

Development of Practice Guidelines for Peripartum Depression in Primary Healthcare

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DELPHI Technique - 1st Round

INTRODUCTION:

Depression is highly prevalent in women of child bearing age, especially during the postpartum period. Early recognition and treatment improve outcomes for mother, developing fetus, and infant. Caution is warranted when prescribing antidepressants to pregnant and breast feeding mothers, but evidence is mounting that the risks of untreated maternal depression outweigh those of pharmacologic treatment for it.

AIM:

To develop Egyptian practice guidelines for peripartum depression in primary health care (PHC).

METHODOLOGY:

Study Population:

Our study will include 13 Experts in Psychiatry and Family Medicine from different governmental universities and Ministry of Health and Population (MOHP).

Study Tools and procedures: The study will be carried out in two phases

PHASE I:

In this phase, preliminary guidelines will be formulated through:

- a) Review of literature to collect the guidelines that have already been followed in different countries including USA, United Kingdom and Canada.
- b) A preliminary version of the Egyptian practice guidelines for peripartum depression will be formulated.

PHASE II:

The Delphi technique will be applied to build up a consensus among the experts on the preliminary version of the formulated practice guidelines. This consensus building technique among the Egyptian experts has the objective to ensure applicability of the formulated guidelines in the Egyptian practice. The Delphi technique is a structured interactive method involving repetitive administration of anonymous questionnaires, usually across two or three mail rounds. The approach enables a large group to be consulted from a geographically dispersed population.

The technique will be applied to 13 experts from different governmental universities and MOHP.

STANDARDS AND GUIDELINES:

- I- Prevention of antepartum depression and postpartum depression
- II- Screening for antepartum depression and postpartum depression
 1. Screening tool.
 2. Who is eligible for screening?
 3. Timing of screening.
- III- Diagnosis of antepartum depression postpartum depression
 1. Diagnostic tool.
 2. Post diagnosis evaluation.

IV- Treatment of antepartum depression and postpartum depression

1. Mild cases.
2. Moderate cases.

V- When to refer?

I-Prevention of peripartum depression

	Preventive measures	Yes	No	Remarks and recommendations
Antepartum depression	1 Physical activity.	()	()	
	2 Omega 3 supplementation.	()	()	
	3 Cooperation with agencies to protect women against domestic violence.	()	()	
	4 Long term follow up home visits with trained nurses.	()	()	
	5 Telephone based beer support.	()	()	
	6 Health education programs.	()	()	
	7 Cognitive Behavioral Therapy (CBT).	()	()	
	8 Inter Personal Therapy (IPT).	()	()	
	9 Family Therapy.	()	()	
	10 Selective Serotonin Reuptake Inhibitors (SSRIs) for patient with previous history of depression.	()	()	
Postpartum depression	1 Physical activity.	()	()	
	2 Omega 3 supplementation.	()	()	
	3 Cooperation with agencies to protect women against domestic violence.	()	()	
	4 Long term follow up home visits with trained nurses.	()	()	
	5 Telephone based beer support.	()	()	
	6 Health education programs.	()	()	
	7 Cognitive Behavioral Therapy (CBT).	()	()	
	8 Inter Personal Therapy (IPT).	()	()	
	9 Family Therapy.	()	()	
	10 Selective Serotonin Reuptake Inhibitors (SSRIs) for patient with previous history of depression.	()	()	

II-Screening for peripartum depression

	Screening Tool	Yes No		Who is eligible for screening	Yes No		Timing of screening	Yes No		Remarks
Antepartum depression	1 Patient Health Questionnaire 2 (PHQ-2).	()	()	1 All the pregnant women.	()	()	1 Every trimester.	()	()	
	2 Patient Health Questionnaire - 9 (PHQ-9).	()	()	2 High risk pregnant women.	()	()	2 Every antenatal visit.	()	()	
	3 Edinburg Postpartum Depression Scale (EPDS).	()	()							
	4 Postpartum Depression Screening Scale (PDSS).	()	()							
	5 Pregnancy Risk Questionnaire (PRQ).	()	()							
	6 Beck Depression Inventory-II(BDI-II)	()	()							
	7 Center for Epidemiologic Studies Depression Scale (CES-D).	()	()							
	8 Structured Clinical Interview for DSM-5 Clinical Version (SCID-5-CV).	()	()							
	9 General Health Questionnaire -12(GHQ-12).	()	()							
Postpartum depression	1 Patient Health Questionnaire-2 (PHQ-2).	()	()	1 All the mothers.	()	()	1 at 1st, 3rd, 6th, 9th and 12th months after delivery.	()	()	
	2 Patient Health Questionnaire-9 (PHQ-9).	()	()	2- High risk mothers.	()	()	2 every well child clinic visit in the first year after delivery.	()	()	
	3-Edinburg Postpartum Depression Scale (EPDS).	()	()		()	()	3 at 1-month, 2-month and 4-month visits.	()	()	
	4 Postpartum Depression Screening Scale (PDSS).	()	()				4 weekly for the first 6 weeks after delivery.	()	()	

