

South Australian Perinatal Practice Guidelines

Screening for perinatal anxiety and depression

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Literature review

- > Antenatal anxiety and depression often occur together. Postnatal depression and / or anxiety often follow^{1,2}
- > Prevalence of antenatal depression is reported as 7.4 % in the 1st Trimester, 12.8 % in the 2nd Trimester, 12.0 % in the 3rd Trimester³
- > Maternal distress during pregnancy influences obstetric and birth outcomes⁴
- > Effects of maternal anxiety in pregnancy can adversely affect the developing fetal brain⁵
- > Maternal anxiety / depression has been associated with difficult infant temperament⁶, increased infant cortisol levels⁷ and behavioural difficulties in childhood¹
- > As perinatal depression begins before birth and extends beyond 6 weeks postpartum – (by definition at any time until 12 months postpartum):
 - > Depression surveillance is warranted during antenatal visits, at the postnatal check up, and at paediatric visits during the initial 12 months of the first postnatal year⁸
 - > All professionals working with antenatal and postnatal women should routinely inquire about mood, anxiety and coping abilities
- > Many women with perinatal mental health disorders are not diagnosed or treated⁹. Screening has been shown to improve detection and referral for treatment¹⁰
- > Antenatal screening of depression using the EPDS¹¹ is generally associated with adequate sensitivity and specificity to detect possible depression using a score of 13 or more^{12,13,14,15,16}
- > Psychosocial risk factors can be screened using the AnteNatal Risk Questionnaire¹⁷
- > Early identification with intensive postnatal follow up is a valuable psychosocial intervention for postnatal depression¹⁸

Risk factors

Psychological

- > Antenatal anxiety, depression or mood swings
- > Previous history of anxiety, depression, or mood swings, especially if occurred perinatally
- > Family history of anxiety, depression or alcohol abuse, especially in first degree relatives
- > Severe baby blues
- > Personal characteristics like guilt-prone, perfectionistic, feeling unable to achieve, low self-esteem
- > Edinburgh (postnatal) depression score ≥ 13 (See Appendix I)²⁰

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Social

- > Lack of emotional and practical support from partner and / or others
- > Domestic violence, history of trauma or abuse (including childhood sexual abuse)
- > Many recent stressful life events
- > Low socioeconomic status, unemployment
- > Unplanned or unwanted pregnancy
- > Expecting first child or has many children already
- > Child care stress²⁰

Biological / medical

- > Ceased psychotropic medications recently
- > Medical history of serious pregnancy or birth complications, neonatal loss, poor physical health, chronic pain or disability, or premenstrual syndrome
- > Perinatal sleep deprivation
- > Neonatal medical problems or difficult temperament²⁰

Where risks are identified, document details about the nature and degree of risk in the case notes

Antenatal care

- > Complete the personal history section of the South Australian Pregnancy Record, including mental health history
- > Establish who is responsible for the woman's mental health care throughout pregnancy and postpartum
 - > Document details of any existing mental health or community supports e.g. general practitioner, psychiatrist, psychologist, social worker, mental health case worker, Anglicare, Kids and You, local community centres
- > **Screening for depression**
- > The Australian 'National Perinatal Depression Initiative' (NPDI) recommends routine screening of all women in the antepartum and postpartum periods using the Edinburgh Postnatal Depression Scale (EPDS) and psychosocial risk questions²¹
- > Questionnaires should only be used by appropriately trained staff
- > Questionnaires are only intended as an adjunct to clinical history taking and are not meant to replace clinical judgement
- > Complete EPDS ([Appendix I](#)); see [Appendix II](#) for further information on symptoms and management according to EPDS score.
- > In addition to the EPDS, complete the Psychosocial risk questionnaire ([ANRQ, Appendix III](#)) with the woman at booking-in triage visit. If this visit is missed or not a point of contact for any individual women, administer EPDS and ANRQ at the first appropriate appointment in pregnancy
- > The screening process should also include the routine provision to all women antenatally of information on perinatal emotional health and where to get help, currently available in a booklet form and fact sheets by beyondblue

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- > Assess the need for referral to any other services e.g. Social Worker, Mental Health liaison, Case discussion meeting, Obstetric Consultant, GP
- > If possible, repeat EPDS in the late 2nd or early 3rd trimester ([Appendix I](#))

The Edinburgh Postnatal Depression Scale

- > The EPDS ([Appendix I](#)) screens for current symptoms of depression
- > Symptoms and management according to EPDS score are described in [appendix II](#)
- > It was developed as a screening tool for postnatal depression and has also been used successfully antenatally¹¹. It does not diagnose depression but raises awareness of mood problems which need further exploration and care
- > Question 10 is about thoughts of self harm. Positive answers to question 10 need to be explored further by conducting a risk assessment looking at current plans, frequency of thoughts, intent, reasons for / against etc. See chapter 141 suicidal ideation and self harm
- > For women who score 10, 11 or 12; administration of the EPDS should be repeated within one month and existing support services reviewed and increased if necessary. A score of 13 or higher requires offer of follow-up support or referral. Women with high scores (e.g. 15 or more) should have access to timely mental health assessment and management, current safety and care of other children should be considered ([Appendix II](#))
- > The scale should be completed at least once antenatally and at least once postnatally
- > Antenatal scores should be communicated on referral to Child and Family Health Service

Instructions:

- > Ask the mother to underline or tick the response which comes the closest to how she has felt over the past 7 days
- > All 10 questions must be completed
- > The woman should fill it out without help from others. However, if needed she may have the questions read out to her by the clinician or an interpreter
- > The EPDS is available in many different languages however and may be used as a self report scale in the woman's own language and scored in the standard way

