

Detection and Management of Mothers with Postnatal Depression Symptoms  
– A Public Health Nurse Descriptive study.

**Abstract**

**Background**

Postnatal depression (PND) occurs in 10 – 15% of mothers in the population. In spite of this the Public Health Nurse (PHN) does not routinely screen mothers for PND in our area. In June 2007, a total of 16 PHNs in North Dublin volunteered following training in PND and listening skills, to screen consenting mothers at home for symptoms of PND at 6-8 weeks postnatal using the Edinburgh Postnatal Depression Scale (EPDS) and offer listening visits for those mothers with high scores. PHNs agreed to record and return data for 12 months for the purposes of auditing programme effectiveness and to highlight findings. Mothers identity was coded at source by the PHN.

**Data Results:** Data results collected on 718 mothers and collated on Excel found the following: A total of 73.5% (528) mothers were screened at home and found 11% (n=58) had high EPDS scores (PND symptoms) at the initial screen. Main reasons for mothers not screened included 3.8% of mothers who declined to be screened; another 5.2% of mothers who did not keep their appointment, 7.2% of mothers had a language barrier, while 5.2% mothers were not screened because of staffing resource issues.

**Findings.**

A total of 58.9% of mothers were screened between 6-8 weeks postnatal. The screening visit at home allows mothers to talk about their feelings. Of the 11% (n=58) of mothers with high scores (PND symptoms), a total of 29.3% (n=17) of mothers were found to have had relief of their symptoms at the repeat EPDS screen 2 weeks later, as their scores had returned to normal range. This is a main finding in the programme.

Urgent referrals were made for 15.5% (n=9) of mothers to further professional help by PHNs due to the severity of their symptoms. A further 29.3% (n=17) of mothers had persistent high scores on the repeat EPDS screen. Of these, just 15.5% (9) of mothers received PHN listening visits, of whom 8.6% (5) had relief of symptoms, while 6.9% (4) had no relief and were referred on for further help, while 13.7% (8) mothers declined listening visits. The overall number of mothers who received PHN listening visits was low. 8.6% (5) mothers had incomplete outcomes and for 12 % (7) of mothers, data was not fully returned. Issues of false positives on the EPDS score are considered. Just 5.1% (3) mothers were screened using clinical interview in conjunction with EPDS score and did not need a repeat screen.

Severity of PND symptoms was greatest in the 16-25 year age group. A total of 56.3% of high score mothers in the 16 – 25 year age group had very high EPDS scores of 20+ and /or were positive for thoughts of self harm, in comparison to 20.5% for mothers in the 26-35 age group and 0% for mothers in the 36-45 age groups. PHNs may need to be more aware of the fragility of good mental health in adolescent and young adult mothers and how young mothers can access support.

Referral pathways used for mothers with high scores were the GP, hospital mental health midwife and the maternity psychiatrists from the three Dublin maternity hospitals. The community mental health nurse/ team were also very effective where available.

50% (n=8) of participating PHNs returned an anonymous questionnaire in July 2009 favourably evaluating the programme. PHNs identified time constraints, staffing levels, workload with already vulnerable populations and working with mental health issues as challenges. Additional inquiry using Clinical Interview (mood assessment) will be more widely used by PHNs in the future. PHNs need protected time and resources to share clinical experiences, build knowledge and confidence and grow best practice in the detection and management of postnatal depression.

**Key words:** Public Health Nurse, Postnatal Depression. Listening visits. Young adult mothers. Practice development