**Background**

### Protective Factors
- Balanced nutrition, physical activity and healthy sleep
- Family planning for an intended pregnancy
- Perceived & intact social and material support
- Parenting confidence
- Recognition of traditional postpartum cultural practices
- Positive parenting role models
- Support of breastfeeding decision
- Healthy co-parent involvement

### Risk Factors
- Personal history of major or postpartum depression
- Family history of postpartum depression
- Teen pregnancy
- History of substance use or interpersonal violence
- Unplanned/unwanted pregnancy
- Complications of pregnancy, labor/delivery, or infant's health
- Fetal/Newborn loss
- Infant relinquishment
- Difficulty breastfeeding
- Sleep deprivation
- Major life stressors

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**Protective Factors and Pregnancy-related depressive symptoms can occur during pregnancy through one year postpartum**

- Anxiety symptoms commonly co-occur
- May include intrusive/irrational thoughts
- Mom may appear detached/hypervigilant
- Suicidal ideation may be present

### Starting the Conversation

1. **Address Stigma**
   - "Many women feel anxious or depressed during pregnancy or postpartum."
   - "A woman deserves to feel well."
   - "Many effective treatment options are available."

2. **Explore Expectations**
   - Pregnancy and postpartum experiences and expectations vary.
   - "How are you feeling about being pregnant/a new mother?"
   - "What has surprised you about being pregnant/ a new mom?"
   - "What has it been like for you to take care of your baby?"
   - "What beliefs or practices related to pregnancy or soon after the baby is born are especially important to you?"

3. **Explore Social Support**
   - "Who can you talk to that you trust?"
   - "How have your relationships been going since becoming pregnant/a new mom?"
   - "Who can you turn to for help?"

**Screening**

When implementing screening, consider other services & resources that may be needed:

- Medical providers to prescribe medication
- Mental health and psychiatry services
- A protocol to address suicide risk
- Community support programs
- Self-care and educational resources

### Pregnancy-Related Depressive Symptoms Guidance

For anyone who works with women of childbearing age or their children

- Balanced nutrition, physical activity and healthy sleep
- Family planning for an intended pregnancy
- Perceived & intact social and material support
- Parenting confidence
- Recognition of traditional postpartum cultural practices
- Positive parenting role models
- Support of breastfeeding decision
- Healthy co-parent involvement

### When to Screen

- Preconception & interconception
- Each trimester throughout pregnancy
- At postpartum visits
- Well child visits up to 1 year postpartum

### Who Could Screen

- Medical providers
- Mental health providers
- Community-based providers
- Early childhood practitioners

### Edinburgh-3 Brief Screen

**In the past 7 days:**

1. I have blamed myself unnecessarily when things went wrong:
   - Yes, most of the time (3)
   - Yes, some of the time (2)
   - Not very often (1)
   - No, never (0)

2. I have been anxious or worried for no good reason:
   - No, not at all (0)
   - Hardly ever (1)
   - Yes, sometimes (2)
   - Yes, very often (3)

3. I have felt scared or panicky for no good reason:
   - Yes, quite a lot (3)
   - Yes, sometimes (2)
   - No, not much (1)
   - No, not at all (0)

**Total score x 10/3 = screen score**

**Score ≥ 10 should receive further screening and assessment**

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**Refer women with depressive symptoms to a medical or mental health provider for further assessment.**
Treatment Recommendations Based On Depression Severity

- **Mild**
  - Lifestyle
  - Social support

- **Moderate**
  - Lifestyle
  - Social Support
  - Mental health services

- **Moderate-Severe to Severe**
  - Lifestyle
  - Social Support
  - Mental health services
  - Consider medication

**Shared Decision-making: Talking Points**

- "What things could be contributing to how you're feeling?"
- "Untreated depression may be harmful to mom and baby."
- "Treatment and recovery times vary."
- "All medications have benefit and risk considerations."
- "What challenges may make it difficult to follow this treatment plan?"

**Medication Treatment Considerations**

**Pregnancy:**
- Untreated depression is associated with greater risk for pre-term delivery, preeclampsia and intra-uterine growth restriction
  - SSRIs may be associated with these same risks
- It is currently unknown whether treatment changes the risks associated with untreated depression
- Most SSRIs are not associated with increased risk of congenital malformations; however, paroxetine carries warnings for use during pregnancy
- Discontinuation of antidepressants during pregnancy may result in relapse

**Postpartum:**
- Treated depression improves health of mother and child
- SSRIs may be used during lactation; sertraline recommended

**Helpful Lactation & Drug Exposure Resources:**
- Motherisk.org
- InfantRisk.org

**Consider contributing factors:**
- Tobacco, alcohol and other drugs
- Interpersonal violence
- History of trauma or abuse

**Pregnancy:**
- Untreated depression is associated with greater risk for pre-term delivery, preeclampsia and intra-uterine growth restriction
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**Always address lifestyle for prevention and treatment.**

**Other Related HealthTeamWorks Guidelines:**
- Adult Depression
- SBIRT
- Contraception
- Preconception/ Interconception
- Prevention
- Motivational Interviewing Resources