Executive Summary of Final Report

NAPD: The National Audit of the Detection and Management of Postnatal Depression

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Background

Postnatal depression is conventionally regarded as depressive illness occurring during the first postnatal year and affects between 10% and 15% of women. The Scottish Intercollegiate Guidelines Network (SIGN) published evidence-based guidelines for screening and management of postnatal depression and puerperal psychosis in June 2002 (SIGN 60, 2002). What remains unknown is the extent of the implementation of policy into practice, the administration of Integrated Care Pathways (ICPs) at NHS Board and General Practice (GP) level, and more detailed evidence of clinical practice.

Method

The project comprised 3 phases. Phase 1 - a questionnaire survey of all NHS Boards in Scotland between September 2003 and February 2004 to determine what (written) policies for postnatal depression were in place as at September 2003. Phase 2 – a questionnaire survey of a representative sample of general practices in Scotland between November 2003 and March 2005 to determine the routine procedures in use for managing postnatal depression in general practice primary care teams. Phase 3 – qualitative work involving focus groups and interviews in 3 NHS Board areas with women who had experienced postnatal services and health professionals involved in the care of women during and following pregnancy. Phase 3 work was carried out by the Scottish Centre for Social Research (SCSR), in conjunction with Scottish Practices and Professionals Involved in Research (SPPIRe).

Key Results

All NHS Boards took part in the questionnaire survey in Phase 1. A total of 199 general practices from a representative sample of 273 took part in the questionnaire survey for Phase 2. Recruitment difficulties in Phase 3 resulted in only 18 participants taking part in focus groups and only 8 individual interviews being carried out. As a result, no conclusions can be drawn from the Phase 3 results.

Six NHS Boards stated that they had ‘always’ taken SIGN 60 into account when preparing/reviewing the NHS Board’s written documentation.

Implementation of SIGN 60 recommendations

1. Forty seven per cent of policies and 68% of GP practices had implemented the majority of the recommendations. GP practices were more likely than Boards to have addressed a higher percentage of the recommendations (p<0.05).
2. Most policies did not recommend antenatal assessment of history of depression, but the majority of GP practices assessed this routinely.
3. The majority of policies specified that postnatal depression should be routinely treated when identified during the postnatal period and support offered.
4. Half of the board policies, and almost 40% of practices said that they offered inpatient facilities for mothers diagnosed with postnatal mental health problems.
to be admitted with their child, although none was in specialised mother and baby units.
5. Seven policies offered guidance on the use of psychotropic medication to treat depression during pregnancy and ten policies on their use whilst breastfeeding.

Implementation of SIGN 60 good practice points

1. Six policies recommended additional antenatal psychological support for women at risk of developing postnatal depression. Almost 80% of practices indicated that this was already offered.
2. Fourteen policies and 130 (68%) practices recommended that the EPDS should be completed 6-8 weeks following delivery (mean=7.1 weeks) followed by a second assessment (mean=18.9 weeks).
3. A quarter of practices offered complementary therapies in the postnatal period.
4. Seven policies advocated postnatal listening visits by health visitors to women believed to be at high-risk of developing postnatal depression and these were available in 90% of practices.
5. The SIGN cut-off on the EPDS of 10 or above for whole population screening was not used by the majority of policies and GP practices. Half the policies recommended routine antenatal use of the EPDS and this was implemented by 52% of practices.
6. In September 2003, six NHS Boards had ICPs in place and a further five intended to develop an ICP during 2004.
7. Most policies recommended sample auditing of case notes, whereas a minority of the GP practices reported that they undertook sample or continual audits.
8. Most policies (88%) indicated that training in postnatal mood disorders was on offer or was under consideration. In GP practices, 26% offered clinical supervision.
9. Eleven policies provided an antenatal ‘risk-factor’ checklist for practices and 53% of practices implemented a checklist.
10. GP practices were significantly more likely to implement antenatal screening for a history of puerperal psychosis if they were within an NHS Board that recommended it. When the NHS Board policy was in line with the SIGN recommended times the GP practices in the area were more likely to undertake the EPDS assessment within this time frame.

Conclusions

1. Minimum standards represented by SIGN 60 evidence-based recommendations were mostly followed in both policy and practice.
2. If NHS Board policy followed guidelines, the guidelines were more likely to be implemented at general practice level. Overall, practices were more likely to follow SIGN guidelines than were Boards, but they also demonstrated procedures which went beyond those recommended by SIGN.
3. About half of Boards recommended, and general practices used, the EPDS antenatally although this is not recommended by SIGN and is not supported by an evidence base and is therefore a cause for concern.
4. Areas of practice where SIGN guidance was not adhered to included availability of psychosocial interventions, and some antenatal use and cut-off of the EPDS.

Key recommendations

1. SIGN should consider the influences of their guidelines on policy as well as on clinical practice.
2. In many instances GP practices were ahead of NHS Board policies in following recommendations and so could be targeted by SIGN to effect more rapid change.
3. Future work should have two aims. Firstly, to update the findings by repeating the current study and secondly, to include an examination of the experiences and outcomes of care received, rather than solely focusing on the process of care.