**Recommendation:**
As part of usual care, providers should remain attentive to patient mental health during visits.

However, the Canadian Task Force on Preventive Health Care recommends **against universal screening** for depression using standardized tools, such as questionnaires with a cut off, with all pregnant and postpartum people (up to 1 year after birth) *(conditional recommendation, very low-certainty evidence)*

**Key Points:**
- This recommendation assumes that **usual care during pregnancy and the postpartum period includes inquiry and attention to mental health and well-being during visits**. Questions integrated into this usual care based on clinical judgment **do not** constitute a screening.
- **Screening in this context** is the use of standardized instruments, such as questionnaires, and using a cut-off score as a threshold to determine who needs further evaluation.
- In the judgement of the Task Force, screening would consume resources otherwise needed for individuals who have mental health concerns and for those diagnosed with mental health disorders.
- **Attention to the mental health of patients should remain a focus for providers**, but there is uncertain evidence that screening, as defined above, would improve mental health outcomes compared to usual clinical care.
1. **Why does the Task Force recommend not screening?**
   - Available evidence is uncertain and does not establish additional benefits to screening all patients using standardized instruments with cut-off scores compared to usual clinical care.
   - Screening could lead to unnecessary referrals and evaluation as well as increases in:
     - **False positives screens**, where patients meet the cut-off score but are found not to meet the diagnostic criteria for depression upon further evaluation
     - **False negative screens**, where patients do not meet the cut-off score, but actually have clinical depression
     - **Overdiagnosis**, where patients with mild, temporary symptoms are sent for further referral, evaluation, or treatment, but do not benefit since the symptoms would have subsided on their own in a similar time period.
   - Redirection of mental health resources away from patients who often cannot access sufficient services could be an unintended harm.
   - The Task Force is mindful of resource constraints and as such recommends against interventions when there are clear resource implications and benefits are unproven.

2. **Who does this recommendation apply to?**
   - Pregnant people and those up to 1 year postpartum.

3. **Who does this recommendation not apply to?**
   - Individuals with a personal history or current diagnosis of depression or another mental health disorder.
   - People currently receiving assessment or treatment for mental health disorders.
   - People receiving care in psychiatric or other mental health settings.

4. **What are some of the effects of postpartum depression?**
   - Depression during the postpartum period can have far-reaching impacts:
     - **On parent**: Increased likelihood of anxiety or depression, increases in risky behaviours, lower quality of life, and suicidal ideation
     - **On infants**: Physical and mental developmental delays and overall health concerns
     - **On parent-infant interaction**: Reduced breastfeeding and poor maternal-infant bonding

5. **How can I implement this recommendation?**
   - Instead of screening all patients with a standardized instrument in primary care, continue to focus your time and effort on your usual clinical care for this population.
   - This should include asking patients about their mood and mental health during primary care visits in pregnancy and the postpartum period.
   - Questions integrated into this usual care do not constitute a screening.

6. **What if my clinic/hospital policy is to screen patients?**
   - The Task Force is aware that screening practices currently vary across Canada. We suggest that jurisdictions which have implemented screening reconsider its use given lack of proven benefits.