Psychosocial Questionnaire

- > Psychosocial risk factors can be identified using the Antenatal Risk Questionnaire (ANRQ)¹⁷. See [Appendix III](#)
- > The ANRQ is a self-report psychosocial assessment tool which is highly acceptable to both women and staff. In combination with the EPDS and routine questions relating to drug and alcohol use and domestic violence, the ANRQ is most useful as a key element of a "screening intervention" aimed at the early identification of mental health risk and morbidity across the perinatal period
- > See [Appendix IV](#) for a guide to scoring of the ANRQ. A score of over 24 or endorsement of critical questions (item no's 2 AND 2a or 2b, Q 8 or 9) requires further assessment and / or appropriate referral (e.g. to social work)

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Postpartum care

- > The average postpartum stay before discharge home is 2 to 3 days
- > The EPDS may be completed by 'at risk' women at any stage after birth though may not be reliable during the first 3 postpartum weeks²²
- > The EPDS should be completed by all women at their Universal Contact Visit with a Child and Family Health nurse. If this appointment is missed the EPDS should be completed at their 6 week check up (usually with GP)
- > Psychosocial risk factors can be identified using the PostNatal Risk Questionnaire (PNRQ)¹⁷. See [Appendix V](#)
- > The PNRQ is a self-report psychosocial assessment tool which is highly acceptable to both women and staff. In combination with the EPDS and routine questions relating to drug and alcohol use and domestic violence, the PNRQ is most useful as a key element of a "screening intervention" aimed at the early identification of mental health risk and morbidity across the perinatal period
- > See [Appendix VI](#) for a guide to scoring of the PNRQ. A score of over 24 or endorsement of critical questions (item no's 2 AND 2a or 2b, Q 8 or 9) requires further assessment and / or appropriate referral (e.g. to social work)

Referral Pathways

Generic referral pathways provide a guideline for management of antenatal and postnatal women. See appendices VII-IX

[Appendix VII – Metropolitan pathway](#)

[Appendix VIII – Country pathway](#)

[Appendix IX – CaFHS postnatal pathway](#)

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Appendix I:

The Edinburgh Postnatal Depression Scale - (Cox et al. 1987)

To complete this set of questions, mothers/mothers to be should circle the number next to the response which comes closest to how they have felt IN THE PAST 7 DAYS.

1. I have been able to laugh and see the funny side of things:

- > 0 As much as I always could
- > 1 Not quite so much now
- > 2 Definitely not so much now
- > 3 Not at all

2. I have looked forward with enjoyment to things:

- > 0 As much as I ever did
- > 1 Rather less than I used to
- > 2 Definitely less than I used to
- > 3 Hardly at all

3. I have blamed myself unnecessarily when things went wrong:

- > 3 Yes, most of the time
- > 2 Yes, some of the time
- > 1 Not very often
- > 0 No, never

4. I have been anxious or worried for no good reason:

- > 0 No, not at all
- > 1 Hardly ever
- > 2 Yes, sometimes
- > 3 Yes, very often

5. I have felt scared or panicky for no very good reason:

- > 3 Yes, quite a lot
- > 2 Yes, sometimes
- > 1 No, not much
- > 0 No, not at all

6. Things have been getting on top of me:

- > 3 Yes, most of the time I haven't been able to cope at all
- > 2 Yes, sometimes I haven't been coping as well as usual
- > 1 No, most of the time I have coped quite well
- > 0 No, I have been coping as well as ever

7. I have been so unhappy that I have had difficulty sleeping:

- > 3 Yes, most of the time
- > 2 Yes, sometimes
- > 1 Not very often
- > 0 No, not at all

8. I have felt sad or miserable:

- > 3 Yes, most of the time
- > 2 Yes, quite often
- > 1 Not very often
- > 0 No, not at all

9. I have been so unhappy that I have been crying:

- > 3 Yes, most of the time
- > 2 Yes, quite often
- > 1 Only occasionally
- > 0 No, never

10. The thought of harming myself has occurred to me:

- > 3 Yes, quite often
- > 2 Sometimes
- > 1 Hardly ever
- > 0 Never

The total score is calculated by adding together the numbers you circled for each of the 10 items. The higher the score, the more likely it is that the person completing the questionnaire is distressed and may be depressed.

Scoring: Questions 1, 2 and 4 score 0-3 questions 3, 5 – 10 score 3-0

This is a screening tool only, and should not be used to diagnose depression.

Contact:

South Australian Perinatal Practice Guidelines workgroup at:
cywhs.perinatalprotocol@health.sa.gov.au

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Appendix II: Management according to EPDS score

| EPDS score | 0-9 | 10-12 | ≥ 13 |
|-----------------------------|---|---|--|
| Likelihood of depression | Considered low | Considered moderate | Considered high Very high scores can be suggestive of a woman in crisis or with a personality disorder. It warrants further investigation. |
| Referral (Tertiary & Rural) | Mothers group for support Parenting groups Consumer led support groups Community supports NGO family support services CaFHS for help with baby issues. Help involve family and friends support. | Refer to General Practitioner for mental health treatment plan Referral to ATAPS or Better Access practitioner via GP Referral on as needed e.g. specialist MH services, community services, groups Perinatal Mental Health Team Postnatal Depression Group Parenting groups NGO family support services Where relevant refer to DV, drug & alcohol service (DASSA or NGO) | Refer for psychiatric assessment ACIS - 131465 Emergency Department Referral on as needed e.g. specialist MH services, Perinatal Mental Health Team, Helen Mayo House, Postnatal Depression Group Refer to General Practitioner for mental health treatment plan Referral to ATAPS or Better Access practitioner via GP Consider risk to child/ren Parenting groups NGO family support services Where relevant refer to DV, drug & alcohol service (DASSA or NGO) |
| Referral Time frame | As needed | As soon as able | Immediate – especially if risk of suicide or infanticide |
| Symptoms | Anxiety, particularly about baby and mothering, overwhelmed, lowered mood but some fluctuation and 'good days' | Anxiety, particularly about baby and mothering, overwhelmed, lowered mood, panic attacks, hopelessness and helplessness, life not worth living, lowered mood most of the time | Anxiety – vague and not necessarily directed, overwhelmed, labile, low or elevated mood, preoccupied, vague and distracted, psychotic symptoms (delusions and hallucinations), suicidal |
| Risk assessment | Any risks more related to personality and any concomitant substance use | Risk of suicide but baby often protective. Neglect of baby and/or poor parenting secondary to the depression or underlying risk factors (e.g. childhood abuse and subsequent personality issues) | May be significant to self and baby due to poor judgement, severe depression, suicidal ideation, command hallucinations or delusional beliefs-needs hospitalisation. |
| Differential diagnosis | Consider other causes for symptoms such as anaemia, poor sleep, & lack of energy. Thyroid dysfunction, anaemia or bereavement should be excluded before diagnosing a depression. | | |

