

The Scottish Intercollegiate Guidelines Network (SIGN) supports improvement in the quality of health care for patients in Scotland by developing national clinical guidelines containing recommendations for effective practice based on current evidence.

The recommendations are graded **A B C D** to indicate the strength of the supporting evidence.

Good practice points are provided where the guideline development group wish to highlight specific aspects of accepted clinical practice.

Details of the evidence supporting these recommendations and their application in practice can be found in the full guideline, available on the SIGN website: www.sign.ac.uk.

This guideline was issued in June 2002 and will be updated as new evidence becomes available.

For more information about the SIGN programme, contact the SIGN Executive or see the website.

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DEFINITIONS

Postnatal depression (PND) is regarded as any non-psychotic depressive illness of mild to moderate severity occurring during the first postnatal year. It is important to distinguish PND from “baby blues”, the brief episode of misery and tearfulness that affects at least half of all women following delivery, especially those having their first baby. Puerperal psychosis, is a mood disorder accompanied by features such as loss of contact with reality, hallucinations, severe thought disturbance, and abnormal behaviour.

DIAGNOSIS, SCREENING AND PREVENTION

A Procedures should be in place to ensure that all women are routinely assessed during the antenatal period for a history of depression.

There is no evidence to support routine screening in the antenatal period to predict development of PND.

D All women should be screened during pregnancy for previous puerperal psychosis, history of other psychopathology (especially affective psychosis) and family history of affective psychosis.

When assessing women in the postnatal period it is important to remember that normal emotional changes may mask depressive symptoms or be misinterpreted as depression.

Primary care teams should be aware that with decreasing duration of stay in postnatal wards, puerperal psychosis is more likely to present following a mother’s discharge home.

C The EPDS should be offered to women in the postnatal period as *part of* a screening programme for PND.

C The EPDS is not a diagnostic tool. Diagnosis of PND requires clinical evaluation.

A cut-off on the EPDS of 10 or above is suggested for whole population screening.

The EPDS should be used at approximately six weeks and three months following delivery and should be administered by trained Health Visitors or other health professionals.

In high risk women it may be effective to have postnatal visits, interpersonal therapy and / or antenatal preparation.

Women identified at high risk of puerperal psychosis should receive specialist psychiatric review.



MANAGEMENT

B PND and puerperal psychosis should be treated.

D PND should be managed in the same way as depression at any other time, but with the additional considerations regarding the use of antidepressants when breast feeding and in pregnancy.

St John's Wort and other alternative medicines should not be used during pregnancy and lactation until further evidence as to their safety in these situations is available.

The use of hormonal therapies in the routine management of patients with PND is not advised.

B Psychosocial interventions should be considered when deciding on treatment options for a mother diagnosed as suffering from PND.

C The effects of a mother's PND on other family members and their subsequent needs should be considered and treatment offered to them as appropriate.

C Interventions that work with more than one family member at a time should be considered when assessing the treatment options available.

The psychosocial treatment option chosen should reflect both clinical judgement and the mother's and family's preferences where possible.

D Puerperal psychosis should be managed in the same way as psychotic disorders at any other time, but with the additional considerations regarding the use of drug treatments when breast feeding and in pregnancy.

MOTHER AND BABY UNITS

D The option to admit mother and baby together to a specialist unit should be available. Mothers and babies should not be admitted to general psychiatric wards routinely.

A multiprofessional assessment, including social work, and involving family members, should take place to review the decision to admit mother and baby to a specialist unit either before or shortly after admission.

Clinical responsibility for the baby whilst the mother is an inpatient needs to be clearly determined.

PRESCRIBING

The following general principles governing prescription of new medication or the continuation of established therapy during pregnancy and in breast feeding apply to all recommendations in this guideline.

- establish a clear indication for drug treatment (i.e., the presence of significant illness in the absence of acceptable or effective alternatives)
- use treatments in the lowest effective dose for the shortest period necessary
- drugs with a better evidence base (generally more established drugs) are preferable
- assess the benefit/risk ratio of the illness and treatment for both mother and baby/fetus.

B The risks of stopping tricyclic or SSRI antidepressant medication should be carefully assessed in relation to the mother's mental state and previous history. There is no indication to stop tricyclic or SSRI antidepressant medication as a matter of routine in early pregnancy.

C There is no clinical indication for women treated with TCAs (other than doxepin) paroxetine, sertraline, or fluoxetine to stop breast feeding, provided the infant is healthy and its progress monitored.

FURTHER INFORMATION

The National Childbirth Trust, Alexandra House, Oldham Terrace, London W3 1BE. Enquiry line: 0870 444 8707. Web site: www.nctpregnancyandbabycare.com

Depression Alliance Scotland, 3 Grosvenor Gardens, Edinburgh, EH12 5JU. Tel: 0131 467 3050.

Manic Depression Fellowship Scotland, Mile End Mill, Studio 1019, Abbey Mill Business Centre, Seedhill Road, Paisley, PA1 1TJ. Tel/fax: 0141 560 2050.

Action on Puerperal Psychosis, Jackie Benjamin, Queen Elizabeth Psychiatric Hospital, Birmingham B15 2QZ. Tel: 0121 678 2361; Web site: www.bham.ac.uk/app

The Scottish Association for Mental Health, Cumbrae House, 15 Carlton Court, Glasgow, G5 9JP. Tel: 0141 568 7000; Email: enquire@samh.org.uk; Web site: www.samh.org.uk