

South Australian Perinatal Practice Guideline

Anxiety and Depression in the Perinatal Period

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Note:

This guideline provides advice of a general nature. This statewide guideline has been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach. The guideline is based on a review of published evidence and expert opinion.

Information in this statewide guideline is current at the time of publication.

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Health practitioners in the South Australian public health sector are expected to review specific details of each patient and professionally assess the applicability of the relevant guideline to that clinical situation.

If for good clinical reasons, a decision is made to depart from the guideline, the responsible clinician must document in the patient's medical record, the decision made, by whom, and detailed reasons for the departure from the guideline.

This statewide guideline does not address all the elements of clinical practice and assumes that the individual clinicians are responsible for discussing care with consumers in an environment that is culturally appropriate and which enables respectful confidential discussion. This includes:

- The use of interpreter services where necessary,
- Advising consumers of their choice and ensuring informed consent is obtained,
- Providing care within scope of practice, meeting all legislative requirements and maintaining standards of professional conduct, and
- Documenting all care in accordance with mandatory and local requirements

Explanation of the aboriginal artwork:

The aboriginal artwork used symbolises the connection to country and the circle shape shows the strong relationships amongst families and the aboriginal culture. The horse shoe shape design shown in front of the generic statement symbolises a woman and those enclosing a smaller horse shoe shape depicts a pregnant woman. The smaller horse shoe shape in this instance represents the unborn child. The artwork shown before the specific statements within the document symbolises a footprint and demonstrates the need to move forward together in unison.



Australian Aboriginal Culture is the oldest living culture in the world yet Aboriginal people continue to experience the poorest health outcomes when compared to non-Aboriginal Australians. In South Australia, Aboriginal women are 2-5 times more likely to die in childbirth and their babies are 2-3 times more likely to be of low birth weight. The accumulative effects of stress, low socio economic status, exposure to violence, historical trauma, culturally unsafe and discriminatory health services and health systems are all major contributors to the disparities in Aboriginal maternal and birthing outcomes. Despite these unacceptable statistics the birth of an Aboriginal baby is a celebration of life and an important cultural event bringing family together in celebration, obligation and responsibility. The diversity between Aboriginal cultures, language and practices differ greatly and so it is imperative that perinatal services prepare to respectively manage Aboriginal protocol and provide a culturally positive health care experience for Aboriginal people to ensure the best maternal, neonatal and child health outcomes.

Purpose and Scope of Perinatal Practice Guideline (PPG)

This guideline provides information for clinicians relating to anxiety and depressive disorders in the perinatal period via a hyperlink to the National clinical practice guidelines for perinatal mental health. It includes screening tools, referral pathways and resources for women, their support people and health practitioners. Specific information for the South Australian context is included.



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Summary of Practice Recommendations¹

At every antenatal or postnatal visit, enquire about the woman's emotional wellbeing.

Provide all women with information about the importance of enquiring about, and attending to, any mental health problems that might arise across the perinatal period.

Use the Edinburgh Postnatal Depression Scale (EPDS) to screen women for possible depressive disorders in the perinatal period.

Use the structured psychosocial assessment tool antenatally (ANRQ) to assess psychosocial risk factors in conjunction with the EPDS.

Consider language and cultural appropriateness of the assessment tools.

Complete the first antenatal screening as early as practical in pregnancy and repeat screening at least once later in pregnancy.

Complete the first postnatal screening 6–12 weeks after birth and repeat screening at least once in the first postnatal year.

Repeat the EPDS at any time in pregnancy and in the first postnatal year if clinically indicated.

Ensure that there are clear local guidelines around the use and interpretation of the EPDS and ANRQ in terms of threshold for referral for psychosocial care and/or ongoing monitoring.

Arrange further assessment of women with an EPDS score of 13 or more.

For a woman with an EPDS score between 10 and 12, monitor and repeat the EPDS in 2–4 weeks as her score may increase subsequently.

For a woman with a positive score on Question 10 on the EPDS, undertake or arrange immediate further assessment and if there is any disclosure of suicidal ideation, take urgent action in accordance with local protocol/policy.

