

Frequently Asked Questions: Postpartum Depression Screening in Public Health Well Child Clinic

1. When will Postpartum Depression (PPD) Screening be implemented in my zone?

The Public Health Postpartum Depression Screening Policy Suite has been approved and will come into effect on March 6, 2019. This Policy Suite replaces all legacy policies, guidelines, protocols and zone specific health care provider educational modules, etc. The Postpartum Depression Screening Policy Suite will improve maternal mental health and the health of families through a standardized and coordinated approach to PPD screening, referral and surveillance within Public Health Child Clinic (WCC) visits. Health care professional resources have been developed to support implementation of this policy suite and can be found on www.ahs.ca/hpppd. Parent resources and services and programs available in your zone found on www.ahs.ca/ppd

2. Where do I find documents and resources to support PPD Screening in Public Health Settings?

There are several health professional documents and resources to support PPD Screening in Public Health Settings.

The following resources can be found at Information for Health Professionals at www.ahs.ca/hpppd

- Public Health Postpartum Depression Screening Policy
- Public Health Postpartum Depression Screening Guidelines
- Appendix A: Public Health Postpartum Depression EDPS Referral Flowchart
- Appendix B: Postpartum Depression – Alternate Questions Referral Flowchart
- Appendix C: Postpartum Depression Suicide Risk Referral Flowchart and Postpartum Depression Suicide Risk Referral User Guide
- Edinburgh Postnatal Depression Scale (EPDS) – English
- EPDS – Arabic
- EPDS – Chinese (Traditional)
- EPDS – French
- EPDS – Italian
- EPDS – Punjabi
- EPDS – Spanish
- EPDS – Vietnamese
- EPDS Scoring Sheet (English and 7 translated versions)
- Family Support Plan (English and 7 translated versions)
- Frequently Asked Questions: Postpartum Depression Screening in Public Health
- Public Health Postpartum Depression Education Module: Additional Resources
- Public Health Postpartum Depression Education Module: Key Points for Clinical Practice
- Public Health Postpartum Depression Education Module: Key Terms
- Public Health Postpartum Depression Education Module: Reference

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The webpage for PPD can be found at www.ahs.ca/ppd and includes:

- AHS mental health and PPD services and support groups available in each zone
- [Information for Health Professionals](#)
- [Information on PPD from Healthy Parents, Healthy Children](#)
- Related mental health and PPD webpages

3. What is opportunistic screening? What is the definition of an eligible mother?

Opportunistic screening is a test that is offered routinely to an individual without symptoms of the disease/disorder when they present to a health care professional for reasons unrelated to that disease/disorder (e.g., offering PPD screening at Well Child Clinic [WCC] visits).

Eligible mother, means postpartum (birth up to one year after childbirth) mothers who have not disclosed a diagnosis and are not actively being treated for depression or other perinatal mood disorders, have not experienced a perinatal loss, are not foster or adoptive mothers, have not placed their infant for adoption, and have not had their infant apprehended or placed in care. Ineligible mothers will be followed using local processes or protocols.

4. Who is offered PPD Screening? When and how can PPD Screening occur?

Who is offered PPD Screening?

Eligible mothers will be routinely offered PPD screening. A mother's choice to participate in PPD screening is voluntary.

Note: Mothers attending Public Health WCCs who have been previously screened for PPD, shall be offered PPD rescreening at the first regular Public Health WCC visit as the EPDS inquiries about the past 7 days and is valid for the day administered. Administration of the EPDS prior to 2 months may be associated with inaccurate results.

When can PPD Screening occur?

Routine PPD screening will be offered at the first regular Public Health WCC visit (generally at two [2] months) and may be offered anytime up to 12 months postpartum as indicated. The EPDS is valid only up to 12 months postpartum.

When can PPD Rescreening occur?

Reasons for offering rescreening, in followup, may include:

- a discrepancy between the EPDS score and other factors or observations that may flag a concern
- concerns from the mother or nursing concerns at a following visit (e.g., at 4 months)
- initial screen completed prior to the first WCC visit

How can PPD Screening occur?

