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.

SA Health does not accept responsibility for the quality or accuracy of material on websites linked from this site and does not sponsor, approve or endorse materials on such links.

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 women. 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.

Australasian 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.
Summary of Practice Recommendations

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.
Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ANRQ</td>
<td>Antenatal Risk Questionnaire</td>
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<tr>
<td>ATAPS</td>
<td>Access to Allied Health Professionals Scheme (Via Divisions of General Practice)</td>
</tr>
<tr>
<td>CaFHS</td>
<td>Child and Family Health Service</td>
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<tr>
<td>CARL</td>
<td>Child Abuse Reporting Line</td>
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<tr>
<td>COPE</td>
<td>Centre of Perinatal Excellence</td>
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<tr>
<td>CPS</td>
<td>Clinical Practice Support</td>
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<tr>
<td>D&amp;A</td>
<td>Drug and Alcohol</td>
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<tr>
<td>EPDS</td>
<td>Edinburgh Postnatal Depression Scale</td>
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<tr>
<td>FMC</td>
<td>Flinders Medical Centre</td>
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<tr>
<td>GP</td>
<td>General Practitioner</td>
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<tr>
<td>LMH</td>
<td>Lyell McEwin Hospital</td>
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<tr>
<td>MH</td>
<td>Mental Health</td>
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<tr>
<td>PANDA</td>
<td>Perinatal Anxiety and Depression Australia</td>
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<tr>
<td>PMHT</td>
<td>Perinatal Mental Health Team</td>
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<tr>
<td>PS</td>
<td>Psychosocial</td>
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<tr>
<td>SAPR</td>
<td>South Australian Pregnancy Record</td>
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<tr>
<td>SW</td>
<td>Social Worker</td>
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<tr>
<td>WCH</td>
<td>Women’s and Children’s Hospital</td>
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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* 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/](http://cope.org.au/about/review-of-new-perinatal-mental-health-guidelines/)

Additional Information

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.


- 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*.

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](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]
Anxiety and Depression in the Perinatal Period

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
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
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:

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
Anxiety and Depression in the Perinatal Period

Reference


Appendix 1: Perinatal Mental Health Pathways – Metropolitan Areas

At every antenatal or postnatal visit, enquire about the woman’s emotional wellbeing. Use the EPDS and ANRQ to screen for possible anxiety and depressive disorders along with psychosocial risk factors. Screening should occur:
- Early in pregnancy (e.g., at time of hospital booking)
- At least once later in pregnancy
- In the first 6-12 weeks following birth
- At any time in the antenatal or postnatal period if clinically indicated

**No / Low Risk**
- EPDS 0-9
- Mental health and social risk factors are low
- No significant history of mental health issues or trauma
- Has supports in the community

**Moderate Risk**
- EPDS 10-12
- Not in immediate crisis
- May have a history of mental health issues
- Has some support in the community
- May have a current therapist in the community

**High Risk**
- EPDS 13+
- History of mental illness or trauma
- Current symptoms of mental illness
- May have suicidal ideation without current plan or intent
- Clinical assessment indicates immediate safety concern (woman or infant) regardless of EPDS score or if screening tools declined

**Acute Risk**
- EPDS Qu. 10 score 2 or 3 with current suicide plan or intent
- Clinical assessment indicates immediate acute risk

**Social Risk factors high:**
- ANRQ score 23+
- Current domestic or family violence
- Homelessness
- Acute emotional distress
- Intellectual impairment
- Substance misuse
- Aged 16 years or younger
- Under Guardianship
- History of child protection issues

**Conservative Management**
- Repeat EPDS in 2-4 weeks
- Write letter to GP informing of EPDS and ANRQ scores

**Mental Health referral:**
- Written referral based on clinical assessment as per local policy.
- For urgent referrals or to speak to a mental health practitioner, phone:
  - FMC: 8404 2561
  - LMH: 8289 0744
  - WCH: 8161 7227
- Discuss potential impacts on mental and emotional wellbeing during the antenatal and postnatal periods.
- Provide resource information (e.g., Beyond Blue, COPPE, PANDA)

**Immediate response required**
- Activate local procedure(s)
- If local mental health practitioner not immediately available, phone:
  - Mental Health Triage Service on 131 465

**Social Work referral**
- (indicating if woman has declined support services) and/or action if immediate safety concern (e.g., child protection, domestic or family violence or homelessness)
- Consider:
  - Police 131 444 or 000
  - CARL: 131 478
Anxiety and Depression in the Perinatal Period

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 ETLIS (131 465) or PMHN (0457 569116) 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.