Discuss with the woman the possible impact of psychosocial risk factors on her mental health and provide information about available assistance.

Provide women in the perinatal period with advice on lifestyle issues and sleep, as well as assistance in planning how this advice can be incorporated into their daily activities during this time.

If a woman agrees, provide information to and involve her significant other(s) in discussions about her emotional wellbeing and care throughout the perinatal period.



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Abbreviations

ANRQ	Antenatal Risk Questionnaire
ATAPS	Access to Allied Health Professionals Scheme (Via Divisions of General Practice)
CaFHS	Child and Family Health Service
CARL	Child Abuse Reporting Line
COPE	Centre of Perinatal Excellence
CPS	Clinical Practice Support
D&A	Drug and Alcohol
EPDS	Edinburgh Postnatal Depression Scale
FMC	Flinders Medical Centre
GP	General Practitioner
LMH	Lyell McEwin Hospital
MH	Mental Health
PANDA	Perinatal Anxiety and Depression Australia
PMHT	Perinatal Mental Health Team
PS	Psychosocial
SAPR	South Australian Pregnancy Record
SW	Social Worker
WCH	Women's and Children's Hospital



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Introduction

The Centre for Perinatal Excellence (COPE) guideline, *Mental Health Care in the Perinatal Period: Australian Clinical Practice Guideline October 2017*¹ is intended for health professionals providing perinatal care in Australia.

The guideline includes details for screening and management of anxiety and depressive disorders in the perinatal period and has therefore been endorsed as the SA Health Perinatal Practice Guideline for *Anxiety and Depression in the Perinatal Period*. The appendices include the Edinburgh Postnatal Depression Scale (EPDS) and the Antenatal (Psychosocial) Risk Questionnaire (ANRQ) along with information and scoring templates for clinicians.

Please access the guideline using the following link (you will need to scroll halfway down the page to locate the actual guideline link): <http://cope.org.au/about/review-of-new-perinatal-mental-health-guidelines/>

Additional Information¹

Women with moderate to severe symptoms will require comprehensive mental health assessment – subsequent management is likely to involve pharmacological treatment, ongoing psychosocial support and possibly psychological therapy once medication(s) have become effective.

Women with a past history of a severe mental health condition will require comprehensive mental health assessment before conception or in the antenatal period and additional support (particularly in the early postnatal period).

Women with mild to moderate symptoms may require comprehensive mental health assessment and may also benefit from some form of psychological therapy in addition to psychosocial support.

Women experiencing mild depressive or anxiety symptoms in the early postnatal period may benefit from practical and emotional support (e.g. advice on parenting, unsettled infants, sleep deprivation) and monitoring to determine the effectiveness of such support.

Women without current symptoms but experiencing significant psychosocial risk (e.g. a recent separation) may benefit from ongoing psychosocial support.

The following screening and assessment tools (including scoring and interpretation) are available using the following link:

<http://cope.org.au/perinatal-screening-and-assessment-tools/>

- Edinburgh Postnatal Depression Scale (EPDS)
- Antenatal Risk Questionnaire (ANRQ)
- ANRQ with D&A and Family violence questions
- ANRQ with D&A, family violence and postnatal items

An adapted version of the EPDS for Aboriginal and Torres Strait Islander women may be culturally more appropriate. See the [Kimberley Mum's Mood Scale](#)².

The EPDS is available in languages other than English via the WA Department of Health: <https://www.mcpapformoms.org/Docs/Edinburgh%20Depression%20Scale%20Translated%20Government%20of%20Western%20Australia%20Department%20of%20Health.pdf>

Please see flowcharts for Referral Pathways based on scores using the EPDS and ANRQ:

Note: Individual LHNs may have local variations to the generic pathways. Please also refer to local policies and procedures.

