National Perinatal Association
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Position Paper

DEPRESSION SCREENING FOR NEW FATHERS

ISSUE:

The National Perinatal Association (NPA) has studied the issue of whether fathers should be screened for depression during the first postpartum year.

BACKGROUND:

Both the American Academy of Pediatrics[1] and the American College of Nurse-Midwives[2] have recommended that women be screened for depression during the antepartum and postpartum period. One rationale for these recommendations is research showing higher rates of postpartum depression (PPD) in women (12-14%)[3] compared with general population estimates of major depression in women over a 1-year period (8.6%).[4] Research[5,6] has shown that new fathers also report elevations in PPD (10%) compared with general population estimates of major depression in men over a 1-year period (4.9%).[4] Research has shown that not only is depression correlated with low energy and lack of pleasure, depression in parents is also associated with impaired growth and development in their children. Numerous research studies report that depression in mothers is correlated with the following in infants and children, impaired feeding, slower cognitive development, disruptive behaviors, and inappropriate use of health care resources (e.g., a failure to keep routine appointments and increased visits to the emergency room).[7] Children of mothers depressed during the early postpartum period were also found to have higher rates of depression (42%) as adolescents compared with children of non-depressed mothers (12.5%).[8] Recent research has reported that depression in fathers also affects their partners and their children. Partners of depressed fathers are more likely to have emotional problems and school-age children of depressed fathers are more likely to act out.[9] Depressed fathers are less likely to read to their one-year-old children and are more likely to discipline using corporal punishment, such as spanking.[10]

POLICY:

NPA encourages screening fathers for depression at least twice during the first postpartum year.

STRATEGY:

NPA recommends incorporating paternal screening for depression by addressing three essential components:

1. Developing a culture of awareness and understanding of perinatal depression
2. Selecting and using appropriate screening tools.

3. Developing appropriate follow-up resources.

Culture of awareness and understanding.

Perinatal depression is common in women and recent studies demonstrate a positive correlation between maternal and paternal depression in the postnatal period.[5] Since men are less likely to seek help for health concerns, including mental health, it is imperative that health care providers caring for infants recognize the potential risks for depression in fathers and provide appropriate information. This can be accomplished by incorporating questions about both maternal and paternal mental health in well-child visits and by providing accurate, readily available information about depression that is applicable to both mothers and fathers.

Screening tools

Screening can be done in the nursery, during pediatric and family practitioner visits, and when the father accompanies his partner to obstetric visits. Early intervention can facilitate the treatment of depression. Depression levels are often improved through psychotherapy, anti-depression medication, or a combination of both.

A quick self-report screen, developed by the US Preventive Services Task Force,[11] involves asking parents two key questions: 1) "Since your new baby was born, have you felt down, depressed, or hopeless?" and 2) "Since your new baby was born, have you had little interest or little pleasure in doing things?" One “Yes” answer constitutes a positive screen. A positive quick screen should lead to a more thorough evaluation using an interview or one of many validated depression questionnaires. Validated questionnaires include the Edinburg Postnatal Depression Scale,[12,13] the Center for Epidemiologic Studies Depression Scale,[14] and the PPD Screening Scale.[15]

An initial positive screen accompanied with endorsement of suicidal intent should be rapidly referred to a professional mental health provider. Positive screens without endorsements of self-harm require clinical judgments about referrals. These judgments should consider additional risk factors (e.g., poor social support, a history of mental health problems, poverty, minority race, young age, and lower education). Parents who have positive screens but no other additional risk factors may be monitored on a regular basis.

Follow-up resources

A difficulty often encountered with screening is the lack of appropriate resources for parents with elevated symptoms. Screening should not be initiated if referral services are not available. NPA strongly encourages all perinatal professionals working with new parents to establish a network of referral resources including social workers, psychologists, and psychiatrists.

A recent study[16] showed that outcomes for PPD were improved when management of patients occurred within the practices that conducted the screening. Parents should also be encouraged to utilize available sources of social support in their community (e.g., relatives, friends, social and religious organizations). Statewide and nationwide networks exist for the care of PPD. For example, New Jersey has mandatory screening for PPD during obstetric visits. Women with elevated scores are referred to appropriate clinics. Postpartum Support International (see: www.postpartum.net) provides referral resources throughout the U.S.[17]

Conclusion:

Postpartum depression is more common in both new fathers and mothers than in the general public, but is often unidentified in fathers. NPA recommends increased awareness of this issue, scheduled screening and appropriate follow up of fathers, as well as mothers, in the first year postpartum year.

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