

Information on screening for depression during pregnancy and the postpartum period



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.

Clinician Tool - FAQs

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.

- People seeking services due to symptoms of depression.

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.



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Key Points:

- Depression during pregnancy or the postpartum period up to 1 year after childbirth is a serious health concern, and there are effective treatments.
- Your healthcare provider should ask about your mental health and wellbeing as part of usual care and may ask about symptoms that may be related to depression.
- If you are diagnosed with depression, your healthcare provider can discuss support and treatment options that may help.

1. What is pregnancy or postpartum depression?

- It is depressed mood during pregnancy or in the period following childbirth, which can have serious impacts on parent and infant.
- Postpartum depression symptoms appear within two weeks of giving birth and can include:
 - Thoughts of suicide
 - Not wanting to care for your baby
 - Inability to do any of your daily tasks
 - Not wanting to be around your partner

- These symptoms may not go away on their own and will need treatment.
- #### 2. How common is postpartum depression?
- Depression among pregnant or postpartum people is only slightly higher than among people who are not.
 - However, depression during this period could affect parent well-being, infant development, and parent-infant bonding
- #### 3. What is usual care during the postpartum period?
- Usual care should include conversations



Patient Tool - FAQs

about mental health history, current symptoms (if any) and overall well-being.

- During this period, your health care provider will check to see if you may have depression.

4. What is the treatment for postpartum depression?

- Medication (antidepressants) and/or talk therapy is often used to treat postpartum depression.
- Regular exercise can also be helpful.

5. What is the difference between “baby blues” and postpartum depression?

- It is normal and common to have what is often called “baby blues” a couple days after giving birth.
- These are feelings of sadness, anxiety, and/or being upset with their baby or partner. Other symptoms include unexpected crying, trouble sleeping, or loss of appetite.
- It is mostly brought on by a large change in hormones after birth, loss of sleep, and increased stress.
- These symptoms often get better within 1 - 2 weeks without any treatment.
- Postpartum depression shares a lot of symptoms with “baby blues”, but it can be much more intense and requires treatment.

6. What is screening?

- Screening is a test used to see if you might be at a higher risk of developing a certain health problem.
- It is typically a set of questions with scores based on your answers.
- If your scores are high, you will need more tests to confirm a diagnosis and determine treatment of depression
- Screening pregnant and postpartum people

for depression has not been shown to improve mental health more than usual discussions patients have with their clinicians about their well-being and mental health.

7. If I’m not screened, how will I know if I have postpartum depression?

- Clinicians should ask their patients about their mental health and well-being as part of usual care.
- It is very important to talk to your health care provider about any mental health concerns you have before, during, and after you give birth.
- Clinicians would then use their clinical judgment to decide if more assessment is needed, rather than rely on a screening score.

Please contact your healthcare provider if you are feeling unwell or have any questions. Do not wait for your next scheduled appointment.

Below are some helpful resources:

- [The Canada Suicide Prevention Service](#), Call **1.833.456.4566** | Text **45645**
- **Quebec: 1.866.277.3553**
- [Postpartum Support International](#)
- [Your Life Counts](#)

