

UK National Screening Committee

Screening for antenatal and postnatal mental health problems

27 February 2019

Aim

1. To ask the UK National Screening Committee (UK NSC) to make a recommendation, based on the evidence presented in this document, whether or not screening for antenatal and postnatal mental health problems meets the UK NSC criteria for a systematic population screening programme.

Current recommendation

1. The UK NSC currently recommends that systematic population screening programmes for common mental health problems in pregnancy and for postnatal depression should not be recommended in the UK. In previous reviews, the UK NSC examined 'Screening for postnatal depression' and 'Psychiatric illness in pregnancy' separately. However, due to the similarities between such conditions, it was agreed to update both reviews at the same time in a single document.
2. In 2006, the UK NSC made the decision not to recommend a national screening programme for antenatal mental health disorders. In 2011, a similar decision about systematic screening for postnatal depression was made based on a UK NSC's evidence review published in the same year. This review outlined a lack of clarity on the population to be identified by screening who would benefit from an intervention and the accuracy of the screening tools to identify those at risk.

Evidence Summary

3. The 2018 evidence summary was undertaken by Solutions for Public Health, in accordance with the triennial review process.
<https://legacyscreening.phe.org.uk/psychiatricillness> and
<https://legacyscreening.phe.org.uk/postnataldepression>
4. The 2018 evidence summary addresses questions relating to:



- I. the negative effect on women and their children of mental health problems during pregnancy and after giving birth
 - II. whether the tests available at the moment can predict which women are at risk of such problems
 - III. whether the treatment for such disorders can help a woman and her baby
 - IV. whether the national guidance on how to help women with these problems is being followed.
1. The conclusion of the 2018 evidence summary is that the volume, quality and direction of evidence published since 2006 and 2011 is not sufficient to change the current UK NSC recommendation for systematic screening for mental health problems during pregnancy and postpartum period. This recommendation is made for the following reasons:
- I. There is a large volume of evidence about adverse outcomes associated with common mental health problems experienced by women during pregnancy and postpartum. Some outcomes are consistently reported such as preterm birth and low birth weight whilst others are less consistently observed.
Criterion 1 met
 - II. *Antenatal period*: there is a paucity of evidence for effective screening tests for common mental disorders such as generalised anxiety disorder, panic disorder, phobias, social anxiety disorder, obsessive-compulsive disorder and post-traumatic stress disorder during pregnancy. The total body of evidence during pregnancy is based on studies with low numbers of participants and in general the accuracy of data reported across studies is variable. There is also a substantial heterogeneity between the studies in relation to study design, population sampled and the diagnostic criteria used.



Postpartum period: data on postpartum depression come from studies with larger numbers of participants than in the antenatal period. However, the numbers are still low when considered as evidence for population-based screening. Moreover, these studies suffer from the same heterogeneity problems noted in the antenatal studies. Even though, the evidence suggests that there are screening tools (Edinburgh Postnatal Depression Scale (EPDS), Patient Health Questionnaire (PHQ) version 2) that could be used as part of an overall screening programme, larger studies may help clarify test performance .

When used to identify major depression disorder, the EPDS has good sensitivity and specificity. However, the positive predictive value suggests that a high proportion of women with a positive screen referred for a full psychosocial assessment are likely not to have major depressive disorder.

Criteria 4 and 5 are not met

- III. Firm conclusions about the effectiveness of each of the pharmacological and non-pharmacological interventions for women with screen-detected common mental disorders in pregnancy, cannot be drawn from the small number of studies available as they have considerable heterogeneity in their methodology, level of bias and consistency of results.

The evidence base for the effectiveness of pharmacological and non-pharmacological interventions for women with screen-detected antenatal and postnatal depression remain very limited. Although some evidence indicates that cognitive behavioural therapy is likely to lead to a small reduction in the severity of the condition, these conclusions are based on a very limited volume of evidence with generally weak measures of effect. Only one study of pharmacological interventions in screen-detected women was identified. **Criterion 9 not met**

- IV. Antenatal and postnatal mental health problems are important mental health and public health issues and this review found evidence of their influence on pregnancy and neonatal outcomes, it also found that current mental health services in the UK are not implementing the NICE guidance in its entirety. Although most women are likely to be asked about their mental health, actions to address those problems, by onward referral, support, advice and treatment is variable. **Criterion 15 not met**

Consultation

2. A three month consultation was hosted on the UK NSC website. Direct emails were sent to 10 stakeholder organisations. **Annex A**
3. No comments were received following from such public consultation.

Recommendation

5. The Committee is asked to approve the following recommendation:
Systematic antenatal and postnatal population screening programme for mental health problems is not recommended in the UK.



Criteria (only include criteria included in the review)	Met/Not Met
Section 1 - Criteria for appraising the viability, effectiveness and appropriateness of a screening programme	
The Condition	
1. The condition should be an important health problem as judged by its frequency and/or severity. The epidemiology, incidence, prevalence and natural history of the condition should be understood, including development from latent to declared disease and/or there should be robust evidence about the association between the risk or disease marker and serious or treatable disease	Not Met
The Test	
4. There should be a simple, safe, precise and validated screening test.	Not Met
5. The distribution of test values in the target population should be known and a suitable cut off level defined and agreed.	
The Intervention	
9. There should be an effective intervention for patients identified through screening, with evidence that intervention at a pre-symptomatic phase leads to better outcomes for the screened individual compared with usual care. Evidence relating to wider benefits of screening, for example those relating to family members, should be taken into account where available. However, where there is no prospect of benefit for the individual screened then the screening programme shouldn't be further considered.	Not Met
Implementation	
15. All the cost-effective primary prevention interventions should have been implemented as far as practicable..	Not Met

List of organisations contacted:

1. Association for Improvements in the Maternity Services
2. The British Psychological Society
3. Faculty of Public Health
4. Institute of Health Visiting
5. Royal College of General Practitioners
6. Royal College of Obstetricians and Gynaecologists
7. Royal College of Physicians
8. Royal College of Physicians and Surgeons of Glasgow
9. Royal College of Physicians of Edinburgh
10. Royal College of Psychiatrists