Community Practitioners’ and Health Visitors’ Association

Position Statement relating to specific guidance published on psychiatric screening in the National Institute for Clinical Excellence
Guideline: Routine antenatal care for healthy pregnant women

The CPHVA is issuing this statement in response to the number of anxious members who have been contacting them stating that part of this new guidance from the Institute is being misinterpreted in practice and affecting the quality of emotional care they can offer during the antenatal period. The relevant statements from the National Institute for Clinical Excellence Guidance are numbered and the CPHVA responses are in italics. The full guidance is available on the Institute’s web site at: www.nice.org.uk

1.5.7 Women should be asked early in pregnancy if they have had any previous psychiatric illnesses. Women who have had a past history of serious psychiatric disorder should be referred for a psychiatric assessment during the antenatal period.

The CPHVA fully supports this guidance

1.5.8 Pregnant women should not be offered routine screening, such as with the Edinburgh Postnatal Depression Scale (EPDS), in the antenatal period to predict the development of postnatal depression.

Unfortunately from the feedback we are receiving from our members it is obvious that this statement is being misinterpreted in practice. We fully support the statement as it stands as there is no evidence demonstrating that postnatal depression can be reliably detected in the antenatal period through routine screening with the EPDS or any other screening tool. The existing evidence suggests that PND may only be predicted in about 30% of women screened (1) and hence this should not be supported as routine practice.

On the other hand what is becoming clear is that many women suffer with depression in the antenatal period (2). This depression may resolve before or with the birth of the baby or it may continue into the postnatal period. We support the notion that obstetricians, midwives, general practitioners and health visitors should be alert to the possible presence of depression ante-natally as indeed they should be with all their clients. If they suspect depression, then use of the EPDS or another screening tool can be helpful in exploring their clinical impression further and suitable support...
can then be arranged as necessary. Professionals caring for mothers antenatally must be cognisant of the potential psychological effects of pregnancy and motherhood not only for the mothers but also their partners and other family members. Indeed it is well recognised that domestic violence often starts during pregnancy when there is twice the risk of it occurring (3). If primary preventive strategies for emotional health are implemented by health professionals during pregnancy they have the potential to influence the future emotional stability of the mother and her family. Therefore it is a matter of regret if those Trusts, who have lead the way in training their staff to detect depression antenatally, are now reconsidering this strategy. Rather we suggest they should be evaluating the results of such practice before considering changing it.

1.5.9 Pregnant women should not be offered antenatal education interventions to reduce peri-natal or postnatal depression, as these interventions have not been shown to be effective

We agree that there is no evidence base to support antenatal educational interventions reducing peri-natal or postnatal depression. However, whilst such interventions have not been shown to reduce peri-natal depression, it does not necessarily mean that there is no value in alerting mothers' and particularly their partners and families antenatally as to the symptoms and risk factors for peri-natal or postnatal depression. The client and her family are then in a position to detect its possible presence and seek help early. The health visitor should try to be alert to possible risk factors antenatally such as a poor relationship with the baby’s father or social isolation and can act accordingly to support the mother. This is a popular primary preventative strategy used by health visitors and we believe an important one although we are unaware of research to confirm that it has a positive outcome. The CPHVA supports the practice of health visitors doing at least one antenatal visit to all mothers during pregnancy. This is an opportunity for peri-natal depression to be discussed, an assessment of possible risk made and supporting literature left with the family.

We would like to conclude by referring to the Department of Health guidance published in September 2003 as part of the ‘Mainstreaming Gender and Women’s Mental Health: implementation guidance’. In section 8.8.2 it states:

Aim: The early detection of any aspect of mental ill health in women at the ante-natal or post-natal stage, with no personal or family history of such difficulties.

Suggested key actions for primary care services with social services, hospital maternity and relevant community based services

- All staff working in primary care, notably midwives and health visitors and hospital based maternity services should be alert to the possibility of depression (the most common) and other health problems, at the ante-natal and post-natal stages.
- Services should consider the training needs of the above staff
- Women should be provided with information through health promotion and public health initiatives on mental health and pregnancy, and how to access appropriate help
**Expected outcomes**: An early intervention approach to the potential incidence of mental ill health in women at the ante-natal and post-natal stage, resulting in the prevention/amelioration of mental health problems

This guidance, based on available evidence and professional and patient consensus was developed specifically to guide service planning in this area and in our view is complementary to the NICE guidelines. It furthermore supports the views of the Community Practitioners’ and Health Visitors’ Association.

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**References**


3 Department of Health, ‘Into the Mainstream’ Department of Health 2002