

## Understanding How Postnatal Depression Screening and Early Intervention Works in the Real World – A Singaporean Perspective

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### Abstract

Postnatal depression is a major public health problem with clearly established adverse effects in child outcomes. This study examines the 4-year outcomes of a screening and early intervention programme, in relation to improvement in symptoms, functioning and health quality of life. Women were prospectively recruited up to 6 months postdelivery, using the Edinburgh Postnatal Depression Scale (EPDS) as a screening tool. High-scorers (EPDS >13), were offered psychiatric consultation, and those with borderline scores (EPDS 10-12) were provided counselling, and offered follow-up phone counselling by the assigned case manager. Outcome measures were obtained at baseline, and at 6 months or discharge if earlier, for levels of symptoms, functioning, and health quality of life. From 2008 to 2012, 5245 women were screened, with 307 (5.9%) women with EPDS >13 receiving intervention. Of these, 70.0% had depression, 4.6% anxiety and 3.4% psychosis. In the depression subgroup, the net change was improvement of 93.4% EPDS symptom scores, 92.2% Global Assessment of Functioning (GAF) scores, and 88.3% visual analogue scale (EQ VAS) health quality of life scores. Outcome scores across diagnostic categories demonstrated median changes of 10 points on EPDS, 20 points on GAF, and 25 points on EQ VAS, reflecting 73.9%, 36.4% and 41.7% change from baseline scores. Women with psychosis showed the biggest (80.0%) relative change in GAF functioning scores from baseline to discharge but had the lowest median change in EPDS symptom scores. A screening and intervention programme rightly-sited within an obstetric setting can improve clinical outcomes because of early detection and intervention.

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