



GIG  
CYMRU  
NHS  
WALES

Rhwydwaith Iechyd  
Meddwl Amenedigol  
Perinatal Mental  
Health Network

# Perinatal Mental Health Screening Process Ask, Assess and Act



## Individual Details

|                  |                   |
|------------------|-------------------|
| Name:            | D.O.B:            |
| Title:           | NHS Number:       |
| Preferred Name:  | Name of assessor: |
| Date assessment: |                   |

**Step 1:** Ask all individuals 'How are you feeling today?'- Using the Whooley & GAD-2 questions below

| Depression Identification Questions (Whooley):                                                      | Outcome:                                                    |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| During the past month, have you often been bothered by feeling down, depressed or hopeless?         | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| During the past month, have you often been bothered by little interest or pleasure in doing things? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

| Generalised Anxiety Disorder Scale (GAD-2)                                                   |            |              |                         |                  |
|----------------------------------------------------------------------------------------------|------------|--------------|-------------------------|------------------|
| Over the <b>last two weeks</b> , how often have you been bothered by the following problems: | Not at all | Several days | More than half the days | Nearly every day |
| 1. Feeling nervous, anxious or on edge                                                       |            |              |                         |                  |
| 2. Not being able to stop or control worrying                                                |            |              |                         |                  |

**Step 2:** Assess all positive responses - by offering further screening using the EPDS and/or Gad-7 (PHQ9 may be required when referring into specialist team. Screening tools are offered to guide your decision making. The outcome of these, together with your professional judgement and discussion with the individual, should influence what is offered next).

| Screening Tools     | Yes | No |
|---------------------|-----|----|
| EPDS                |     |    |
| GAD-7               |     |    |
| PHQ-9 (if required) |     |    |

# EPDS

As you are pregnant/your partner is pregnant or you have recently had a baby, we would like to know how you are feeling. Please tick (✓) the answer that comes closest to how you have felt IN THE PAST SEVEN DAYS, not just how you feel today. The EPDS can be used to assess the mental health of all parents.

|                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. I have been able to laugh and see the funny side of things</b><br>0 - As much as I always could <input type="checkbox"/><br>1 - Not quite so much now <input type="checkbox"/><br>2 - Definitely not so much now <input type="checkbox"/><br>3 - Not at all <input type="checkbox"/> | <b>6. Things have been getting on top of me</b><br>3 - Yes, most of the time I haven't been able to cope at all <input type="checkbox"/><br>2 - Yes, sometimes, I haven't been coping as well as usual <input type="checkbox"/><br>1 - No, most of the time I have coped quite well <input type="checkbox"/><br>0 - No, I have been coping as well as ever <input type="checkbox"/> |
| <b>2. I have looked forward with enjoyment to things</b><br>0 - As much as I ever did <input type="checkbox"/><br>1 - Rather less than I used to <input type="checkbox"/><br>2 - Definitely less than I used to <input type="checkbox"/><br>3 - Hardly at all <input type="checkbox"/>     | <b>7. I have been so unhappy that I have had difficulty sleeping</b><br>3 - Yes, most of the time <input type="checkbox"/><br>2 - Yes, sometimes <input type="checkbox"/><br>1 - Not very often <input type="checkbox"/><br>0 - No, not at all <input type="checkbox"/>                                                                                                             |
| <b>3. I have blamed myself unnecessarily when things went wrong</b><br>3 - Yes, most of the time <input type="checkbox"/><br>2 - Yes, some of the time <input type="checkbox"/><br>1 - Not very often <input type="checkbox"/><br>0 - No, never <input type="checkbox"/>                   | <b>8. I have felt sad or miserable</b><br>3 - Yes, most of the time <input type="checkbox"/><br>2 - Yes, quite often <input type="checkbox"/><br>1 - Not very often <input type="checkbox"/><br>0 - No, not at all <input type="checkbox"/>                                                                                                                                         |
| <b>4. I have been anxious or worried for no good reason</b><br>0 - No, not at all <input type="checkbox"/><br>1 - Hardly ever <input type="checkbox"/><br>2 - Yes, sometimes <input type="checkbox"/><br>3 - Yes, very often <input type="checkbox"/>                                      | <b>9. I have been so unhappy that I have been crying</b><br>3 - Yes, most of the time <input type="checkbox"/><br>2 - Yes, quite often <input type="checkbox"/><br>1 - Only occasionally <input type="checkbox"/><br>0 - No, never <input type="checkbox"/>                                                                                                                         |
| <b>5. I have felt scared or panicky for no very good reason</b><br>3 - Yes, quite a lot <input type="checkbox"/><br>2 - Yes, sometimes <input type="checkbox"/><br>1 - No, not much <input type="checkbox"/><br>0 - No, not at all <input type="checkbox"/>                                | <b>10. The thought of harming myself has occurred to me</b><br>3 - Yes, quite often <input type="checkbox"/><br>2 - Sometimes <input type="checkbox"/><br>1 - Hardly ever <input type="checkbox"/><br>0 - Never <input type="checkbox"/>                                                                                                                                            |
| <div>Total score</div> <div></div>                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                     |