The EPDS is a validated screening tool offered to eligible mothers and is self-administered. The EPDS can be offered:

- in English
- using validated translated versions that include: Arabic, French, Italian, Punjabi, Spanish, Traditional Chinese and Vietnamese using AHS Telephone Interpretation Services (language line)

The Postpartum Depression – Alternate Questions can be offered when it is not possible to complete the EPDS in English or using a validated translated version. The Postpartum Depression – Alternate Questions are delivered verbally.

5. Can I offer PPD Screening to mothers who are not eligible for routine screening? What tools and resources can I use?

Screening ineligible mothers

Ineligible mothers may still be at risk of PPD. Although ineligible mothers are not offered routine screening, the Public Health Nurse (PHN) will use clinical judgment if signs and symptoms of depression are present to determine how to best support them.

Ineligible mothers may include mothers who have disclosed a diagnosis and are actively being treated for depression or other perinatal mood disorders, foster or adoptive mothers, mothers who have experienced perinatal loss or place their infant for adoption, and mothers who have had their child apprehended or placed in care or who are not attending Public Health WCCs.

Tools, resources and nursing actions that may be used to support ineligible mothers who are not offered routine screening may include, but are not limited to:

- Postpartum Depression - Alternate Questions
 - Postpartum Depression - Alternate Questions are comprised of three questions: two questions that are adapted from the Patient Health Questionnaire (PHQ2) and one risk of harm question. The PHQ2 enquires about the frequency of depressed mood and loss of interest or pleasure in doing things over the past 2 weeks. The purpose of the Postpartum Depression - Alternate Questions is to screen for depression as a first step approach and determine if further investigation is needed. The PHQ2 has been validated for use with adolescents, adults and postpartum mothers and therefore can be used with ineligible and eligible mothers and partners.
- Suicide Risk Referral Flowchart and Suicide Risk Referral Flowchart User Guide
- Anticipatory Guidance
- Family Support Plan
- [Healthy Parents, Healthy Children](#)
- AHS PPD webpage (www.ahs.ca/ppd)

If the Postpartum Depression - Alternate Questions and/or Suicide Risk Referral Flowchart are used, the PHN will follow the nursing actions outlined on the respective referral flowchart used.

6. What about a partner's depression?

Partners and Depression

A partner may be at risk for depression. Routine screening of a partner's depression is not within the current scope of the Public Health Postpartum Depression Screening Policy and the Public Health Postpartum Depression Screening Guidelines. Although partners are not offered routine screening, the PHN will use clinical judgment if signs and symptoms of depression are present to determine how to best support them.

A partner's depression may be associated with a new mother's distress or the early parenthood experience. This can affect all areas of life, such as work, home life, health or the ability to provide support to their partner. Partner depression during the perinatal period has been shown to have many of the same risks as maternal depression. Therefore, it's important to consider the full family context and it may be appropriate to offer support or recommend further assessment for a partner if depression is suspected.

Tools, resources and nursing actions that may be used to support partners who are not offered routine screening may include:

- Postpartum Depression - Alternate Questions
 - Postpartum Depression - Alternate Questions are comprised of three questions: two questions that are adapted from the Patient Health Questionnaire (PHQ2) and one risk of harm question. The PHQ2 enquires about the frequency of depressed mood and loss of interest or pleasure in doing things over the past 2 weeks. The purpose of the Postpartum Depression - Alternate Questions is to screen for depression as a first step approach and determine if further investigation is needed. The PHQ2 has been validated for use with adolescents, adults and postpartum mothers and therefore can be used with ineligible and eligible mothers and partners.
- Suicide Risk Referral Flowchart and Suicide Risk Referral Flowchart User Guide
- Anticipatory Guidance
- Family Support Plan
- [Healthy Parents, Healthy Children](#)
- AHS PPD webpage (www.ahs.ca/ppd)

If the Postpartum Depression - Alternate Questions and/or Suicide Risk Referral Flowchart are used, the PHN can follow the nursing actions outlined on the respective referral flowchart used.

Note: Evidence suggests that EPDS cut-off scores for fathers may be lower than cut-off scores for mothers, but have not been validated. Therefore, at this time using the EPDS with fathers is not recommended.

