONS

Depression: Feeling guilty, depressed, overwhelmed or hopeless most of the time

Anxiety: Feeling fearful, sad or upset, on edge, or irritable most of the time

THOUGHTS

Depression: Not able to enjoy/bond with baby, thoughts of suicide or of harming baby, feelings of being a bad or terrible parent

Anxiety: Intrusive thoughts, re-occurring thoughts of harming the baby, persistent worry

EMOTIONS

Depression: Changes in appetite, fatigue, low energy or restlessness, difficulty concentrating or making decisions

Anxiety: Changes in sleep, feeling shaky or restless, difficulty concentrating or mind going blank, palpitations, chest pain, hyperventilation, headaches, dizziness

BEHAVIOURS

Depression: Withdrawal from friends/family, inability to enjoy pleasurable activities

Anxiety: 'Overdoing' activities like washing or cleaning excessively, avoiding people or places

CONSIDER A PERSON'S . . .

1. Speech *(slowed or hesitant)*
2. Appearance *(signs of self-neglect or overly focused on perfect appearance)*
3. Affect *(tearful, flat, negative or hostile)*
4. Motor activity/movements *(slowed, restless/fidgets)*
5. Thoughts and perceptions *(overly critical, excessive worries or fears)*
6. Interaction with baby *(e.g., too rough, left in car seat, not responding to baby's cues to be comforted or fed, no eye contact)*

2 Perinatal Depression Screening

EPDS SCORES: INTERPRETATION AND ACTIONS TO TAKE

All birthing people in BC are offered the Edinburgh Postnatal Depression Scale* (EPDS) screening by sixteen weeks postpartum, including education, intervention, and referral as needed.**

Scores	Interpretation	Intensity of Intervetion	
LESS THAN 8	**Depression not likely**	**Depression not likely**	Offer health education No PHN follow up is required (use clinical judgment) No referrals required unless concerns identified by PHN
9-11	**Possible depression**	**Moderate**	Offer health education Discuss risk for depression Re-screen in 2 – 4 weeks Support self-care and self-management strategies Referral to primary care provider (use clinical judgement to determine)
12-13	**Fairly high possibility of depression**	**High**	Offer health education Discuss risk for depression Monitor mood Support self-care and self-management strategies (e.g., using Brief Action Planning) Work collaboratively to identify resources available if mood were to change or worsen Refer to primary care provider and/or mental health clinician
14 OR HIGHER	**Probable depression**	**High**	Offer health education Discuss risk for depression Support self-care and self-management strategies Refer to primary care provider and/or mental health clinician (e.g., using Brief Action Planning) Follow up to ensure the birthing person has accessed services Contact emergency resource if needed (e.g. crisis line) Positive response for EPDS Question #10 – Immediate risk assessment required

* *Validated versions of the EPDS can be found on the Perinatal Services BC website. Copies are available in English and the following languages: Simplified Chinese, Traditional Chinese, Farsi, French, Japanese, Korean, Portuguese, Punjabi, Russian, Somali, Spanish, Tagolog and Vietnamese.*

** *Government of BC. (April 2013). Healthy Start Initiative: Provincial Perinatal, Child and Family Public Health Services.*

WHAT FURTHER ACTION TO TAKE IF THE BIRTHING PERSON HAS THOUGHTS OF HARMING THEMSELF?

1. Open the conversation: "I see you have indicated on question 10 that you have thought of harming yourself."
2. Ask about immediate risk:
   - "Have your thoughts included harming yourself or your baby?"
   - "Have your thoughts included making a plan?"
3. Use the table below to determine action.

Suicical ideation without a plan	Suicidal ideation with a plan, but no immediate intent	Suicidal ideation with an imminent plan
Low Risk	**Medium Risk**	**High Risk**
• Refer to primary care provider (PCP) as soon as possible for further assessment and/or mental health referral • Provide information about crisis/ urgent telephone lines e.g., 1 800 SUICIDE (1-800-784-2433) • Develop a safety plan with the birthing person that includes: warning signs, coping strategies, support people, and resources	• Contact PCP to discuss need for urgent mental health assessment • Provide information about crisis/ urgent telephone lines • Develop a safety plan with the birthing person that includes: warning signs, coping strategies, support people, and resources	• Refer immediately to local emergency room • If the birthing person's supports are unableto take them to the ER, call 9-1-1 (or other immediate response such as "car 87" in Vancouver)

3 Assessment for Perinatal Depression & Anxiety

Psychosocial assessment is an important part of any assessment. Consider risk and protective factors, and a person's strengths to inform care planning. Assessment can be done at any time during your interaction. Below are some sample psychosocial assessment questions. These are not intended as a checklist.