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Appendix III: AnteNatal Risk Questionnaire (ANRQ)

Name: _____ Today's Date: ____/____/____

Weeks Pregnant: _____ Due date: ____/____/____

Phone (h) _____ (w) _____ (m) _____

This is part of your Antenatal Booking Evaluation and will guide us as to what services we can offer you during your pregnancy. It is confidential information and will remain in your file. PLEASE COMPLETE ALL ITEMS

| | TOTAL | | | | | | | | | | | | | |
|--|---|--------------------------|---|------------|---|---|------------|-----------|----------|----------|-----------|--------------------------|--|--------------------------|
| 1. When you were growing up, did you feel your mother was emotionally supportive of you? (If you had no mother circle 6). | <table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr><tr><td>very much</td><td></td><td>somewhat</td><td></td><td>not at all</td><td></td></tr></table> | 1 | 2 | 3 | 4 | 5 | 6 | very much | | somewhat | | not at all | | <input type="checkbox"/> |
| 1 | 2 | 3 | 4 | 5 | 6 | | | | | | | | | |
| very much | | somewhat | | not at all | | | | | | | | | | |
| 2. a) Have you ever had 2 weeks or more when you felt particularly worried, miserable or depressed? | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| b) Do you have <u>any</u> other history of mental health problems? e.g. eating disorders, psychosis, bipolar disorder, schizophrenia. Please specify: _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| If Yes to 2a or 2b, did this: | | | | | | | | | | | | | | |
| c) Seriously interfere with your work and your relationships with friends and family? | <table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr><tr><td>not at all</td><td></td><td>somewhat</td><td></td><td>very much</td></tr></table> | 1 | 2 | 3 | 4 | 5 | not at all | | somewhat | | very much | <input type="checkbox"/> | | |
| 1 | 2 | 3 | 4 | 5 | | | | | | | | | | |
| not at all | | somewhat | | very much | | | | | | | | | | |
| d) Lead you to seek professional help? | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| Did you see a: Psychiatrist <input type="checkbox"/> Psychologist / Counsellor <input type="checkbox"/> GP <input type="checkbox"/> | _____ (Name of professional) | | | | | | | | | | | | | |
| e) Did you take tablets/herbal medicine? No <input type="checkbox"/> Yes <input type="checkbox"/> Please specify: _____ | | | | | | | | | | | | | | |
| 3. Is your relationship with your partner an emotionally supportive one? (If you have no partner circle 6) | <table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr><tr><td>very much</td><td></td><td>somewhat</td><td></td><td>not at all</td><td></td></tr></table> | 1 | 2 | 3 | 4 | 5 | 6 | very much | | somewhat | | not at all | | <input type="checkbox"/> |
| 1 | 2 | 3 | 4 | 5 | 6 | | | | | | | | | |
| very much | | somewhat | | not at all | | | | | | | | | | |
| 4. a) Have you had any stresses, changes or losses in the last 12 months (e.g separation, domestic violence, unemployment, bereavement ?) Please list: _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| b) How distressed were you by these stresses, changes or losses? | <table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr><tr><td>not at all</td><td></td><td>somewhat</td><td></td><td>very much</td></tr></table> | 1 | 2 | 3 | 4 | 5 | not at all | | somewhat | | very much | <input type="checkbox"/> | | |
| 1 | 2 | 3 | 4 | 5 | | | | | | | | | | |
| not at all | | somewhat | | very much | | | | | | | | | | |
| 5. Would you generally consider yourself a worrier? | <table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr><tr><td>not at all</td><td></td><td>somewhat</td><td></td><td>very much</td></tr></table> | 1 | 2 | 3 | 4 | 5 | not at all | | somewhat | | very much | <input type="checkbox"/> | | |
| 1 | 2 | 3 | 4 | 5 | | | | | | | | | | |
| not at all | | somewhat | | very much | | | | | | | | | | |
| 6. In general, do you become upset if you do not have order in your life (e.g. regular time table, a tidy house)? | <table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr><tr><td>not at all</td><td></td><td>somewhat</td><td></td><td>very much</td></tr></table> | 1 | 2 | 3 | 4 | 5 | not at all | | somewhat | | very much | <input type="checkbox"/> | | |
| 1 | 2 | 3 | 4 | 5 | | | | | | | | | | |
| not at all | | somewhat | | very much | | | | | | | | | | |
| 7. Do you feel you have people you can depend on for support with your baby? | <table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr><tr><td>very much</td><td></td><td>somewhat</td><td></td><td>not at all</td><td></td></tr></table> | 1 | 2 | 3 | 4 | 5 | 6 | very much | | somewhat | | not at all | | <input type="checkbox"/> |
| 1 | 2 | 3 | 4 | 5 | 6 | | | | | | | | | |
| very much | | somewhat | | not at all | | | | | | | | | | |
| 8. Were you emotionally abused when you were growing up? | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 9. Have you <u>ever</u> been sexually <input type="checkbox"/> or physically <input type="checkbox"/> abused? | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |

If you would like to seek some help with any of these issues please discuss this with your midwife or doctor.