- [Perinatal Referral Pathways \(Generic Metropolitan areas\)](#)
- [Perinatal Referral Pathways \(Generic Country areas\)](#)
- [CaFHS Perinatal Mental Health Pathway Guide](#)



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Resources

Mental Health Telephone Triage Service (previously ACIS)

For assistance in a mental health emergency, contact the mental health triage service, 24 hours / 7 days a week: Telephone 131 465

Beyondblue

A guide to emotional health and wellbeing during pregnancy and early parenthood
booklet: <http://resources.beyondblue.org.au/prism/file?token=BL/0943>

General information on mental health for clinicians and the public, resources and online forums

<https://www.beyondblue.org.au/home>

Helpline 24 hours / 7 days a week: Telephone 1300 224636

Centre of Perinatal Excellence (COPE)

General information on mental health for clinicians and the public, resources, clinical guidelines and tools, free online perinatal mental health training program and iCOPE digital screening platform and scoring system in English and other languages

<http://cope.org.au/>

Perinatal Anxiety and Depression Australia (PANDA)

Information leaflets, telephone counselling and service information

<http://www.panda.org.au/>

PANDA advice line: Telephone 1300 726306

Helen Mayo House (Statewide Service)

Acute inpatient unit for women who have significant mental health issues with infants aged 2 years or under.

Telephone 08 7087 1030

Referral information available at:

<http://www.wch.sa.gov.au/services/az/divisions/mentalhealth/helenmayo/ServiceProviders.html>

Perinatal and Infant Mental Health Services at Metropolitan Hospitals:

- Flinders Medical Centre: Telephone (08) 8404 2551
- Lyell McEwin Hospital: Telephone (08) 8282 0794
- Women's and Children's Hospital: Telephone (08) 8161 7227

General Practitioner (+/- referral to Mental Health Practitioner)

Rural and Remote Telemedicine/Tele-Psychiatry Unit

Telephone (08) 7087 1660

Child and Family Health Services (CaFHS)

Telephone 1300 733 606

<http://www.cyh.com>



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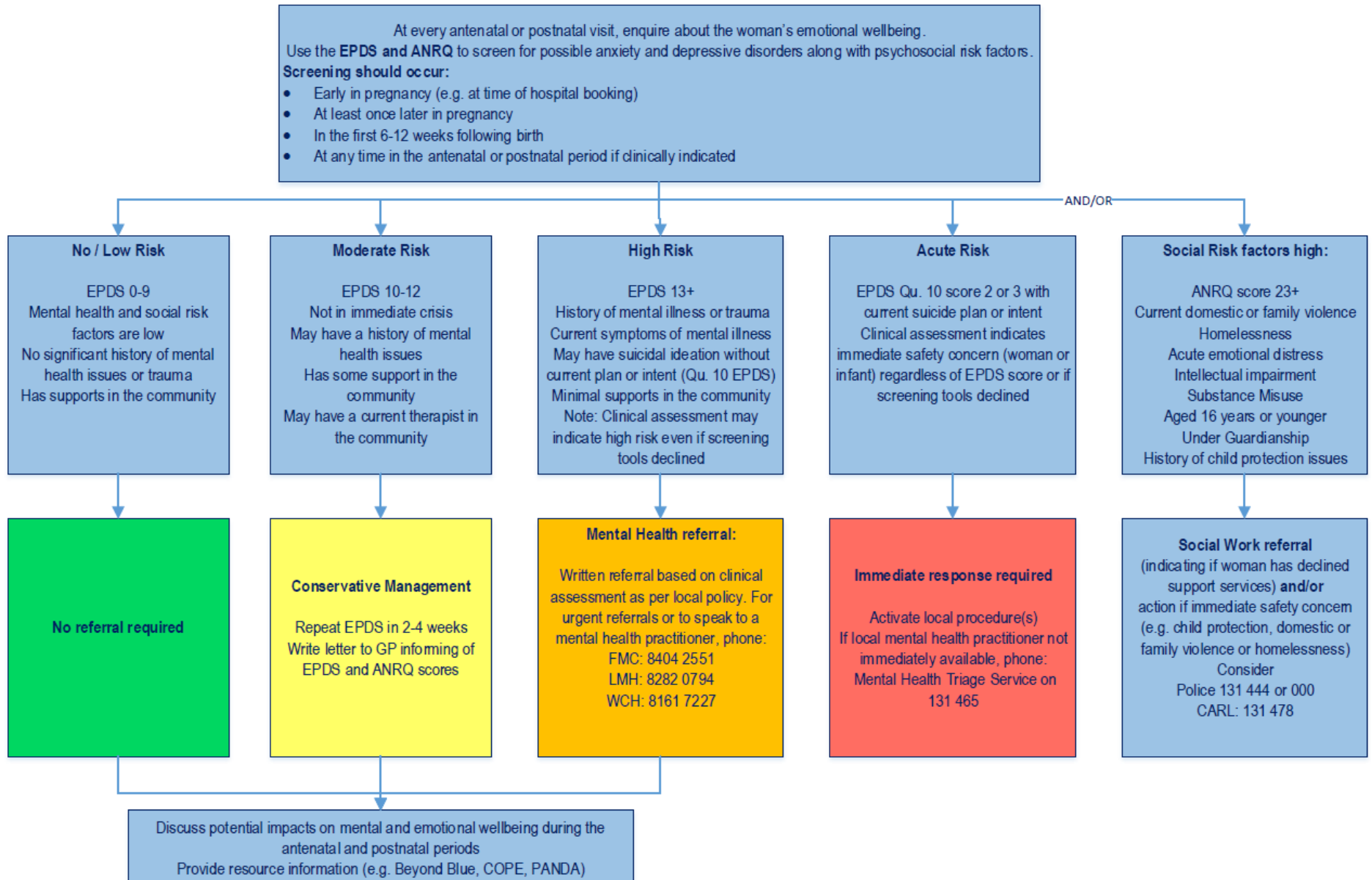
Reference

