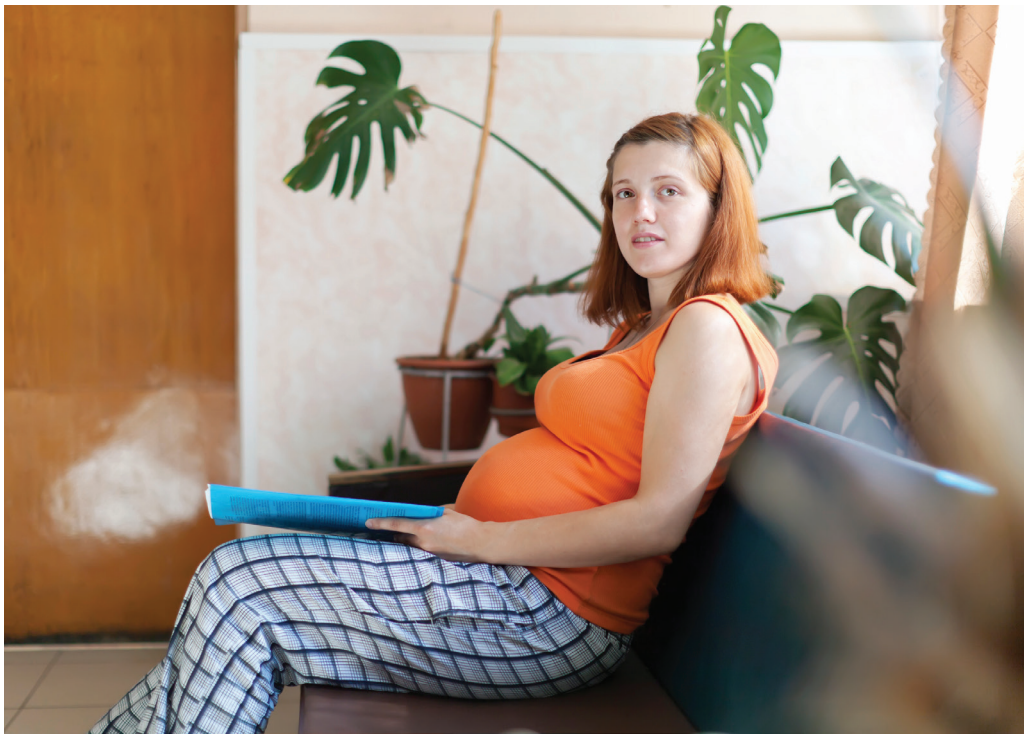

Barriers to and Facilitators of Perinatal Depression Screening

ALLYSSA L. HARRIS

Approximately one in 10 women ages 18 to 44 years old has experienced symptoms of major depression within the past year (Ko, Farr, Dietz, & Robbins, 2012). Current evidence suggests that approximately one in seven women will experience depression during the prenatal period (American College of Obstetricians and Gynecologists [ACOG], Committee on Obstetric Practice, 2015), making this a significant health concern during pregnancy. Depression during pregnancy is classified as a major or minor depressive episode that occurs during the prenatal period or within 12 months after birth (Gavin et al., 2005). In January 2016, the U.S. Preventive Services Task Force issued new recommendations for depression screening that included screening for depression among pregnant and postpartum women (Siu et al., 2016).

Undiagnosed and untreated mental health

Abstract Depression is a significant health issue for women of reproductive age. A number of professional organizations have issued guidance regarding perinatal depression screening. However, some health care providers are reluctant to screen women. This column takes a second look at two recent research studies in which investigators examined the barriers to and facilitators of perinatal depression screening. http://dx.doi.org/10.1016/j.nwh.2016.10.004

Keywords depression | depression screening | perinatal depression

illness during pregnancy and the postpartum period can have significant health sequelae for women and their infants and families. Researchers have shown that depressed mothers are less likely to interact with and respond to their infants' cues, seek appropriate medical care for their infants, or engage in safe health practices, such as using a car seat and installing smoke detectors in the home, and that they have more difficulty in establishing healthful parenting practices (Lovejoy, Graczyk, O'Hare, & Neuman, 2000; Milgrom & Gemmill, 2014; Minkovitz et al., 2005; Reck et al., 2004). In addition, children of depressed mothers are at greater risk for delayed language and cognitive development, mental health issues, and poor physical growth (Field, Diego, & Hernandez-Reif, 2006; Lieb, Isensee, Höfler, Pfister, & Wittchen, 2002; Sohr-Preston & Scaramella, 2006; Stewart, 2007).

> Current evidence suggests that approximately one in seven women will experience depression during the prenatal period

ACOG recommends the following: that (a) all women be screened for depression and anxiety disorders using a standardized tool at least once during the perinatal period; (b) women with a history, current diagnosis, or risk factors of depression and anxiety be assessed and monitored closely; and (c) providers' practices should have sufficient support mechanisms in place to diagnose, treat, and provide follow up for women diagnosed with depression and anxiety disorders (ACOG Committee on Obstetric Practice, 2015). However, many health care providers have not implemented these recommendations; research suggests that only 50% of pregnant women are being screened for depression during pregnancy (Dietrich et al., 2003; LaRocco-Cockburn, Melville, Bell, & Katon, 2003; Le Strat, Dubertret, & Le Foll, 2011).

This column highlights two recent studies whose authors examined mental health screening during pregnancy and provides women's health care nurses an opportunity to stay up to date on perinatal mental health screening. In the first study, Kingston, Austin, Heaman, et al. (2015) examined barriers and facilitators of provider-initiated mental health screening in pregnancy. In the second study, Kingston, Austin, McDonald, et al. (2015) reported on pregnant women's perceptions of the benefits and harms of mental health screening. These studies provide level II-2 evidence (see Box 1).

The First Study

Design, Sample, and Data Analysis

The study by Kingston, Austin, Heaman, et al. (2015) was part of a larger investigation designed to describe pregnant women's opinions and reactions to mental health screening. Investigators used a cross-sectional descriptive design to survey pregnant women in Alberta, Canada.

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Allyssa L. Harris, PhD, RN, WHNP-BC, is an assistant professor in the William F. Connell School of Nursing at Boston College in Chestnut Hill, MA. The author reports no conflicts of interest or relevant financial relationships. Address correspondence to: allyssa.harris@bc.edu.