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Appendix IV: AnteNatal Risk Questionnaire scoring system

ANTENATAL RISK QUESTIONNAIRE (ANRQ)

The Antenatal Risk Questionnaire (ANRQ) is designed to consider specific key risk factors thought to increase the risk of women developing perinatal mental health morbidity (e.g. postnatal depression or anxiety disorder) and sub-optimal mother-infant attachment. It is copyrighted to Prof Marie-Paule Austin, Royal Hospital for Women, Sydney.

ANRQ Questionnaire components include:

- > Past mental health history
- > Past history of physical (including domestic violence), sexual or emotional abuse
- > Current level of supports
- > Relationship with mother and partner
- > Anxiety and obsessionality levels
- > Stressors in the last year (including bereavement, separation etc.).

1. Requirements for the ANRQ

It is essential that the following requirements be adhered to when administering the ANRQ (used in isolation or in combination with the Edinburgh Depression Scale):

- > The ANRQ is only intended as an **adjunct to clinical history** taking and is not meant to replace good clinical practice.
- > The ANRQ should only be used by appropriately trained staff;
- > The ANRQ should be completed toward the end of the interview with the woman in the office at the time, so that any endorsed risk factors can be determined before they leave the Clinic;
- > Scores shown below are meant to serve as an indicator of need for support and to aid in the formulation of an appropriate mental health plan.

2. Scoring Instructions for the ANRQ

i. For items 2a, 2b, 2d, 4, 8, 9:

- Score Yes=5, No=0** and place the scores in the boxes along the right hand side.
- If answer is "No" do not give a score for the following section (e.g., Q2a, 2b, 4a: If answer is No" there will be no score for item 2c-e, 4b)

ii. For items 1, 2c, 3, 4b, 5, 6, 7:

- Score the number circled** and place the scores in the boxes along the right hand side.

iii. Sum all scores (yes/no and circled answers) and **place total in the box at the top of the questionnaire.**

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IMPORTANT

Questionnaires with a “YES” response on any or all of the following:

- **Q2a** – ‘YES’ to past history of depression AND causing *significant* impairment in social/occupational function (i.e. *scoring 3 or more on Q2c*) OR necessitating professional contact (Q2d).
- **Q2b** – ‘YES’ to past history of any other mental health problems (e.g., eating disorder psychosis, bipolar disorder, schizophrenia)
- **Q8** – relating to emotional abuse
- **Q9** – relating to physical or sexual abuse

Must be considered high risk *irrespective* of the total ANRQ score

iv. Minimum score is 5; Maximum score is 67

v. There is no absolute cut-off score for the ANRQ, but a score of 24 or more suggests presence of significant psychosocial risk factors, and consideration of the woman as at significant risk of perinatal mental health problems. Further enquiry is indicated to establish psychosocial care needs and treatment planning.

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Appendix V: PostNatal Risk Questionnaire (PNRQ)

Name: _____ Today's Date: ____/____/____

Phone (h) _____ (w) _____ (m) _____

This questionnaire is confidential information and will remain in your file.
PLEASE COMPLETE ALL ITEMS - circle numbers 1-6 or tick YES/NO

Total

1. When you were growing up, did you feel your mother was emotionally supportive of you? (If you had no mother circle 6).
2. a) Have you ever had 2 weeks or more when you felt particularly worried, miserable or depressed?
b) Do you have any other history of mental health problems?
e.g. eating disorders, psychosis, bipolar disorder, schizophrenia.
- If Yes to 2a or 2b, did this:
- c) Seriously interfere with your work and your relationships with friends and family?
d) Lead you to seek professional help?
Did you see a: Psychiatrist ☐ Psychologist / Counsellor ☐ GP ☐
(Name of professional) _____
- e) Did you take tablets/herbal medicine? No ☐ Yes ☐ Please specify: _____
3. Is your relationship with your partner an emotionally supportive one? (If you have no partner circle 6)
4. a) Have you had any stresses, changes or losses in the last 12 months (e.g. separation, domestic violence, unemployment, bereavement)?
Please list: _____
b) How distressed were you by these stresses, changes or losses?
5. Would you generally consider yourself a worrier?
6. In general, do you become upset if you do not have order in your life (e.g. regular time table, a tidy house)?
7. Do you feel you have people you can depend on for support with your baby?
8. Were you emotionally abused when you were growing up?
9. Have you ever been sexually ☐ or physically ☐ abused?
10. Was your experience of giving birth to this baby disappointing or frightening?
11. Has your experience of parenting this baby been a positive one?
12. Overall, has your baby been unsettled or feeding poorly?

How comfortable did you feel in completing this questionnaire?

If you would like to seek some help with any of these issues please discuss this with your nurse or doctor.

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Appendix VI: PostNatal Risk Questionnaire scoring system

POSTNATAL RISK QUESTIONNAIRE (PNRQ)

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PNRQ Questionnaire components include:

- > Past mental health history
- > Past history of physical (including domestic violence), sexual or emotional abuse
- > Current level of supports
- > Relationship with mother and partner
- > Anxiety and obsessional levels
- > Stressors in the last year (including bereavement, separation etc.)
- > Experience of giving birth and parenting

1. Requirements for the PNRQ

It is essential that the following requirements be adhered to when administering the PNRQ (used in isolation or in combination with the Edinburgh Depression Scale):

- > The PNRQ is only intended as an *adjunct to clinical history* taking and is not meant to replace good clinical practice.
- > The PNRQ should only be used by appropriately trained staff;
- > The PNRQ should be completed toward the end of the postnatal visit in the presence of the health professional, so that any endorsed risk factors can be determined before the conclusion of the visit;
- > Scores shown below are meant to serve as an indicator of need for support and to aid in the formulation of an appropriate mental health plan.