1. Centre for Perinatal Excellence (COPE), *Mental Health Care in the Perinatal Period: Australian Clinical Practice Guideline October 2017*, Available from URL: <http://cope.org.au/about/review-of-new-perinatal-mental-health-guidelines/>
2. Kimberley Aboriginal Medical Services Ltd, *Kimberley Mum's Mood Scale*, available at <https://kams.org.au/resources/kmms/>



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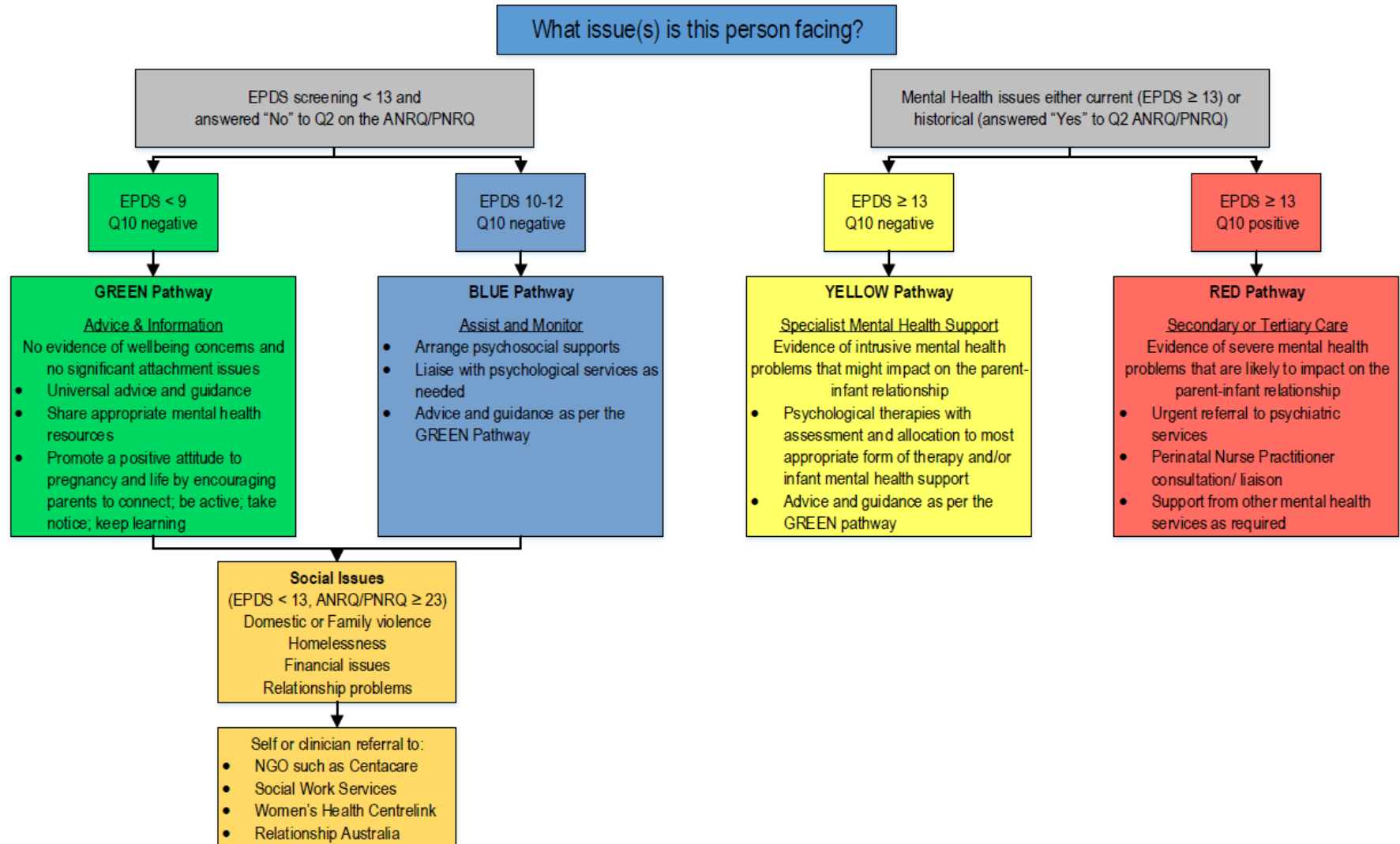
Appendix 1: Perinatal Mental Health Pathways – Metropolitan Areas