7. What about others who are excluded from being offered routine PPD Screening but may be at risk of PPD?

Currently the scope of the Public Health PPD Screening Policy and Guidelines is limited to eligible mothers who attend WCC. PHN will use clinical judgment if signs and symptoms of depression are present in those ineligible to determine how to best support them. Once WCC standardization and the public health database (Meditech) are implemented across the province, and evaluations of the WCC and the PPD Suite are completed, eligibility criteria may be reviewed.

8. What do I do if a mother declines PPD screening or referral?

If a mother declines PPD screening or referral, you may consider the following:

- refer her to PPD information in [Healthy Parents, Healthy Children \(HPHC\)](#) and the [AHS PPD webpage](#)
- exercise clinical judgment in conjunction with interactions with the mother to determine if further discussion and/or actions related to PPD are appropriate
- inform her physician of record by completing the Public Health Postpartum Depression Referral and identify any PPD symptoms, risk factors or risk of suicide, if known
- reassure and normalize that symptoms of PPD are common and encourage her to speak to her physician, other health care professionals or family if she is feeling overwhelmed or has concerns

If determined that further discussion about PPD is appropriate, by exercising clinical judgment in conjunction with interactions and addressing her concerns, you may consider using the Postpartum Depression – Alternate Questions. However, use caution, if a mother is pressed on a subject that she is not open to discussing she may not feel safe or supported and it may impact future interactions with other health care professionals and/or impact help-seeking if needed.

Screening can be seen as an offer to help which can be accepted or not, as the mother chooses. A mother's choice to participate in PPD screening is voluntary. The fact that an offer has been made, may in itself indicate to her that it's appropriate to discuss her feelings with a health care professional, which she may take advantage of on a subsequent occasion.

9. Why are we using validated translated versions? Are they accurate? Why is the score cut-off lower?

Validated translated versions

The EPDS is a reliable and valid measure for use with geographically diverse, non-English speaking populations. The EPDS has been translated into 58 different languages. However, validation studies have not been completed for all the languages. The EPDS translated versions chosen for use in WCC (Arabic, French, Italian, Punjabi, Spanish, Traditional Chinese and Vietnamese) have strong validation studies and are included in the top 20 languages spoken in Alberta. The validated translated versions are not a direct translation; they account for differences in language and cultural considerations. Only self-administered validated translated versions are assumed to give an accurate score as they account for differences in language and cultural consideration. Cultural differences in the interpretation might result in a score that does not accurately reflect the mother's mood.

The AHS Telephone Interpretation Services (language line) are used to introduce and explain the validated translated versions of the EPDS to the mother and facilitate a referral if needed.

Accuracy of translated versions

The validated translated versions were provided by The Royal College of Psychiatrists UK who hold the copyright for use. Alberta Health Services has a copyright agreement with The Royal College of Psychiatrists, UK, to use the EPDS (English and the validated translated versions). The choice of words on the validated translated versions may not represent day to day verbiage or conversational language. However, word choices reflect the validation work done to translate the EPDS from English to another language. The validated translated versions were reviewed by AHS Translation Services to ensure accuracy.

Lower cut-off score

The cut-off score for validated translated versions is lower than English EPDS to optimize sensitivity. A score of 10 has been validated for all groups when screening for possible depression. A cut-off score of 10, using validated translated versions, aligns with other provinces (e.g., British Columbia).

10. Can we use other translated resources for languages that do not have a validated translated EPDS version?

Only validated translated versions of the EPDS offered in Arabic, French, Italian, Punjabi, Spanish, Traditional Chinese and Vietnamese shall be used. If a validated translated EPDS is not available in the mother's preferred language then offer the Postpartum Depression - Alternate Questions.

11. How do I determine if a mother has limited English or is non-English speaking?

1. Ask a question in English that requires a person to answer in a sentence.
2. Avoid questions that can be answered with a “yes” or a “no” or a familiar question such as “Where do you live?”
3. Ask the client what language they speak at home and with friends. Languages other than English may indicate a preference and may indicate the need for an interpreter.
4. Remember that English proficiency can decrease substantially in times of stress, pain or fatigue.