2. Scoring Instructions for the PNRQ

i. For items 2a, 2b, 2d, 4, 8, 9:

- a. **Score Yes=5, No=0** and place the scores in the boxes along the right hand side.
- b. If answer is "No" do not give a score for the following section (e.g., Q2a, 2b, 4a: If answer is "No" there will be no score for item 2c-e, 4b)

ii. For items 1, 2c, 3, 4b, 5, 6, 7, 10, 11, 12:

- c. **Score the number circled** and place the scores in the boxes along the right hand side.

iii. **Sum all scores** (yes/no and circled answers) and **place total in the box at the top of the questionnaire.**

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Questionnaires with a “YES” response on any or all of the following:

- **Q2a** – ‘YES’ to past history of depression AND causing *significant* impairment in social/occupational function (ie *scoring 3 or more on Q2c*) OR necessitating professional contact (Q2d).
- **Q2b** – ‘YES’ to past history of any other mental health problems (e.g., eating disorder psychosis, bipolar disorder, schizophrenia)
- **Q8** – relating to emotional abuse
- **Q9** – relating to physical or sexual abuse

Must be considered high risk *irrespective* of the total PNRQ score

iv. Minimum score is 8; Maximum score is 82

v. There is *no absolute cut-off score* for the PNRQ, but a score of **24 or more** suggests presence of significant psychosocial risk factors, and consideration of the woman as at significant risk of perinatal mental health problems. Further enquiry is indicated to establish psychosocial care needs and treatment planning.

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Appendix VII: Antenatal Screening Pathways (Generic – Metropolitan)

| RISK | No Risk | Low Risk | Moderate Risk | Moderate Symptoms | High Risk/Complex Needs | High Risk/Mental Health | High Risk Social |
|-----------------|---|---|---|---|---|---|---|
| SCORE | EPDS 10 or below ANRQ/PNRQ below 24 <ul style="list-style-type: none"> MH symptoms low Social risk factors low No history of abuse No psychiatric history | EPDS equals 11 or 12 ANRQ/PNRQ any item above 3 <ul style="list-style-type: none"> Past psychiatric history - not current | EPDS below 13 ANRQ/PNRQ above 24 <ul style="list-style-type: none"> MH symptoms low Social risk factors high Psychiatric history - current Early attachment issues Domestic Violence History of abuse | EPDS equals 13 ANRQ/PNRQ below 24 <ul style="list-style-type: none"> MH symptoms high Social risk factors low | EPDS above 13 ANRQ/PNRQ 24 or above <ul style="list-style-type: none"> MH symptoms high Social risk factors high | Positive score for Q 10 of the EPDS <ul style="list-style-type: none"> Yes, quite often Sometimes | Acute emotional distress Current domestic violence |
| ACTION | <ul style="list-style-type: none"> No referral required Offer contact details of PMHT Offer Beyond Blue "Emotional health" booklet | <ul style="list-style-type: none"> Monitor for distress at each visit – repeat EPDS Referral not required Offer contact details of social work or PMHT Offer Beyond Blue "Emotional health" booklet | <ul style="list-style-type: none"> Refer to Social Work or PMHT Offer CSA, DV booklets if appropriate Offer Beyond Blue "Emotional health" | <ul style="list-style-type: none"> Refer to PMHT Offer Beyond Blue "Emotional health" CSA, DV booklets if appropriate | <ul style="list-style-type: none"> Immediate referral to PMHT by phone or within 24 hours Advise re: emergency services | <ul style="list-style-type: none"> Gently explore if the question is understood Urgent/ Immediate referral to PMHT, ACIS or Emergency Dept. | <ul style="list-style-type: none"> Urgent/ Immediate referral to Social Work Services, Domestic violence services, Families SA, Police Check safety |
| DOCUMENTATION | <ul style="list-style-type: none"> Document score in progress notes, handbook record, database | <ul style="list-style-type: none"> Document score in progress notes, handbook record, database | <ul style="list-style-type: none"> Document score in progress notes, handbook record, database | <ul style="list-style-type: none"> Document score in progress notes, handbook record, database | <ul style="list-style-type: none"> Document score in progress notes, handbook record, database | <ul style="list-style-type: none"> Document score in progress notes, handbook record, database | <ul style="list-style-type: none"> Document score in progress notes, handbook record, database |
| DECIDES SERVICE | <p>Score indicates referral required to social work service or PMHT, BUT woman declines referral</p> <ul style="list-style-type: none"> Send letter to GP (with client consent) Document in progress notes Offer Beyond Blue information: "Emotional health during pregnancy and early parenthood booklet". Offer contact details of PMHT team, to allow the woman to self-refer in the future. | | | | | | |



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| PATHWAYS OF CARE | | | | | |
|---|---|---|--|--|--|
| No Risk | Low Risk | Moderate Risk | Moderate Symptoms | High Risk/Complex Needs | High Risk/Mental Health |
| <ul style="list-style-type: none"> N/A unless circumstances change | <ul style="list-style-type: none"> N/A unless circumstances change | <ul style="list-style-type: none"> Social work will undertake an assessment, and refer on as appropriate | <ul style="list-style-type: none"> PMHT will undertake a comprehensive mental health & risk assessment PMHT develop care plan and provide follow up Referral on as needed e.g. specialist PMH services, community services, groups GP for ATAPS - psychologist | <ul style="list-style-type: none"> PMHT will undertake a comprehensive mental health & risk assessment Referral on as needed e.g. specialist PMH services, community services, groups GP for ATAPS - psychologist | <ul style="list-style-type: none"> PMHT/Emergency Dept or ACIS to undertake a comprehensive mental health & risk assessment Referral for hospital admission as necessary PMHT develop care plan and provide follow up |
| | | | | | <ul style="list-style-type: none"> Social worker to undertake family risk assessment, coordinate follow up Referral to PMHT as required |

