

Depression in pregnancy and the postpartum period is a serious issue.



The Canadian Task Force on Preventive Health Care recommends against universal screening for depression **using standardized tools, such as questionnaires with a cut off**, with all pregnant and postpartum people (up to 1 year after birth)

What does this mean for clinicians?

Do ask patients about their well-being as part of usual care



Do practice good clinical judgment to detect potential depression



We recommend against using a standardized tool to screen every patient



Do remain vigilant for depression



Do use clinical judgment to decide on further steps



Depression Rates:

8% in pregnant and 9% postpartum people vs. 8% in nonpregnant people ¹

1 Vesga-López O, Blanco C, Keyes K, et al. Psychiatric disorders in pregnant and postpartum women in the United States. Arch Gen Psychiatry 2008;65:805–15.

Usual Care

VS

Screening

- Ask about well-being
- Individual, conversation-based
- Clinical judgement determines next steps if depression is suspected

- Uses a medical test or tool with everyone to identify people who might have a disease or health problem
- Uses a standardized questionnaire with cut off score with every pregnant or postpartum patient
- Questionnaire score determines next steps
- Not for people with symptoms

Takeaway

- Depression is a serious issue – Ask patients about their well-being at visits
- Don't use a screening tool with a cutoff score to detect depression with every patient
- Continue to use clinical judgement and remain vigilant to depression

Why?

- The evidence supporting instrument based screening over usual care is very uncertain.
- Implementing a universal screening program that has no proven benefit uses resources and takes away from other health concerns

Depression resources:

- [The Canada Suicide Prevention Service](#)
- Quebec: 1 866 277 3553
- [Postpartum Support International](#)
- [Your Life Counts](#)



Canadian Task Force
on Preventive Health Care