PROTECTIVE FACTORS	RISK FACTORS	PSYCHOSOCIAL ASSESSMENT
		Conversation Opener: What is going on or has happened in your life that you'd like to talk about?
✓ Breastfeeding or chestfeeding success ✓ Postpartum non-separation of infant and birthing person ✓ Planned pregnancy ✓ Relatively equal division of work ✓ Physical and psychosocial health ✓ Social and emotional support ✓ Social and cultural practices ✓ Positive relationship with partner ✓ Self-care and rest	! **Personal or family history of depression or anxiety**	• How would you describe your physical and emotional health? • Have you ever felt anxious, miserable, worried or depressed for more than a couple of weeks? • Have you felt depressed or low during your pregnancy or previous pregnancy?
	! **Recent significant or ongoing life stressors** (e.g. financial concerns, death of someone close)	• Have you had any recent major stressors, changes or losses? • How do you cope with stress in your life?
	! **Difficult adjustment to pregnancy or parental role** (including traumatic birth experience)	• Many people find their birth experience emotional. How was your birth experience? • How do you feel about your pregnancy/being a parent? • How is being pregnant or a parent the same or different than you imagined?
	! **Lack of emotional and social support**	• Do you have someone you are able to talk to about your feelings or worries? • How will the people in your life who are a part of this pregnancy/parenting experience support you? • Are you interested in exploring strategies to strengthen the supports in your life?
	! **Family conflict/violence**	• How would you describe the relationship with your parents and or partner? • How do you and your partner solve problems? • Do you feel safe at home? Do you feel safe to go home when you leave here?

4 Self-Care & Resources

SELF-CARE

N — Nutrition

Encourage a variety of foods, including vegetables, fruits, whole grains, and meat or alternatives instead of processed foods.

E — Exercise

Suggest a short walk or some stretching at home. Exercise can help to reduce stress and boost mood. Refer to the Physical Activity Line for ideas and support: 1-877-725-1149

S — Sleep & Rest

Discuss how the birthing person can get support to include more sleep and rest in their day.

T — Time for Yourself

New mothers or parents often neglect this need, but it is one of the most important factors in protecting against and helping to manage the symptoms of depression.

S — Support

Social support helps to protect against depression and other mental health disorders. It's an important factor in recovery and includes both practical and emotional support.

PROVINCIAL RESOURCES

BC Reproductive Mental Health Program

A provincial, multidisciplinary team of specialized professionals working with birthing people and families dealing with mental health challenges or disorders related to the reproductive life cycle. A psychiatrist is on call daily to answer questions from health care providers. *Referral required.*
TEL 604-875-2025

PHONE SUPPORT

- **Mental Health Support/Crisis Line:** 310-6789 (no area code required)
- **Suicide Line:** 1-800-784-2433
- **HealthLink BC:** 8-1-1 (24/7)
- **Canadian Mental Health Association Bounce Back:** 1-866-639-0522

WEBSITES

- BC Mental Health and Substance Use Services
- Here to Help
- HealthLinkBC
- Mood Disorders Association BC

Pacific Post Partum Support Society

Telephone support (across B.C.) and support groups (Lower Mainland) for expectant parents and those with children up to age three. Can self-refer.
TOLL FREE 1-855-255-7999 (10-3pm, Monday-Friday)

ONLINE SELF HELP GUIDES

- Coping with Depression and Anxiety During Pregnancy and Following the Birth
- Celebrating the Circle of Life: A guide to emotional health in pregnancyand early motherhood for Aboriginal women and their families
- Postpartum Depression and Anxiety: A Self-Help Guide for Mothers
- Growing Together Toolkit: A toolkit for community service providers who support mothers and their young children and families.
- Mothers Mental Health Toolkit

LOCAL RESOURCES

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BRITISH COLUMBIA Ministry of Health

THE UNIVERSITY OF BRITISH COLUMBIA
Continuing Professional Development
Faculty of Medicine

Resource for **Not Just The Blues: Perinatal Depression and Anxiety**
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