

Maternal Mental Health

This component links to:

- Development
- Child Protection
- Family Violence
- Strengthening Family Relationships
- Behaviour Management
- Breastfeeding.

Numerous studies have shown that 10-15 percent of all women who give birth will develop postnatal depression, and that more than half of these women will not have totally recovered by the end of the first year.

Several studies have showed that postnatal depression impacts on more than the mother's health. It also impacts on the mother-child relationship, the children have more behavioural disturbances and poorer cognitive development. There is also debate over whether postnatal depression is a significant risk factor for SIDS.

Postnatal depression has a higher incidence in women who are less supported, single and under 20 years of age, therefore it is assumed that many young Māori women are in a high-risk group.

Whilst the Edinburgh Postnatal Depression Screening Test is the most recognised there is debate as to whether this is the most appropriate for Māori, Pacific and Asian women. Screening is recognised to be effective both antenatally and postnatally.

Age(s) of child

For parents and caregivers, family and whānau of children birth to 5 years - information and anticipatory guidance should be provided in accordance with the Well Child/Tamariki Ora National Schedule and at other times in response to identified needs.

Maternal mental health requires ongoing assessment.

Purpose

- To recognise early, and refer mothers who experience, postnatal distress and depression to decrease the effects of the condition
- To recognise and refer other maternal mental health conditions

Personnel

All providers delivering the Well Child/Tamariki Ora National Schedule this includes the Lead Maternity Carer (obstetrician, midwife or general practitioner), or Well Child Provider team.

Recommended procedure

- Provide care in a culturally appropriate manner
- Assess family/whānau need for information and support
- Provide relevant information and guidance to parents/caregivers
- Assess mother's previous history of depression, tiredness, mood, coping ability and other prior mental illness
- Assess for the presence of postnatal depression using the Edinburgh Postnatal Depression Screening Test
- Document findings and health gains sensitively
- Plan care, with family involvement and their active participation
- Facilitate access to specific support services as necessary
- Communicate effectively
- Use appropriate referral pathway eg, maternal mental health team.

Educational preparation needs to include:

- predisposing factors
- application and interpretation of the Edinburgh Screening Test and any other appropriate screening tool
- pharmacology associated with postnatal depression, and factors which affect breastfeeding
- up to date knowledge of local community support agencies
- maternal mental health conditions including postnatal depression
- referral options.

Access

Screening for postnatal depression should be performed at the Well Child-Tamariki Ora core contacts at:

- about 6 weeks
- 3 months
- 5 months

and at other opportunistic contacts.

Resources

From local community agencies.

Referral pathways

- General practitioners
- Local mental health services
- Counselling services
- Local community services eg, postnatal depression support groups, women's groups.

Rationale

There is debate about the validity of the Edinburgh Postnatal Depression Screening Test in a New Zealand context. It is assumed to be valid for Pakeha women, but has not been validated for Māori or Pacific women. It has been shown to have high sensitivity, specification and predictive value in overseas populations.

Issues for resolution

Edinburgh Postnatal Depression Screening Test's appropriateness in a New Zealand setting.