Unacceptability of routine screening for postnatal depression was related to the screening process, the intrusiveness of questions, and the stigma of disease


How do women experience routine screening by health visitors (HVs) using the Edinburgh Postnatal Depression Scale (EPDS)?

DESIGN
Indepth interviews.

SETTING
22 general practices in Oxford, UK.

PARTICIPANTS
39 women (mean age 34 y) were selected based on their registered general practice, EPDS scores at 8 weeks and 8 months, and whether listening visits were recorded (a proxy measure for postnatal depression). Exclusion criteria were inadequate English, age <16 years, learning disability, or infant death.

METHODS
Women were interviewed at 11–19 months after delivery and asked about how they felt in the first 3 months after the birth and about completing the EPDS. Screening was judged “acceptable” if women gave positive or neutral responses to questions about the EPDS. Interviews were tape recorded, transcribed verbatim, and analysed using constant comparison. Data saturation was achieved.

MAIN FINDINGS
21 women (54%) found screening for postnatal depression unacceptable. 3 themes explained this. (1) Women with negative views of screening found the process of screening to be simplistic and preferred open questions or an opportunity to talk. Women felt ill prepared for screening, were anxious about the consequences, and were reluctant to answer questions honestly. 13 women (33%) felt the baby clinic was an inappropriate place to complete the EPDS, citing reasons of stress and inadequate time and privacy. Most preferred screening at home. One third of women received little feedback from HVs and felt dissatisfied. Even non-depressed women felt distress, yet “normal” EPDS results prevented discussions about troublesome symptoms. (2) To some women, the EPDS seemed like a personal intrusion, which was pointless and frustrating. They attributed their distress to their social situation rather than illness. The women saw no medical solution to their distress and therefore resented intrusive questions from health professionals. (3) Stigma. Many felt that postnatal depression was stigmatising, and they did not want to admit to it. This reluctance was related to their image of a good mother. Some covered up their feelings to avoid being “found out” (and risk “losing” their baby) and lied deliberately on the questionnaire.

Regardless of their emotional state, women felt threatened by a questionnaire to “diagnose” this stigmatising illness.

CONCLUSIONS
Over half of the participants found routine screening with the Edinburgh Postnatal Depression Scale to be unacceptable. Unacceptability was explained by the inadequacy of the screening process, the intrusiveness of the questions, and the stigma of postnatal depression. Women preferred talking about how they felt rather than completing a questionnaire, and many admitted to giving unreliable responses.