

# Antenatal and postnatal mental health: recognising depression and anxiety disorders

## Principles of care

Recognise that people who have a mental health problem (or are worried that they might have) may be:

- unwilling to disclose or discuss their problem because of fear of stigma, negative perceptions of them as a parent or fear that their baby might be taken into care
- reluctant to engage, or have difficulty in engaging, in treatment because of avoidance associated with their mental health problem or dependence on alcohol or drugs

All healthcare professionals referring a person to a maternity service should ensure that communications with that service (including those relating to initial referral) share information on any past and present mental health problem

Recognise that the range and prevalence of anxiety disorders (including generalised anxiety disorder, obsessive-compulsive disorder, panic disorder, phobias, post-traumatic stress disorder and social anxiety disorder) and depression are under-recognised throughout pregnancy and the postnatal period

## Identification questions and anxiety scales

At the first antenatal contact with primary care or booking visit, and during the early postnatal period, consider asking the following **depression identification questions** as part of a general discussion about mental health and wellbeing:

During the past month, have you often been bothered by feeling down, depressed or hopeless?

During the past month, have you often been bothered by having little interest or pleasure in doing things?

If someone responds positively to either of the **depression identification questions**, is at risk of developing a mental health problem, or there is clinical concern, consider:

- using the Edinburgh Postnatal Depression Scale (EPDS) or the Patient Health Questionnaire (PHQ-9) as part of a full assessment, or
- referring them to their GP or, if a severe mental health problem is suspected, to a mental health professional.  
(Also see the [guideline section on severe mental illness](#).)

Also consider asking about anxiety using the 2-item **Generalized Anxiety Disorder scale (GAD-2)**:

- Over the last 2 weeks, how often have you been bothered by feeling nervous, anxious or on edge?
- Over the last 2 weeks, how often have you been bothered by not being able to stop or control worrying?

### Scoring for questions about anxiety:

An answer of 'not at all' scores 0

'several days' scores 1

'more than half the days' scores 2

'nearly every day' scores 3.

Score:

If someone scores 3 or more on the GAD-2 scale, consider:

- using the GAD-7 scale for further assessment, or
- referring them to their GP or, if a severe mental health problem is suspected, to a mental health professional.

If someone scores less than 3 on the GAD-2 scale, but you are still concerned they may have an anxiety disorder, ask the following question:

- Do you find yourself avoiding places or activities and does this cause you problems?
- If they respond positively, consider:
- using the GAD-7 scale for further assessment, or
  - referring them to their GP or, if a severe mental health problem is suspected, to a mental health professional.

At all contacts after the first contact with primary care or the booking visit, the health visitor, and other healthcare professionals who have regular contact during pregnancy and the postnatal period (first year after birth), should consider:

- asking the 2 depression identification questions and the GAD-2 scale as part of a general discussion about mental health and wellbeing, and
- using the EPDS or the PHQ-9 as part of monitoring.