12. Can I interpret or have a family member interpret rather than call AHS Telephone Interpretation Services (language line)?

It is best practice that **ALL** interpretation is provided by an AHS Telephone Interpretation Services (language line) certified medical interpreter. Use of volunteer or ad hoc interpreters or family members may leave AHS in violation of Freedom of Information and Protection of Privacy (FOIPP) and Health Information Act (HIA). Use of non-certified medical interpreters may result in errors due to lack of language proficiency, lack of medical terminology, cultural and personal bias.

A mother may request or insist on a family member interpreting for them. It is acceptable to explain that AHS’ approved method of communication is to use a certified medical interpreter. The family member can interpret but it is the AHS Telephone Interpretation Services Language Line interpreter's responsibility to ensure information is communicated accurately and without omission. In addition, in private, use an AHS Telephone Interpretation Services Language Line interpreter to obtain consent from the mother for a family member to translate for them.

13. Can I refer a mother for further assessment when interactions with her and the EPDS score do not seem to match?

A referral for further assessment may be considered when interactions with the eligible mother indicate that the likelihood of depression may be higher than the score indicates. A referral will be offered if the EPDS - English score is 13-30 or EPDS validated translated version score is 10-30.

14. Can the EPDS be completed over the phone?

The EPDS is to be self-administered and offered in an environment where you and mother have privacy. The EPDS shall not be offered in the waiting room, over the phone or sent electronically to mothers.

The rationale on why the EPDS shall not be completed over the phone includes:

- **Validation:** EPDS validation is based on the scale being self-administered. A screen completed over the phone is not considered self-administered. Without intent, a PHN may place emphasis on a phrase, answer options or question that may impact a mother's answer.
- **Safety:** over the phone it may be difficult for the PHN to determine if a mother has privacy, this may influence her responses. If a mother is in distress or imminent danger (e.g., likelihood of PPD or risk of suicide) and is disconnected or hangs up without completing the screen/nursing actions this may place her safety at risk.
- **Interactions:** face to face interactions are valuable in assessing a mother's emotional state by observing interactions with her infant or partner, body language, eye contact and responses. These interactions may influence clinical judgment such as when the likelihood of depression appears higher than the score indicates and a referral is considered.

If the EPDS is not offered at the first regular Public Health WCC visit (generally at two [2] months) due to time constraints or other considerations the following is suggested based on clinical judgement:

- book a followup appointment to offer and complete the screen, or;
- offer the screen at the next scheduled Public Health WCC visit (generally at four [4] months) and;
- inform her physician by completing the Public Health Postpartum Depression Referral and identify any PPD symptoms, risk factors or risk of suicide, if known and;
- in the interim refer her to PPD information in [Healthy Parents, Healthy Children \(HPhC\)](#) and the [AHS Postpartum Depression webpage](#)

15. Can I offer PPD screening virtually or via telephone during the COVID-19 pandemic?

Due to COVID-19, Well Child clinic visits may change or vary due to facility, program or zone policy and procedures and may include vaccine only visits and/or telephone/virtual appointments and/or telephone/virtual follow up. Symptoms may be intensified and/or risk of PPD may be elevated due to increased stress related to the pandemic, social distancing and isolation, and changes to community and familial supports available.

If the EPDS cannot be self-administered, a Public Health Nurse's (PHN) clinical judgment can determine how to best support the client.

Tools, resources and nursing actions that may be used to support mothers in virtual settings such as online or phone who present with symptoms or who are at risk may include, but are not limited to:

- Postpartum Depression - Alternate Questions
 - Postpartum Depression - Alternate Questions are comprised of three questions: two questions that are adapted from the Patient Health Questionnaire (PHQ2) and one risk of harm question. The PHQ2 enquires about the frequency of depressed mood and loss of interest or pleasure in doing things over the past 2 weeks. The purpose of the Postpartum Depression - Alternate Questions is to screen for depression as a first step approach and determine if further investigation is needed. The PHQ2 has been validated for use in virtual/telephone settings and therefore can be used in these settings.
- Suicide Risk Referral Flowchart and Suicide Risk Referral Flowchart User Guide
- Anticipatory Guidance
- Family Support Plan
- [Healthy Parents, Healthy Children](#)
- AHS PPD webpage (www.ahs.ca/ppd)