	Screening Tool	Yes No		Who is eligible for screening		Timing of screening		Remarks
		Yes	No	Yes	No	Yes	No	
	5 Pregnancy Risk Questionnaire (PRQ).	()	()					
	6 Beck Depression Inventory-II(BDI-II)	()	()					
	7 Center for Epidemiologic Studies Depression Scale (CES-D).	()	()					
	8 Structured Clinical Interview for DSM-5 Clinical Version (SCID-5-CV).							
	9 General Health Questionnaire -12(GHQ-12).							

III- Diagnosis of peripartum depression

	Diagnostic Tool	Yes	No	Remarks and recommendations
Antepartum depression	1 Patient Health Questionnaire - 9 (PHQ9).	()	()	
	2 Edinburg Postpartum Depression Scale (EPDS).	()	()	
	3 Postpartum Depression Screening Scale (PDSS).	()	()	
	4 Pregnancy Risk Questionnaire (PRQ).	()	()	
	5 Beck Depression Inventory-II (BDI-II).	()	()	
	6 Center for Epidemiologic Studies Depression Scale (CES-D).	()	()	
	7 Structured Clinical Interview for DSM-5 Clinical Version (SCID-5-CV).	()	()	
	8 Hamilton Depression Rating Scale (HDRS).	()	()	
	9 Pregnancy Risk Assessment Questionnaire (PRAMS).	()	()	
	10 Inventory of Depression and Anxiety Symptoms (IDAS).	()	()	
Postpartum depression	1 Patient Health Questionnaire - 9 (PHQ9).	()	()	
	2 Edinburg Postpartum Depression Scale (EPDS).	()	()	
	3 Postpartum Depression Screening Scale (PDSS).	()	()	
	4 Pregnancy Risk Questionnaire (PRQ).	()	()	
	5 Beck Depression Inventory-II (BDI-II).	()	()	
	6 Center for Epidemiologic Studies Depression Scale (CES-D).	()	()	
	7 Structured Clinical Interview for DSM-5 Clinical Version (SCID-5-CV).	()	()	
	8 Hamilton Depression Rating Scale (HDRS).	()	()	
	9 Pregnancy Risk Assessment Questionnaire (PRAMS).	()	()	
	10 Inventory of Depression and Anxiety Symptoms (IDAS)	()	()	

	Diagnostic Tool	Yes	No	Remarks and recommendations
Post diagnosis Evaluation				
Antepartum depression And Postpartum depression	Women with peripartum depression should be evaluated For:			
	1 Comorbid anxiety.	()	()	
	2 Bipolar disorder.	()	()	
	3 Postpartum psychosis.	()	()	
	4 Active suicidal thoughts.	()	()	
	5 Thoughts of harming their newborns.	()	()	