Legend

ACIS Assessment & Crisis Intervention Service (only Metro)

ANRQ Antenatal Risk Assessment Questionnaire

ATAPS Access to Allied Health Professionals Scheme (Via Divisions of General Practice)

CPS Clinical Practice Support

EPDS Edinburgh Depression Scale

MH Mental Health

PMHT Perinatal Mental Health Team

PS Psychosocial

SAPR South Australian Pregnancy Record

SW Social Worker

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Appendix VIII: Antenatal Screening Pathways (Generic – Country)

| RISK | No Risk | Low Risk | Moderate Risk | Moderate Symptoms | High Risk/Complex Needs | High Risk/Mental Health | High Risk Social |
|------------------|--|---|---|--|---|---|---|
| SCORE | <p>EPDS 10 or below ANRQ below 24</p> <ul style="list-style-type: none"> MH Symptoms Low PS Risk factors low No history of Abuse No psychiatric history | <p>EPDS equals 11 or 12 ANRQ any item above 3</p> <ul style="list-style-type: none"> Past psychiatric history - not current | <p>EPDS below 13 ANRQ above 24</p> <ul style="list-style-type: none"> MH Symptoms low Social Risk Factors high Current Psychiatric Hx Early attachment issues Domestic Violence History of abuse | <p>EPDS equals 13 ANRQ below 24</p> <ul style="list-style-type: none"> MH Symptoms high Social Risk Factors low | <p>EPDS above 13 ANRQ 24 or above</p> <ul style="list-style-type: none"> MH Symptoms high Social Risk Factors high | <p>Positive score for Q 10 of the EPDS</p> <ul style="list-style-type: none"> Yes, quite often Sometimes | <ul style="list-style-type: none"> Acute emotional distress Current domestic violence |
| REFERRAL | <p>No referral required</p> | <ul style="list-style-type: none"> Referral not required Social work &/ or referral to appropriate local services if indicated or requested Monitor for distress at each visit | <ul style="list-style-type: none"> Referral to PMHT or Social Work and counselling services Referral to appropriate local services Offer CSA, DV booklets if appropriate Offer <i>Beyond Blue</i> "Emotional health" | <ul style="list-style-type: none"> Referral to PMHT Referral to appropriate local services Offer <i>Beyond Blue</i> "Emotional health" CSA, DV booklets if appropriate | <ul style="list-style-type: none"> Immediate referral to PMHT / ETLs by phone or within 24 hours Advise re emergency services Referral to appropriate local services | <ul style="list-style-type: none"> Gently explore if the question is understood Urgent/ Immediate referral to PMHT, ETLs or Emergency Dept. | <ul style="list-style-type: none"> Urgent/Immediate referral to Social Work Services, appropriate local services, Domestic violence services, Families SA, Police |
| DOCUMENTATION | <p>Document score in:</p> <ul style="list-style-type: none"> Progress notes SA Pregnancy record CPS & or other database | <p>Document score in:</p> <ul style="list-style-type: none"> Progress notes SA Pregnancy record SA Pregnancy handbook CPS & or other database | <p>Document score in:</p> <ul style="list-style-type: none"> Progress notes SA Pregnancy record CPS & or other database | <p>Document score in:</p> <ul style="list-style-type: none"> Progress notes SA Pregnancy record Complete referral & send with questionnaires | <p>Document score in:</p> <ul style="list-style-type: none"> Progress notes SA Pregnancy record Complete referral by phone & send handcopy and questionnaires CPS & or other database | <p>Document score in:</p> <ul style="list-style-type: none"> Progress notes SA Pregnancy record Complete referral by phone & send handcopy and questionnaires CPS & or other database | <p>Document score in:</p> <ul style="list-style-type: none"> Progress notes SA Pregnancy record Complete referral by phone & send handcopy and questionnaires CPS & or other database |
| DECLINES SERVICE | <p>Score indicates referral required to social work service or PMHT, BUT woman declines referral</p> <ul style="list-style-type: none"> Send letter to GP (with client consent) Document in progress notes Offer <i>Beyond Blue</i> information: "Emotional health during pregnancy and early parenthood booklet". Offer contact details of PMHT team, to allow the woman to self-refer in the future. | | | | | | |