16. What is an example of using my clinical judgement during PPD Screening?

The use of clinical judgment¹ refers to:

- an interpretation or conclusion about a patient's needs, concerns or health problems
- a decision to take action or not take action
- a decision to use or modify standard approaches or improvise ones as deemed appropriate by the patient's response

¹ Tanner C. Thinking like a nurse: a research-based model of clinical judgment in nursing. J Nurs Educ [Internet]. 2006;45(6):204–2011. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/16780008>

During PPD screening, clinical judgment is used in conjunction with the EPDS score or Postpartum Depression - Alternate Questions and interactions with the eligible mother to guide shared decision making regarding nursing actions such as: rescreening, followup timeframe, further assessment, and support and/or referral options. Clinical judgment may be exercised when a situation is determined to be outside the parameters provided in the PPD Screening Policy and Guidelines. If deviation from the policy or guidelines is determined to be appropriate or necessary, documentation of the rationale will be included in the mother's electronic medical record.

Example: Use of clinical judgment in practice

A mother presents as quiet and withdrawn, stating she has no concerns. The PHN observes that the mother shows an inability to soothe her infant following immunization. The mother has few supports as she has recently moved and her family does not live in the same city. The mother scores 10 on the EPDS. She does not have a physician. The PHN offers to help her find a physician and refers her for a followup visit. The PHN has used clinical judgment in this scenario to offer a referral. The PHN documents the rationale and outcome in the electronic medical record.

17. What if a mother declines to participate in the Public Health Postpartum Suicide Risk Referral Flowchart discussion?

If a mother declines to participate in the Public Health Postpartum Suicide Risk Referral Flowchart discussion, the PHN will follow the nursing actions outlined in the guidelines for when:

- likelihood of depression is considered high, using the EPDS Referral Flowchart for the EPDS - English version (13-30 EPDS score); or
- likelihood of depression is possible, using the EPDS Referral Flowchart for the EPDS validated translated version (10-30 EPDS score); or
- likelihood of depression is possible, using the Postpartum Depression – Alternate Questions Referral Flowchart

18. Can I use Crisis Services to support me when a mother is at risk of suicide during PPD Screening?

Crisis Services may not be available in all zones and may function differently in each zone.

- if crisis services **are available** and will support the mother's transition and welfare, follow your facility, program or zone policy and procedures - document nursing actions taken in the electronic medical record
- if crisis services **are not available** or are unable to support the mother's transition and welfare, follow the Public Health Postpartum Suicide Risk Referral Flowchart nursing actions
- zones may have crisis-related services to support a mother who is at risk of suicide, including mental health professionals and/or crisis or mobile teams

19. When is consent needed during PPD Screening?

- whenever possible and practical, obtain verbal consent to notify primary contact (e.g., partner/family member or designated individual) to inform them of the mother's condition and/or location
 - document verbal consent and any disclosure of health information in the electronic medical record
 - disclosure should not occur if it is known to be against the mother's wishes
 - use clinical judgment to determine who to contact about the welfare of the mother if it will minimize the threat to the mother (e.g., domestic violence)
- consent is not required to disclose health information about the mother to a health care professional providing continuing treatment and care
- consent is not required to disclose health information when there are reasonable grounds to believe the disclosure will prevent or minimize an imminent danger to the health or safety of the mother
 - three criteria must be satisfied for the legal definition of "imminent danger" to exist:
 - **clarity**: the intended victim or group of victims must be sufficiently identifiable;
 - **danger**: the danger to the victim must be serious bodily harm or death;
 - **imminence**: the risk must be serious and a sense of urgency must be created by the threat of danger; the risk could be a future risk but must be serious enough that a reasonable person would be convinced that the harm would be carried out
- consent is not required to notify the mother's primary contact, other appropriate person or Child and Family Services to arrange for someone to care for or keep the mother's children safe
 - if the eligible mother's primary contact or another appropriate person to arrange for safety and care of the minor, then contact Child and Family Services

For more information on disclosure of health information under the Health Information Act visit:
<https://www.albertahealthservices.ca/info/Page3937.aspx>

20. Is there a PPD Screening referral process or referral form?

Yes, there is a referral process you can follow.