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Appendix 2: Perinatal Mental Health Pathways – Country Areas

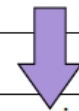
- **EPDS ITEM 10** – Answered “Quite Often”, “Sometimes” or “Hardly Ever”: Please explore if there are any current plans and what stops the woman from carrying out these plans. If concern still persists, contact local Community Mental Health Service or ETLs (131 465) or PMHNP (0457 569118) to discuss and a phone call to GP describing your concerns.
- If your clinical judgement indicates a need for more than 1 referral stream, please refer as you feel it is needed.
- Offer ALL women Beyond Blue information.



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Appendix 3: CaFHS Perinatal Mental Health Pathway Guide

IMPORTANT TO NOTE	<ul style="list-style-type: none"> Screening tools are a guide only and do not replace clinical judgment which takes into account the current presentation, risk assessment, current level of functioning, mental state, past history (for example mental health/trauma) and any other factors that may lessen or increase risk. <i>If in doubt, discuss with your Clinical Lead/Nurse Consultant.</i> Participation in screening is voluntary – if the caregiver declines, document this including any observations and concerns. For Culturally and Linguistically Diverse (CALD) caregivers use translated version of EPDS or use an interpreter For Aboriginal and/or Torrens Strait Islander caregivers, work with an Aboriginal Cultural Consultant (ACC) to ensure appropriate cultural considerations 			
	RISK	No/Low Risk EPDS below 13	Moderate Risk EPDS 13 & above	Higher Risk Q 10 of the EPDS (2 or 3) Regardless of total EPDS score
SCORE and POSSIBLE INDICATIONS	<ul style="list-style-type: none"> Mental health and social risk factors low. No known significant history of mental health issues or trauma. <p>Note: a low score may not imply wellness. Where other indicators appear to be impacting on current mental wellbeing explore further through conversation.</p>	<ul style="list-style-type: none"> Moderate mental health issues. History of trauma. Pregnancy/birth trauma. Early attachment issues with infant. Symptoms of mental illness present. Social risk factors. Sustained distress. 	<p>Determine if the question is understood by the caregiver and what the response means for her/him. It is important to explore this:</p> <ul style="list-style-type: none"> Determine risk and plan care accordingly. Explore if there is a suicide plan/intent/means and safety plan accordingly. Domestic and Family Violence. 	<ul style="list-style-type: none"> Acute emotional distress. Current family violence/threat. Issues of concern raised by caregiver, health worker or family. Current risk/threat to baby or self. Suicidal/infanticidal with active plan. Psychotic state. Delusional state. Paranoid state.
REPEAT EPDS IN 2-4 weeks based on clinical judgement				