Source: Cox, J L, Holden, J M, and Sagovsky, R. 1987. Detection of postnatal depression:

Development of the 10 item Edinburgh Postnatal Depression Scale. British Journal of Psychiatry 158.782-786

Source: K L Wisner, B L Parry, C M Prontek, Postpartum Depression. N Engl J Med vol 347 No 3 July 18, 2002, 194-199

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## GAD - 7

This easy-to-use self-administered patient questionnaire is used as a screening tool and severity measure for generalized anxiety disorder (GAD)

Over the last **2 weeks**, how often have you been bothered by the following problems?  
(Use "✓" to indicate your answer)

0 = Not at all

1 = Several days

2 = More than half the days

3 = Nearly every day

Feeling nervous, anxious or on edge?

0  1  2  3

Worrying too much about different things?

0  1  2  3

Being so restless that it's hard to sit still?

0  1  2  3

Feeling afraid as if something awful might happen?

0  1  2  3

Not being able to stop or control worrying?

0  1  2  3

Trouble relaxing?

0  1  2  3

Becoming easily annoyed or irritable?

0  1  2  3

Total score

The GAD-7 originates from Spitzer RL, Kroenke K, Williams JB, et al; A brief measure for assessing generalized anxiety disorder: the GAD-7. Arch Intern Med. 2006 May 22;166(10):1092-7. GAD-7 © Pfizer Inc. all rights reserved; used with permission.

Further assessment should be completed by Specialist Perinatal Mental Health colleagues.

## PHQ - 9

This easy-to-use self-administered patient questionnaire is used as a screening tool and severity measure for generalized anxiety disorder (GAD)

Over the last **2 weeks**, how often have you been bothered by the following problems?

(Use "✓" to indicate your answer)

0 = Not at all

1 = Several days

2 = More than half the days

3 = Nearly every day

Little interest or pleasure in doing things?

☐ 0 ☐ 1 ☐ 2 ☐ 3

Feeling down, depressed, or hopeless?

☐ 0 ☐ 1 ☐ 2 ☐ 3

Trouble falling or staying asleep, or sleeping too much?

☐ 0 ☐ 1 ☐ 2 ☐ 3

Feeling tired or having little energy?

☐ 0 ☐ 1 ☐ 2 ☐ 3

Poor appetite or overeating?

☐ 0 ☐ 1 ☐ 2 ☐ 3

Feeling bad about yourself — or that you are a failure or have let yourself or your family down?

☐ 0 ☐ 1 ☐ 2 ☐ 3

Trouble concentrating on things, such as reading the newspaper or watching television?

☐ 0 ☐ 1 ☐ 2 ☐ 3

Moving or speaking so slowly that other people could have noticed? Or so fidgety or restless that you have been moving a lot more than usual?

☐ 0 ☐ 1 ☐ 2 ☐ 3

Thoughts that you would be better off dead, or thoughts of hurting yourself in some way?

☐ 0 ☐ 1 ☐ 2 ☐ 3

Total score

The GAD-7 originates from Spitzer RL, Kroenke K, Williams JB, et al; A brief measure for assessing generalized anxiety disorder: the GAD-7. Arch Intern Med. 2006 May 22;166(10):1092-7. GAD-7 © Pfizer Inc. all rights reserved; used with permission.

Complete a suicide risk assessment in individuals who respond positively to item 9 -  
"Thoughts that you would be better off dead or of hurting yourself in some way."

Further assessment should be completed by Specialist Perinatal Mental Health colleagues.

**Step 3:** Act now by matching outcome of screening and identified need - Signposting, supporting, referring and/ or accessing specialist advice and guidance

| Levels of Need     | Level 1                                  | Level 2                                             | Level 3                                                       | Level 4                                     | Level 5                                                                            |
|--------------------|------------------------------------------|-----------------------------------------------------|---------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------------|
| Outcome            | Universal<br>Nil                         | Enhanced<br>Nil - Mild                              | Enhanced +<br>Mild                                            | Intensive<br>Moderate                       | Intensive +<br>Severe                                                              |
| GAD-7              | 0                                        | 0 – 5                                               | 6 – 10                                                        | 11 – 15                                     | 16 – 21                                                                            |
| EPDS               | 0 – 9                                    | 10 – 12                                             | 13 – 15                                                       | 16 – 19                                     | 20 +                                                                               |
| PHQ9               | 0 – 4                                    | 5 – 9                                               | 10 – 14                                                       | 15 – 19                                     | 20 – 27                                                                            |
| Recommended Action | Signpost to community/<br>online support | Review and signpost to community/<br>online support | Active listening and signpost to community/<br>online support | GP/primary care/LPMHSS and/or<br>CAMHS/CMHT | Specialist perinatal mental health team/<br>admission to specialist inpatient unit |