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| | No Risk | Low Risk | Moderate Risk | Moderate Symptoms | High Risk/Complex Needs | High Risk/Mental Health | High Risk/Social |
|-------------------------|--|--|--|---|---|--|---|
| PATHWAYS OF CARE | <ul style="list-style-type: none"> Offer contact details of PMHT team Offer <i>Beyond Blue</i> information: "Emotional health during pregnancy and early parenthood" booklet | <ul style="list-style-type: none"> Offer contact details of PMHT team Offer <i>Beyond Blue</i> information: "Emotional health during pregnancy and early parenthood" booklet | <ul style="list-style-type: none"> Offer Social Work Services, Childhood sexual abuse services, Domestic violence services, other appropriate local services Offer contact details of PMHT team Referral to local GP Offer <i>Beyond Blue</i> information: "Emotional health during pregnancy" booklet | <ul style="list-style-type: none"> PMHT will undertake a comprehensive mental health assessment & risk assessment Treatment and referral for specialist services as required Referral to GP and ATAPS - psychologist Support group referral Offer <i>Beyond Blue</i> info: "Emotional health during pregnancy" booklet | <ul style="list-style-type: none"> PMHT will undertake a comprehensive mental health assessment & risk assessment Treatment and referral for specialist services as required GP and ATAPS - psychologist Support group referral Offer <i>Beyond Blue</i> info: "Emotional health during pregnancy" booklet | <ul style="list-style-type: none"> PMHT/Emergency Dept or ETLs to undertake a comprehensive mental health assessment & risk assessment Refer for Hospital admission as necessary | <ul style="list-style-type: none"> Social worker to undertake family risk assessment, coordinate follow up Referral to PMHT as required |
| FOLLOW UP | <ul style="list-style-type: none"> N/A unless circumstances change | <ul style="list-style-type: none"> Midwife/Doctor to repeat EPDS if clinical concerns | <ul style="list-style-type: none"> PMHT/ social work develop care plan and provide follow up | <ul style="list-style-type: none"> PMHT develop care plan and provide follow up | <ul style="list-style-type: none"> PMHT develop care plan and provide follow up Ongoing high level of support | <ul style="list-style-type: none"> PMHT develop care plan and provide follow up Ongoing high level of support | <ul style="list-style-type: none"> Social work/ other appropriate local services to provide ongoing high level of support. Referral to PMHT as required |

Legend

Hx History

ANRQ Antenatal Risk Assessment Questionnaire

Access to Allied Health Professionals Scheme (Via Divisions of General Practice)

ATAPS Divisions of General Practice

CPS Clinical Practice Support

EPDS Edinburgh Postnatal Depression Scale (also used antenatally)

ETLS Emergency Triage Liaison Team

MH Mental Health

PMHT Perinatal Mental Health Team

SAPR South Australian Pregnancy Record

SW Social Worker

GP General Practitioner

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Appendix IX: Postnatal Screening Pathways (CaFHS)

| RISK | No Risk | Low Risk | Moderate Risk | Moderate Symptoms | High Risk/Complex Needs | High Risk/Mental Health | High Risk Social |
|----------------|--|--|---|---|--|---|--|
| SCORE | EPDS 10 or below PNRQ below 24 <ul style="list-style-type: none"> MH symptoms low Social risk factors low No history of abuse No psychiatric history | EPDS equals 11 or 12 PNRQ any item above 3 <ul style="list-style-type: none"> Past history of mental disorder- not current | EPDS below 13 PNRQ above 24 <ul style="list-style-type: none"> MH symptoms low Social risk factors high Psychiatric history - current Early attachment issues Domestic Violence History of abuse | EPDS equals 13 PNRQ below 24 <ul style="list-style-type: none"> MH symptoms high Social risk factors low | EPDS above 13 PNRQ 24 or above <ul style="list-style-type: none"> MH symptoms high Social risk factors high Psychiatric history - current Early attachment issues Domestic Violence History of abuse | Positive score for Q 10 of the EPDS regardless of overall score <ul style="list-style-type: none"> Yes, quite often Sometimes | <ul style="list-style-type: none"> Acute emotional distress Current domestic violence |
| ACTION | <ul style="list-style-type: none"> No referral required General offer and introduction to CaFHS services to "self manage" access Offer <i>beyondblue</i> "Emotional health" booklet | <ul style="list-style-type: none"> Discussion with client about any current issues Referral not required, but offer relevant information regarding service available Offer <i>beyondblue</i> "Emotional health" booklet | <ul style="list-style-type: none"> If possible, check antenatal screening information and history Discussion with client about issues and options Offer <i>beyondblue</i> "Emotional health" CSA, DV booklets if appropriate CaFHS follow-up Consider referral for Parent-Infant therapy | <ul style="list-style-type: none"> Case discussion with Clinical Practice Consultant or Case Review Offer <i>beyondblue</i> "Emotional health" CSA, DV booklets if appropriate CaFHS follow-up | <ul style="list-style-type: none"> Referral immediate or within 24 hours Advise re: emergency services Discuss with CPC or case review CaFHS follow-up Consider referral for Parent-Infant therapy | <ul style="list-style-type: none"> Gently explore if the question is understood If situation appears urgent, immediate referral to ACIS or Emergency Dept. Provide information on Lifeline, Parent Helpline, Crisis Care Discuss with CPC or case review CaFHS follow-up | <ul style="list-style-type: none"> Urgent/immediate referral to: <ul style="list-style-type: none"> Domestic violence services Families SA Check safety Discuss with CPC or case review CaFHS follow-up Police (only if urgent and required) |
| DOCUMENTATION | <ul style="list-style-type: none"> Document score in box on bottom of page Document brief outline of issue in progress notes and resulting care plan | <ul style="list-style-type: none"> Document score in box on bottom of page Document brief outline of issue in progress notes and resulting care plan | <ul style="list-style-type: none"> Document score in box on bottom of page Document brief outline of issue in progress notes and resulting care plan | <ul style="list-style-type: none"> Document score in box on bottom of page Include brief outline of issues, referrals, other agencies involved in progress notes and plan for follow up | <ul style="list-style-type: none"> Document score in box on bottom of page Include brief outline of issues, referrals, other agencies involved in progress notes and plan for follow up | <ul style="list-style-type: none"> Document score in box on bottom of page Include brief outline of issues, referrals, other agencies involved in progress notes and plan for follow up | <ul style="list-style-type: none"> Document score in box on bottom of page Include brief outline of issues, referrals, other agencies involved in progress notes and plan for follow up |
| CaFHS PATHWAYS | Please note the CaFHS pathways are a guide only and should be considered as part of the overall assessment. | | | | | | |
| | Getting to Know Your Baby Group | | | | | | |
| | Client to Self Manage access to CaFHS | | | | | | |
| | Case Review discussion and CaFHS follow up (including assessment for FHV) | | | | | | |
| | Brief Response | | | | | | |