Public Health PPD Referral is used by a PHN when:

- referring an eligible mother for further assessment at risk of PPD or risk of suicide
- informing a physician of a referral to a health care professional or emergency department
- informing a physician of PPD symptoms, risk factors or risk of suicide when an eligible mother has declined screening or referral

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After completion of the PPD Screen, the PHN will:

1. Print the completed electronic medical record public health PPD assessment page.
2. Print an electronic medical record PPD cover letter that includes:
 - a) the name, designation, address, phone and fax number of the intended recipient
 - b) the specific reason for the referral when the request is for the physician to refer the eligible mother to another resource, provide potential referral sources if possible; or clearly indicate when the communication is for information only
 - c) the name, designation, address and phone number of the PHN initiating the referral process
3. Fax the electronic medical record PPD assessment page and the cover letter to the health care professional and or the family physician.

To print the assessment page legibly, go to the EMR (through Meditech), and select the client and the assessment page completed. An EMR report with all the information entered will be generated via the document viewer. This is the page that can be printed and sent off to other health care professionals or physicians.

21. How can I order the Family Support Plan?

Health care professionals providing care for mothers at risk, or mothers who may be experiencing PPD, can order free copies of the Family Support Plan for distribution via Data Group.

The Family Support Plan is offered in English, Arabic, French, Italian, Punjabi, Spanish, Traditional Chinese and Vietnamese

Order: [Data Group](#)

User ID: healthypublic

Password: healthy2013

Search: Family Support Plan

As a printable resource for families, the Family Support Plan can also be found at

<https://healthyparentshealthychildren.ca/resources/printables-pregnancy-labour-and-postpartum>

22. How can I order the English version of the EPDS?

The EPDS – English is ready to order. You may order by form number **21183(2018-10)** from:

- **Edmonton and North Zone** can order online from Data Communications Management online at <https://dol.datacm.com>. If you do not have an existing account with Data CM, you can set one up by calling 780.577.8295
- **Calgary Zone** can order from Data CM online at <https://dol.datacm.com>. If you do not have an existing account with Data CM, you can set one up by calling 403.207.6631
- **Central Zone** can order from the Wetaskiwin Printing Services. If you have questions about ordering printing, call 780.312.3611
- **South Zone** - can order from Printing Services. If you have any questions about ordering printing, call 403.388.6000 Ext.1513

The Edinburgh Postnatal Depression Scale can also be found at <https://www.albertahealthservices.ca/frm-21183.pdf>

23. How can I print the validated translated versions of EPDS?

Validated translated versions of the EPDS are offered in Arabic, French, Italian, Punjabi, Spanish, Traditional Chinese and Vietnamese.

The EPDS validated translated versions can be found at <http://www.ahs.ca/hpppd> Information for Health Professionals

24. How can I print the EPDS Scoring Sheet for English and validated translated versions?

The EPDS Scoring Sheet for English and validated translated versions can be found at <http://www.ahs.ca/hpppd> Information for Health Professionals

Note: the EPDS scoring sheet is used for both the English and validated translated versions of the EPDS.

25. Do I need to retain a paper copy of the EPDS?

The Edinburgh Postnatal Depression screening tool (paper or electronic) is considered a non-transitory health record as per Individually Identifying Information policy (1174). This record will need to be retained on the mother's health record for 11 years as per Records Retention Schedule (1133-01).

After the mother completes the EPDS, the responses to Questions 1-10 are to be transcribed into the mother's electronic record using the Edinburgh Postnatal Depression Scoring PCS assessment. Once the EPDS is transcribed fully into the PPD Screening and EPDS Assessment the EPDS paper copy is no longer required.

Starting November 23, 2020 every Public Health Postpartum Depression Screen completed must now include the Edinburgh Postnatal Depression Scoring assessment.