**Well Level 1  
Pathways  
3 & 10**

**Ask**

'How are you feeling today?' Using the Whooley & GAD 2 Questions - enquire about mood, social support, sleep, feelings about pregnancy, history of emotional & mental health, including family history

**Assess**

Offer further screening using the EPDS & GAD 7 if required – Outcome EPDS (0-9)/GAD (0) - Discuss mental health in pregnancy and transition to parenting using - [The Pregnancy and Post-birth Wellbeing Plan | Tommy's \(tommys.org\)](https://www.tommys.org)

**Act**

Refer to community groups/on-line resources. If screening indicates – refer to ~ additional levels of care. Link in with Specialist/ Named PNMH Midwife/Health Visitor to discuss if needed.

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**Watchful Waiting**  
Level 2

**Pathways**  
4 & 10

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**Assess**

If further screening using the EPDS & GAD 7 indicates an outcome EPDS (10-12)/GAD (0-5) - Discuss mental health in pregnancy and transition to parenting using - [The Pregnancy and Post-birth Wellbeing Plan | Tommy's \(tommys.org\)](#)

**Act**

- Refer to community groups/on-line resources. If screening indicates – refer to additional levels of care. Link in with Specialist/Named PNMH Midwife/Health Visitor to discuss if needed.
- Contact again in up to 2 weeks to re-assess
- Take a 'whole family' approach and consider the safeguarding needs of unborn/baby and older children.

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**Active Listening**

**Mid – Mod**  
Level 3

**Pathways**  
5 & 10

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**Assess**

If further screening using the EPDS & GAD 7 indicates an outcome EPDS (13-15)/GAD 7(6-10) - Discuss mental health in pregnancy and transition to parenthood using - [The Pregnancy and Post-birth Wellbeing Plan | Tommy's \(tommys.org\)](#)

**Act**

- Refer to community groups/on-line resources. If screening indicates – refer to additional levels of care. Link in with Specialist/Named PNMH Midwife/Health Visitor to discuss if needed.
- Consider offering up to 6 additional active listening visits/Emotional Wellbeing Visits
- Take a 'whole family' approach and consider the safeguarding needs of unborn/baby and older children.

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**Moderate  
Level 4**

**Pathways  
1, 6 & 10**

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**Assess**

If further screening using the EPDS & GAD 7 indicates an outcome EPDS (16-19)/ GAD 7(11-15) - Discuss mental health in pregnancy and transition to parenthood using - [The Pregnancy and Post-birth Wellbeing Plan | Tommy's \(tommys.org\)](#)

**Act**

- Refer to community groups/on-line resources. If screening indicates – refer to additional levels of care. Link in with Specialist/Named PNMH Midwife/Health Visitor to discuss, share information.
- Discuss need to see GP for further mental health assessment. Offer information on medication.
- Collaborate and communicate with wider team (midwife/obstetrician/ Sp Perinatal Mental Health midwife/Health visitor)
- Offer follow up appointment/contact
- Take a 'whole family' approach and consider the safeguarding needs of unborn/baby and older children.

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**Moderate –  
Severe Level 5**

**Pathways  
2, 7, 8, 9 & 10**

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**Assess**

If further screening using the EPDS & GAD 7 indicates an outcome EPDS (20+)/GAD 7(16 -21) - Discuss mental health in pregnancy and transition to parenthood using - [The Pregnancy and Post-birth Wellbeing Plan | Tommy's \(tommys.org\)](#)

**Act**

- Refer to specialist inpatient unit team for assessment.
- Individuals with moderate to severe mental health/significant family history of schizophrenia, postnatal psychosis, or bipolar affective disorder should be referred routinely.
- Complete Perinatal Mental Health Specialist service referral for support and individualised birth planning
- Collaborate and communicate with wider team (midwife/obstetrician/Sp Perinatal Mental Health midwife/Health visitor)
- Ensure a record is kept of the conversation and referral and arrange a follow up appointment
- All referrals into the Specialist PNMH Unit go through Specialist Teams.
- Aim to allocate to a specific GP to consider attending the weekly MDT meetings
- Take a 'whole family' approach and consider the safeguarding needs of unborn/baby and older children.
- Ensure a follow up appointment and plan of care is created upon discharge from the unit.