

SOCIAL AND EMOTIONAL SCREENING IN PREGNANCY

Assessment	Advice about assessment
<u>Depression</u>	Detecting symptoms of depression enables appropriate follow-up
<u>Anxiety</u>	Anxiety, either alone or with depression, is common in pregnancy and its detection enables appropriate follow-up
<u>Psychosocial risk factors</u>	Assessment of psychosocial factors aims to identify women who are more vulnerable to mental health conditions during pregnancy
<u>Family violence</u>	All women are asked about domestic violence during pregnancy to enable access to additional support and care

Screening for depressive and anxiety disorders (see Guideline Chapter 27)

Screening for depression

Consensus-based recommendation

Conduct screening as early as practical in pregnancy and repeat at least once later in pregnancy.

Recommendation

Evidence-based recommendation

Use the Edinburgh Postnatal Depression Scale (EPDS) to screen women for a possible depressive disorder.

Consensus-based recommendation

Use appropriately translated versions of the EPDS with culturally relevant cut-off scores.

Responding to EPDS scores

Recommendation

Evidence-based recommendation

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

Consensus-based recommendations

For a woman with an EPDS score between 10 and 12, monitor and repeat the EPDS in 4-6 weeks as her score may increase subsequently.

Repeat the EPDS at any time in pregnancy if clinically indicated.

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.

Screening for anxiety

Consensus-based recommendations

Be aware that an anxiety disorder is very common in the perinatal period and should be considered in the broader clinical assessment.

As part of the clinical assessment, use anxiety items from other screening tools (eg EPDS items 3, 4 and 5; Depression Anxiety Stress Scale anxiety items; and Kessler Psychological Distress Scale items 2, 3, 5 and 6) and relevant items in structured psychosocial assessment tools (eg the Antenatal Risk Questionnaire).

Practice summary

When: As early as practical in pregnancy

Who: Midwife; GP; obstetrician; Aboriginal and Torres Strait Islander health worker; multicultural health worker

- Establish referral pathways:** Identify appropriate health professionals available to provide follow-up care and to assist if there are concerns for the safety of the woman or baby.
- Seek informed consent:** Explain the purpose of screening for depression and anxiety and emphasise that this is part of routine care and results will generally remain confidential.
- Identify level of support needed:** Base decisions on follow-up on clinical judgement and the woman's preferences, taking into account that low or high scores may reflect other factors.
- Consider safety:** If the woman's mental health and safety is a concern, contact mental health services.
- Take a holistic approach:** Consider language and cultural appropriateness of screening tools.

Assessing psychosocial factors that affect mental health

(see Guideline Chapter 28)

Assessing psychosocial risk

When should psychosocial risk factors be assessed?

Assess psychosocial risk factors as early as practical in pregnancy.

Recommendation

Evidence-based recommendation

If using a tool to assess psychosocial risk, administer the Antenatal Risk Questionnaire.

Consensus-based recommendation

Consider language and cultural appropriateness of any tool used to assess psychosocial risk.

Undertake psychosocial assessment in conjunction with a tool that screens for current symptoms of depression/anxiety (eg the EPDS).

Responding to psychosocial screening results

What happens next?

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

How is effective psychosocial assessment supported?

Ensure that health professionals receive training in the importance of psychosocial assessment and the use of a psychosocial assessment tool.

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

Practice summary: psychosocial assessment

When: As early as practical in pregnancy

Who: Midwife; GP; obstetrician; Aboriginal and Torres Strait Islander health worker; multicultural health worker

- Provide information:** Explain that pregnancy can be challenging and that some life factors make it more likely that a woman will experience symptoms of depression or anxiety.
- Seek informed consent:** Explain that asking about psychosocial factors is a routine part of care during pregnancy and ask the woman for her consent.
- Offer support:** If a woman has psychosocial risk factors ask if she would like help with any issues.

Family violence (see Guideline Chapter 29)

Assessing for family violence

Recommendation

Evidence-based recommendation

Explain to all women that asking about family violence is a routine part of antenatal care and enquire about each woman's exposure to family violence.

Consensus-based recommendation

Ask about family violence only when alone with the woman, using specific questions or the tool used in your state/territory.

Example questions used in assessing family violence

Within the last year, have you (ever) been hit, slapped or hurt in other ways by your partner or ex-partner? OR (In the last year,) has (your partner or) someone in your family or household ever pushed, hit, kicked, punched or otherwise hurt you?

Are you (ever) afraid of your partner or ex-partner (or someone in your family)?

(In the last year) has (your partner or) someone in your family or household ever (often) put you down, humiliated you or tried to control what you can or cannot do?

(In the last year), has your partner or ex-partner (ever hurt or) threatened to hurt you (in any way)?

Would you like help with any of this now?

Are you safe to go home when you leave here?

Discussing family violence and responding to disclosure

Enquire about family violence when alone with the woman
Explain that the woman's responses will be kept confidential (subject to legal requirements)
Actively listen to what the woman tells you
Do not blame or judge the woman or her partner
Inform the woman that she is not alone, there are other women experiencing family violence
Affirm that the woman has made an important step by discussing her experiences
Reinforce that family violence is against the law
Reinforce that the woman should not self-blame
Affirm that the decision to discuss family violence is a major step to enhance her safety
Assist the woman to assess her safety and that of any children in her care
Discuss options for safe temporary accommodation if needed and available (eg safe house, family or friends, hospital, women's refuge)
Encourage the woman to access specialist support services (eg woman's health centre, social worker, counsellor, mental health service, family violence and sexual assault service)
Inform the woman of her legal right to protection and provide information on legal support services
Inform the woman that disclosure of family violence may require further discussion and possible reporting in relation to child protection issues (be aware of the relevant laws and requirements in your jurisdiction)
Be aware of security supports that can be used to protect the woman and yourself if needed
Document a woman's responses (ensuring that records are kept confidential and secure)
Report any incidents of violence according to organisational policy and jurisdictional legislation

How to respond to family violence appropriately in Aboriginal and Torres Strait Islander communities

Responses to assisting Aboriginal and Torres Strait Islander women who are experiencing family violence need to be appropriate to the woman and her community. Women should be asked about who they would like to be involved in their care and offered a clear choice about referral options.

Consensus-based recommendation

Undertake and encourage regular and repeat training of health professionals, as training programs improve confidence and competence in identifying and caring for women experiencing family violence.

What are relevant supports?

Be aware of family and community structures and support, and of community family violence and sexual assault services that can be called for urgent and ongoing support.

Practice summary

When: As early as practical and at subsequent antenatal visits

Who: Midwife; GP; obstetrician; Aboriginal and Torres Strait Islander health worker; multicultural health worker

- Discuss assessment for family violence:** Explain that enquiry about family violence is a routine part of antenatal care and that it aims to identify women who would like assistance. Explain confidentiality and provide opportunities for the woman to discuss family violence in privacy (without her partner present).
- Take a holistic approach:** If a woman affirms that she is experiencing family violence, other considerations include counselling and ongoing support. The safety of the woman and children in her care should be assessed and referral to other services (eg police, emergency housing, community services) made as required.
- Learn about locally available support services:** Available support services for women who are experiencing family violence will vary by location.
- Document the discussion:** Document in the medical record any evidence of injuries, treatment provided for injuries, referrals made and any information the woman provides. If woman-held records are used, the detail included in these should be limited and more detailed records kept at the health service.
- Seek support:** Depending on your skills and experience in discussing family violence with women and assisting them if they are experiencing family violence, seek advice and support through training programs, clinical supervision, mentoring and/or helplines.
- Be aware of relevant legislation:** Each state and territory has requirements about reporting violence as set out in its legislation.