OPTIONS for ACTION BY STAFF FOLLOWING MENTAL HEALTH SCREENING	<p>Support caregivers to self-determine through shared decisions</p> <ul style="list-style-type: none"> Refer to CaFHS 'Our Family and Our Supports'. Explore how the caregiver is feeling, involve their family, kinship or friends if appropriate and encourage connection with those supports. If you have concerns, be honest as well as compassionate in exploring these. Offer <i>beyondblue</i> "Emotional Health Booklet" and "Dad's Handbook". Based on your clinical judgement offer one or more of the following where appropriate: <ul style="list-style-type: none"> PANDA 1300 726 306 (office hours) or panda.org.au. Centre of Perinatal Excellence: cope.org.au/ready to cope. Mumspace.com.au for a mobile app and/or MumMoodBooster an online treatment program. Parent Helpline 1300 364 100 (7.15am – 9.15pm). Health Direct 1800 022 222 (24/7). Explore EPDS question 10 responses. Does the caregiver need a safety plan? Document safety plan in the caregiver Client Record. Provide information on Lifeline, Parent Helpline, Crisis Care, Mental Health Triage 131 465 and "Where to go for Help" section of the My Health and Development Record (the 'Blue Book'). Referral to General Practitioner for mental health review. 	<p>Assess urgency for action</p> <ul style="list-style-type: none"> Explore options with caregiver/family & kinship. Who is there to support this person? (Refer to 'Our Family and Our Supports'). Engage with supports and explore resilience and protective factors. Develop a <i>CaFHS Care Plan</i>. • What is their sense of hope? Assess need for in the moment interventions if caregiver is distressed eg mindfulness, grounding and breathing techniques. If a more comprehensive mental health assessment is required refer to General Practitioner or Local Mental Health Service. Consider waiting lists in your risk assessment. If in doubt ring and discuss with Mental Health Triage, Clinical Lead or Perinatal Mental Health Consultant. CaFHS follow up in partnership with Mental Health Services. Seek caregiver consent to share information with other service provider(s). Referral to General Practitioner or Mental Health qualified person for a referral to Helen Mayo House. If thoughts of suicide, co-create a safety plan with caregiver; utilise SAFETool© or use the Beyond Now Safety Planning tool online. The app can be downloaded on the caregiver's phone if they wish. 	<p>Immediate response required</p> <ul style="list-style-type: none"> Mental Health Triage (metro) 13 14 65 (24/7). Rural and Remote Distance Consultation Service, Emergency Triage Liaison Service (country) 13 14 65. Or Hospital Emergency Department via Ambulance or family. <p>Other numbers</p> <p>Police 131 444 or 000 CARL 131 478 Domestic Violence and Aboriginal Family Violence Gateway (24/7 free call) 1800 800 098</p> <ul style="list-style-type: none"> Inform Clinical Lead/Nurse Consultant/Manager for possible escalation ASAP. Report via Safety Learning System (SLS) as necessary. 	
<p>Services available under General Practitioner Mental Health Care Plan</p> <ul style="list-style-type: none"> Links to Wellbeing – Southern & Central & East Adelaide http://www.linkstowellbeing.org.au - (08) 8326 3591. SONDER - Perinatal wellbeing – North & West Adelaide and Barossa & Gawler region. http://www.sonder.net.au – (08) 8209 0700 & http://www.countrysaphn.com.au 		<p>Protective Factors</p> <ul style="list-style-type: none"> Good family/community support. Sense of hope for the future. Positive sense of identity and cultural heritage. A sense of meaning and purpose in life. Previous positive engagement with Mental Health supports. 		



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