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| PATHWAYS OF CARE | | | | | | | DECLINES SERVICE | |
|---|---|--|---|---|---|---|---|--|
| No Risk | Low Risk | Moderate Risk | Moderate Symptoms | High Risk/Complex Needs | High Risk/Mental Health | High Risk/Social | <p>Score indicates presence of symptoms or risk issues, but the woman declines referral</p> <p>  Document in progress notes of client record Offer <i>beyondblue</i> information: "Emotional health during pregnancy and early parenthood booklet". Offer information about services and GP pathways Offer contact details of local CaFHS site </p> | |
| <ul style="list-style-type: none"> N/A unless circumstances change Mother to self manage access to CaFHS Encourage GP check up at 6 weeks <p>Possible Community Pathways</p> <ul style="list-style-type: none"> Consumer led support groups Community supports Parenting groups NGO family support services <p>Resources <i>beyondblue</i></p> | <ul style="list-style-type: none"> Further referral and follow up not required, but options can be offered Mother to self manage access to CaFHS Encourage GP check up at 6 weeks <p>Possible Community Pathways</p> <ul style="list-style-type: none"> Information on GP & primary MH care services <p>Possible Community Pathways</p> <ul style="list-style-type: none"> DV & CSA services Community support services Parenting groups NGO family support services Where relevant refer to DV, drug & alcohol service (DASSA or NGO) | <ul style="list-style-type: none"> Encourage mother to self manage access to CaFHS Clearly identify needs, and issues for follow up Encourage GP check up at 6 weeks <p>Possible Mental Health Pathways</p> <ul style="list-style-type: none"> Information on GP & primary MH care services <p>Possible Community Pathways</p> <ul style="list-style-type: none"> DV & CSA services Community support services Parenting groups NGO family support services Where relevant refer to DV, drug & alcohol service (DASSA or NGO) | <ul style="list-style-type: none"> A comprehensive mental health & risk assessment is required Discuss with refer to PMH clinician Arrange CaFHS follow up <p>Possible Mental Health Pathways</p> <ul style="list-style-type: none"> Refer to GP for Mental Health Treatment Plan Referral to ATAPS or Better Access practitioner via GP Referral on as needed e.g. specialist MH services, community services, groups <p>Possible Community Pathways</p> <ul style="list-style-type: none"> Community support services NGO family support services Targeted parenting support services Where relevant refer to DV, drug & alcohol service (DASSA or NGO) | <ul style="list-style-type: none"> A comprehensive mental health & risk assessment is required Discuss with refer to PMH clinician or Helen Mayo House Arrange CaFHS follow up <p>Possible Mental Health Pathways</p> <ul style="list-style-type: none"> Refer to GP for Mental Health Treatment Plan Referral to ATAPS or Better Access practitioner via GP Referral on as needed e.g. specialist MH services, community services, groups <p>Possible Community Pathways</p> <ul style="list-style-type: none"> Community support services NGO family support services Targeted parenting support services Where relevant refer to DV, drug & alcohol service (DASSA or NGO) | <ul style="list-style-type: none"> Emergency Dept or ACIS to undertake a comprehensive mental health & risk assessment Arrange CaFHS follow up <p>Possible Mental Health Pathways</p> <ul style="list-style-type: none"> Refer to GP for ATAPS where crisis service available Referral for hospital admission as necessary Discuss with refer to PMH clinician | <p>Possible Community Pathways</p> <ul style="list-style-type: none"> DV services Families SA Police Housing SA NGO family, legal and relationship services (if safe) CaFHS follow up with referral agency to ensure pathways are activated | | |

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Useful web sites

Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)
http://www.ranzcog.edu.au/publications/o-g_pdfs/OG_Summer-2005/Postnatal-or-perinatal-depression_ABuist.pdf

Royal Australian College of General Practitioners (RACGP)
Perinatal depression – assessment and management
<http://www.racgp.org.au/afp/200609/20060906buist.pdf>

Beyond blue

Link to page with translated versions of the booklet 'Emotional health during pregnancy and early parenthood'
http://www.beyondblue.org.au/index.aspx?link_id=7.980

Beyond blue.

Draft Clinical guideline on depression and related disorders. Available from URL:
<http://www.beyondblue.org.au/index.aspx?>

PANDA

Information leaflets, telephone counselling and service information
<http://www.panda.org.au/>

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Abbreviations

| | |
|--------|---|
| et al. | And others |
| KEMH | King Edward Memorial Hospital |
| EPDS | Edinburgh Postnatal Depression Scale |
| e.g. | For example |
| ANRQ | Antenatal Risk Questionnaire |
| PNRQ | Postnatal Risk Questionnaire |
| NPDI | National Perinatal Depression Initiative |
| GP | General Practitioner |
| ATAPS | Access To Allied Psychological Services |
| MH | Mental Health |
| PMH | Perinatal Mental Health |
| PMHT | Perinatal Mental Health Team |
| ETLS | Emergency Triage Liaison Team |
| NGO | Non Government Organisation(s) |
| CaFHS | Child and Family Health Service |
| DASSA | Drug and Alcohol Services South Australia |
| ACIS | Assessment and Crisis Intervention |
| DV | Domestic violence |
| CSA | Childhood sexual abuse |
| N/A | Not applicable |
| CPS | Clinical practice support |
| SW | Social worker |
| Hx | History |

Version control and change history

PDS reference: OCE use only

| Version | Date from | Date to | Amendment |
|---------|------------|---------|------------------|
| 1.0 | 21 Sept 10 | current | Original version |
| | | | |
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