

## Screening and Diagnosis

**50% of early warning signs of postpartum mood disorders can be detected during pregnancy**

**Note:** PPMD can be difficult to identify because symptom often resemble normal adaptations to new motherhood, such as: sleep disruption, appetite changes, fatigue, low energy, and problems concentrating

### Medical Providers can be first detectors of PPMD

Screening can occur in prenatal, postnatal, or pediatric clinic visits. A comprehensive medical history should be included.

### Home healthcare workers and WIC visits

Home healthcare visitors are in a unique position to witness changes or subtleties of a postpartum mood disorder that others might miss. Thus, all postpartum doulas or mother assistants should be knowledgeable about PPMD. Home healthcare visitors can be a referral source for the family. Breastfeeding or WIC visits can also be an opportunity to explore the mother's feelings and experiences.

### Instruments

Screening should include the use of verified psychological scales and instruments, such as:

- *Postpartum Depression Screening Scale*
- *Edinburgh Postnatal Depression Scale*

### Prenatal interview

During a comprehensive and sensitive prenatal interview, many of the warning signs, risk factors, and unresolved issues can be explored and actions can be taken to offset future problems.

### Screening scales can be used prenatally

Give mother PPMD questionnaires during pregnancy and go over results together. Look for signs of distress, etc. Talk about the results, her feelings, what is really happening in her life, worries, unresolved losses, etc.

### On the horizon

Promising new screening tools may include a blood test during pregnancy that measures *placental corticotropin-releasing hormone* (pCRH). Scientists at UC Irvine found significant predictive correlations between postpartum depression and high prenatal levels of pCRH. See *Archives of General Psychiatry* (February 2009) for more information.