

Perinatal Mood Disorders:

Implementing the Edinburgh Postnatal Depression Scale Screening for Antepartum Patients with Maternal-Fetal Complications

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Perinatal mood disorders, PMDs, are a significant concern in maternal health, contributing to long-term maternal and infant health risks. Despite the prevalence of these disorders, routine screening and early identification remain underutilized, especially in the antepartum period when women are hospitalized for maternal-fetal complications. This manuscript explores the importance of early identification of perinatal mood disorders using the Edinburgh Postnatal Depression Scale (EPDS) during hospital admissions for antepartum complications. The objective is to highlight the value of routine EPDS screening as part of holistic care for this high-risk population, ensuring timely intervention and improved outcomes for both mother and child.

Introduction:

Perinatal mood disorders, including depression and anxiety, are among the most common complications of pregnancy, affecting approximately 10-20% of pregnant women. While often thought of as a postnatal issue, these disorders can also manifest during pregnancy, with significant implications for maternal and fetal health. For women with pre-existing or pregnancy-related maternal-fetal complications, the risk of developing mood disorders is higher due to the added stressors and medical challenges they face. Early identification and intervention are critical in mitigating the effects of perinatal mood disorders and improving maternal and fetal outcomes.

The Edinburgh Postnatal Depression Scale (EPDS) is a validated screening tool designed to identify depression and anxiety symptoms in perinatal women. Traditionally used in the postnatal period, its use in antepartum care has shown promise in detecting mood disorders early, especially in high-risk populations. This manuscript explores the benefits and challenges of implementing routine EPDS screening for antepartum patients admitted to the hospital for maternal-fetal complications.

Perinatal Mood Disorders: An Overview

Perinatal mood disorders encompass a range of psychological conditions that can develop during pregnancy or in the first year after childbirth. These include perinatal depression, anxiety disorders, and, in some cases, postpartum psychosis. Among these, perinatal depression is the most common, often presenting as a depressive episode that occurs during pregnancy (antepartum) or within the first 12 months after delivery (postpartum). Perinatal anxiety frequently accompanies depression and can significantly impact a patient's quality of life,

leading to issues such as poor maternal-fetal bonding, impaired maternal health behaviors (poor nutrition, lack of prenatal care), and, in severe cases, suicidal ideation.

Perinatal mood disorders are often undiagnosed, as many pregnant individuals may not report their symptoms or may not have access to mental health support. This is especially true for patients facing maternal-fetal complications, who may focus more on their physical health and the well-being of their baby rather than their emotional health.

Maternal-Fetal Complications and Their Impact on Mental Health

Maternal-fetal complications, such as preeclampsia, gestational diabetes, placental abruption, intrauterine growth restriction (IUGR), and preterm labor, represent some of the most common reasons for antepartum hospitalization. These conditions place significant physical and emotional stress on expectant mothers, and studies have shown a higher incidence of mood disorders in women hospitalized for these conditions. Factors such as fear for the health of the baby, prolonged hospital stays, neonatal intensive care admissions, physical discomfort, and potential delivery complications can exacerbate feelings of anxiety and depression.

Research indicates that women with maternal-fetal complications experience a heightened vulnerability to mental health issues during pregnancy. Anxiety about fetal well-being, social isolation, and disruption to daily life due to hospitalization are key stressors that can contribute to the onset or exacerbation of perinatal mood disorders. These psychological challenges can further complicate maternal health and impede the ability to adhere to medical recommendations, such as rest or medication management, thereby potentially increasing the risk of negative outcomes for both mother and child.

Edinburgh Postnatal Depression Scale: A Tool for Early Detection

The Edinburgh Postnatal Depression Scale (EPDS) is a widely used, self-reported screening tool designed to assess the presence of depression and anxiety symptoms in women during the perinatal period. Originally developed in the early 1980s, the EPDS consists of 10 questions addressing mood, sleep, anxiety, and overall feelings of well-being over the past seven days. It is simple to administer and has been validated for use both in the postpartum and antepartum populations.

The EPDS has been proven effective in identifying women at risk for depression, with a sensitivity of approximately 85% and a specificity of 90%. It is especially useful in detecting anxiety and depressive symptoms that may not meet the criteria for full-blown depression but still significantly impact a woman's mental health and well-being. By incorporating EPDS screening early in pregnancy and throughout the antepartum period, healthcare providers can identify mood disorders sooner, allowing for timely intervention.

Implementing EPDS Screening for Antepartum Patients with Maternal-Fetal Complications

Routine screening for perinatal mood disorders using the EPDS during antepartum hospitalizations for maternal-fetal complications provides a proactive approach to mental health care. Given that many women hospitalized for high-risk pregnancies experience significant psychological stress, implementing this screening tool during their hospital stay offers a unique opportunity to identify and address mood disorders early.

Key Benefits of Implementing EPDS Screening:

1. **Early Identification of Symptoms:** Routine EPDS screening provides healthcare professionals with a structured approach to detect early signs of depression or anxiety. This is especially important for women in the antepartum period who may not otherwise seek help for emotional distress due to the focus on their physical health and fetal monitoring.
2. **Holistic Maternal Care:** Implementing EPDS screening as part of standard care emphasizes the importance of addressing the emotional well-being of the mother alongside physical health concerns. This integrated approach can foster a more comprehensive and empathetic model of care.
3. **Improved Outcomes for both Mother and Baby:** Identifying and treating perinatal mood disorders early can improve outcomes for both mother and child. For mothers, it can reduce the risk of developing severe depression or anxiety, while also improving maternal engagement with prenatal care. For infants, reducing maternal stress and depression has been associated with better fetal development, fewer preterm births, and improved bonding post-birth.
4. **Referral to Mental Health Services:** Women who screen positive on the EPDS can be referred for further evaluation and treatment. This may include therapy, counseling, and, if necessary, psychiatric medication. Timely referral can prevent worsening of symptoms and reduce the risk of postpartum depression and anxiety.

Challenges and Considerations

Despite the benefits, several challenges exist in implementing routine EPDS screening in antepartum care for women with maternal-fetal complications. These include:

1. **Staff Training and Awareness:** Healthcare providers may need additional training on the use of the EPDS and the interpretation of results to ensure effective screening. Proper education is essential for ensuring that providers understand the significance of the tool and can provide appropriate support to women who screen positive.
2. **Patient Comfort and Privacy:** Some women may feel uncomfortable discussing their emotional health, especially when focused on more pressing medical concerns related to their pregnancy. Creating a supportive and non-judgmental environment where patients feel safe discussing their mental health is essential for successful implementation.
3. **Resource Limitations:** Hospitals may face challenges in providing adequate follow-up mental health resources, including access to trained counselors or psychiatrists,

particularly in rural or resource-limited settings. Collaborating with mental health professionals and ensuring timely access to care is key to the success of EPDS screening.

Conclusion

Perinatal mood disorders are a significant public health concern, particularly for women experiencing maternal-fetal complications. Implementing routine screening with the Edinburgh Postnatal Depression Scale (EPDS) for antepartum patients can serve as an effective strategy to identify mood disorders early and provide timely interventions. By addressing the mental health needs of pregnant women in the context of maternal-fetal complications, healthcare providers can enhance the overall care provided, leading to better outcomes for both mothers and their babies. Additionally, once inpatient stays are complete, appropriate follow-up can be placed to continue to follow the mother through the postpartum setting. Through increased awareness, staff training, and access to mental health resources, the integration of EPDS screening into routine antepartum care has the potential to become a vital component of maternal healthcare practices.