Routine screening for postnatal depression in a public health family service unit: A retrospective study of self-excluding women

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At this time, there is limited scientific knowledge about women who exclude themselves from screening programs for postnatal depression. In this retrospective descriptive study, we have sought to investigate the socio-demographic and psychosocial factors of women who withdraw from PND screening of their own accord. Study participants were 525 women attending antenatal classes who later took part in institutional routine screening for PND at the Consultorio Familiare Service of the National Health Service, Italy. The PND screening program consisted of the completion of the postpartum depression predictors inventory-revised and psychological well-being (PWB) questionnaires within eight to nine months of pregnancy, and Edinburgh Postnatal Depression Scale, GHQ-12 and PWB within six to eight weeks after childbirth. The Responders group was made up of 346 subjects – 65.9% of the total sample – who completed the entire program of screening for PND. The Non-Responders group, on the other hand, consisted of 179 subjects – 34.1% of the total sample – who, after childbirth, withdrew from the screening program. Compared to the Responders group, the Non-Responders group showed a greater number of subjects with marital dissatisfaction, and with unemployment as a stressful event. Health professionals who detect marital dissatisfaction and/or unemployment as a stressful event in pregnant women should bear in mind that these individuals, besides being at high risk for depression after delivery, will also tend to exclude themselves from screening for PND.

Keywords: postpartum depression; postnatal depression; screening; EPDS

Introduction

Postnatal depression (PND) is a serious mood disorder that affects women around the world and in a wide range of cultures (Goldbort, 2006; Halbreich & Karkun, 2006; Villegas, McKay, Dennis, & Ross, 2011).

Women with PND often exhibit disabling symptoms of bad mood, loss of pleasure in all areas of life, inability to cope, loss of energy and libido, fatigue, anxiety, increased irritability and emotional vulnerability, suicidal and compulsive thoughts, despair, feelings of worthlessness and inadequacy, tearfulness, guilt, decreased appetite, feelings of failing as a mother, and irrational fears about the baby’s or the woman’s own health (Horowitz, Damato, Solon, Von Metzsch, & Gill, 1995; McCarthy, 1998).

Maternal depression during the postnatal period has been found to negatively impact mothering (Logsdon, Wisner, & Pinto-Foltz, 2006), mother–infant interaction and child...