What issue(s) is this person facing?

EPDS screening < 13 and answered “No” to Q2 on the ANRQ/PNRQ

- EPDS < 9
  - Q10 negative
    - GREEN Pathway
      - Advice & Information
        - No evidence of wellbeing concerns and no significant attachment issues
        - Universal advice and guidance
        - Share appropriate mental health resources
        - Promote a positive attitude to pregnancy and life by encouraging parents to connect; be active, take notice, keep learning.

- EPDS 10-12
  - Q10 negative
    - BLUE Pathway
      - Assist and Monitor
        - Arrange psychosocial supports
        - Liaise with psychological services as needed
        - Advice and guidance as per the GREEN Pathway

EPDS ≥ 13
- Q10 negative
  - YELLOw Pathway
    - Specialist Mental Health Support
      - Evidence of intrusive mental health problems that may impact on the parent-infant relationship
      - Psychological therapies with assessment and allocation to most appropriate form of therapy and/or infant mental health support
      - Advice and guidance as per the GREEN pathway

EPDS ≥ 13
- Q10 positive
  - RED Pathway
    - Secondary or Tertiary Care
      - Evidence of severe mental health problems that are likely to impact on the parent-infant relationship
      - Urgent referral to psychiatric services
      - Perinatal Nurse Practitioner consultation/ liaison
      - Support from other mental health services as required.
## Appendix 3: CaFHS Perinatal Mental Health Pathway Guide

### Important to Note

- 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/traitrauma) and any other factors that may lessen or increase risk. *If in doubt, discuss with your Clinical Lead/Nurse Consultant.*
- 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 Torres Strait Islander caregivers, work with an Aboriginal Cultural Consultant (ACC) to ensure appropriate cultural considerations.

### Risk

<table>
<thead>
<tr>
<th>No/Low Risk</th>
<th>Moderate Risk</th>
<th>Higher Risk</th>
<th>Acute Risk/Incidental Crisis</th>
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</table>
| EPDS below 13 | EPDS 13 & above | Q 10 of the EPDS (2 or 3) Regardless of total EPDS score | • 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. |

#### Score and Possible Indications

- Mental health and social risk factors low.
- No known significant history of mental health issues or trauma.
- Note: a low score may not imply wellness.
- Where other indicators appear to be impacting on current mental wellbeing explore further through conversation.

#### Support Caregivers to Self-Determine through Shared Decisions

- 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 resources in ‘Emotional Health Booklet’ and ‘CaFHS Handbook’.
- Based on your clinical judgement offer one or more of the following where appropriate:
  - PANDA 1300 726 306 (office hours) or panda.org.au.
  - Centre of Perinatal Excellence pceope.org.au/readytopcope.
  - 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 beyond 10 responses. Does the caregiver need a safety plan?
  - Document safety plan in the caregiver's Client Record.
  - Provide information on Lifeline, Parent Helpline, Crisis Care, Mental Health Triage 131 468 and “Where to go for help” section of My Health and Development Record (the ‘Blue Book’).
  - Referral to General Practitioner for mental health review.

#### Options for Action by Staff Following Mental Health Screening

- 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 CaFHS Care Plan. 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 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 refer to 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 SAFE Tool® or use the Depression Safety Planning tool online. The app can be downloaded on the caregiver’s phone if they wish.

#### Immediate Response Required

- Mental Health Triage (metro) 13 1465 (24/7).
- Rural and Remote Distance Consultation Service, Emergency Triage Liaison Service (country) 13 1465.
- Or Hospital Emergency Department via Ambulance or family.
- Other numbers:
  - Police 131 444 or 000
  - CARL 131 478
  - Domestic Violence and Aboriginal Family Violence Gateway (24/7 free call) 1800 800 098
- Inform Clinical Lead/Nurse Consultant/Manager for possible escalation ASAP.
- Report via Safety Learning System (SLS) as necessary.

### Services Available Under General Practitioner Mental Health Care Plan

- Links to Wellbeing – Southern & Central & East Adelaide  
- SONDAR - Perinatal Wellbeing – North & West Adelaide and Barossa & Gawler region.  

### Protective Factors

- 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.

### Acronyms

- EPDS: Edinburgh Postnatal Depression Scale
- CARL: Child Abuse Report Line
- PANDA: Perinatal Anxiety Depression Australia

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**Government of South Australia**

**SA Health**

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