IV-Treatment of peripatum depression

	Treatment options	Yes	No	Remarks and recommendations
Antepartum depression	1. Mild cases			
	a. Psychotherapy:			
	i. Cognitive Behavioral Therapy (CBT).	()	()	
	ii. Guided Self Help (GSH).	()	()	
	iii. Internet delivered CBT.	()	()	
	iv. Application based CBT.	()	()	
	v. Interpersonal Therapy (IPT).	()	()	
	vi. Psychodynamic Therapy.	()	()	
	vii. Humanistic Therapy.	()	()	
	b. Pharmacotherapy:			
	i. Type:			
	1. Citalopram.	()	()	
	2. Escitalopram.	()	()	
	3. Sertraline.	()	()	
	ii. Dose:			
	1. Usual dose.	()	()	
2. Half the dose.	()	()		
Antepartum depression	2. Moderate cases			
	a. Psychotherapy:			
	i. Cognitive Behavioral Therapy (CBT).	()	()	
	ii. Guided Self Help (GSH).	()	()	
	iii. Internet delivered CBT.	()	()	
	iv. Application based CBT.	()	()	
	v. Interpersonal Therapy (IPT).	()	()	
	vi. Psychodynamic Therapy.	()	()	
	vii. Humanistic Therapy.	()	()	
	b. Pharmacotherapy:			
	i. Type:			
1. Citalopram.	()	()		

	Treatment options	Yes	No	Remarks and recommendations
	2. Citalopram.	()	()	
	3. Sertraline.	()	()	
	ii. Dose:			
	1. Usual dose.	()	()	
	2. Half the dose.	()	()	
	c. Combined psychotherapy and pharmacotherapy.	()	()	
Postpartum depression In lactating mothers	1 Mild cases			
	a. Psychotherapy:			
	i. Cognitive Behavioral Therapy (CBT).	()	()	
	ii. Guided Self Help (GSH).	()	()	
	iii. Internet delivered CBT.	()	()	
	iv. Application based CBT.	()	()	
	v. Interpersonal Therapy (IPT).	()	()	
	vi. Psychodynamic Therapy.	()	()	
	vii. Humanistic Therapy.	()	()	
	b. Pharmacotherapy:			
	i. Type:			
	1. Paroxetine.	()	()	
	2. Sertraline.	()	()	
	3. Fluvoxamine.	()	()	
	ii. Dose:			
	1. Usual dose.	()	()	
	2. Modified dose.	()	()	
c. Hormonal therapy:	()	()		
Postpartum depression In lactating mothers	2 Moderate cases			
	a. Psychotherapy:			
	i. Cognitive Behavioral Therapy (CBT).	()	()	
	ii. Guided Self Help (GSH).	()	()	
	iii. Internet delivered CBT.	()	()	
	iv. Application based CBT.	()	()	
	v. Interpersonal Therapy (IPT).	()	()	
	vi. Psychodynamic Therapy.	()	()	
	vii. Humanistic Therapy.	()	()	
	b. Pharmacotherapy:			
	i. Type			
	1. Paroxetine.	()	()	
	2. Sertraline.	()	()	
	3. Fluvoxamine.	()	()	

	Treatment options	Yes	No	Remarks and recommendations
	ii. Dose:			
	1. Usual dose.	()	()	
	2. Modified dose.	()	()	
	c. Combined psychotherapy and pharmacotherapy:	()	()	
	d. Hormonal therapy:	()	()	

V. When to refer?

	Yes	No	Remarks and recommendations
Referral for:			
Severe depression.	()	()	
Comorbid anxiety.	()	()	
Bipolar disorder.	()	()	
Postpartum psychosis.	()	()	
Active suicidal thoughts.	()	()	
Patients with Thoughts of harming their newborns.	()	()	
Comorbid substance abuse.	()	()	

Guidelines for peripartum depression in PHC

1. In pregnancy we recommend (preventive measures) as a prevention for antepartum depression.
2. In post partum period we recommend (preventive measures) as a prevention for postpartum depression.
3. In pregnancy we recommend screening for (who is eligible?) by (tool) at (timing).
4. In post partum period we recommend screening for (who is eligible?) by (tool) at (timing).
5. In pregnancy we recommend (tool) for the diagnosis of antepartum depression.
6. In post partum period we recommend (tool) for the diagnosis of postpartum depression.
7. The women with peripartum depression must be evaluated for (other psychiatric disorders).
8. In pregnancy we recommend (drug by a specific dose or psychotherapy) as a first line of treatment of antepartum depression and (drug by a specific or psychotherapy) as a second line of treatment for mild cases and (drug by a specific, psychotherapy or both) for moderate cases.
9. In post partum period we recommend (drug by a specific dose or psychotherapy) as a first line of treatment of post partum depression and (drug by a specific or psychotherapy) as a second line of treatment for mild cases and (drug by a specific, psychotherapy or both) for moderate cases.
10. We recommend referral for (cases cannot be managed in PHC).