THE ROLE OF PSYCHOSOCIAL RISK FACTORS
WHEN SCREENING WITH THE EPDS

What are psychosocial risk factors?
There is no ‘magic formula’ for predicting depression, with a complex array of factors contributing to how an individual feels at a given point in time. Nevertheless, a great deal of research has been done over the past 20 or so years in an effort to identify the demographic, psychological and social (i.e., psychosocial) risk factors for depression during the perinatal period.

Risk factors have been defined as “…those conditions and/or characteristics that increase the likelihood that a person will develop a particular disorder compared with any person selected as random from the general population” (Pope, 2000, p. 49).

The reason for the research emphasis upon risk factors has been for good reason. Without awareness and understanding of risk factors and their relationship to maternal depression during the perinatal period, effective screening, prevention and early intervention strategies would not be possible.

What are the psychosocial risk factors for perinatal depression?
As part of the beyondblue National Postnatal Depression Program, a national prospective study designed to assess the feasibility and acceptability of routine perinatal depression screening across Australia, a cohort of WA women completed the EPDS and a demographic/psychosocial risk factors questionnaire (Brooks et al., 2009).

The demographic and psychosocial risk factors questionnaire was purpose designed for the national Program and included 34 questions, covering such things as country of birth, language spoken at home, socioeconomic status, occupation, highest level of education completed, past history of mental illness, current mental illnesses, major life events in the past 12 months, availability of emotional/practical supports, relationship with mother and partner, and past history of abuse (sexual, physical and emotional).

Of the original WA cohort of 4838 women, 80% completed the postnatal EPDS in addition to the antenatal EPDS and risk factors questionnaire. From this sample, 763 women completed the antenatal measures at 30 to 34 weeks gestation and postnatal EPDS 6 to 12 weeks after birth, allowing comparison to previous studies (Brooks et al., 2011).

This subset of data has recently been used to investigate the associations between psychosocial risk factors and perinatal depression. Two models have been developed – one for use during pregnancy, the other after birth, each with 7 psychosocial factors that are straightforward to assess during routine hospital care (Brooks et al., 2011).

Demographic and psychosocial risk factors for antenatal high risk (EPDS≥12):

- Guilt prone
- Depression (this pregnancy)
- Difficulty accepting pregnancy
• Education level – not finished high school
• Unable to achieve
• Anxiety (this pregnancy)
• Mod-high level of daily hassle

Demographic and psychosocial risk factors for postnatal high risk (EPDS≥13):
• Difficulty accepting pregnancy
• Number of children (0 or 3+)
• Partner unemployed or studying at home
• Perfectionist
• Diagnosis of depression
• Age of baby > 12 weeks
• Unable to achieve OR Guilt prone

How can we use the research literature to enhance the screening powers of the EPDS?

A combined approach to perinatal psychosocial screening, as recommended by Austin (2004) and trialed in three sites internationally (Austin, 2003; Reid et al., 1998; Matthey et al., 2002), is supported by the findings of the WA beyondblue cohort (Brooks et al., 2011). A combined approach would entail administration of the EPDS and exploration of the 7 factors highlighted as significant correlates during the antenatal and postnatal periods. Such an approach should increase detection of current depressive symptomatology and facilitate the implementation of early intervention and possible prevention strategies.

<table>
<thead>
<tr>
<th></th>
<th>Sensitivity</th>
<th>Specificity</th>
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<tbody>
<tr>
<td>EPDS1</td>
<td>86%</td>
<td>78%</td>
</tr>
<tr>
<td>Antenatal Model</td>
<td>89%</td>
<td>82%</td>
</tr>
<tr>
<td>Postnatal Model</td>
<td>73%</td>
<td>76%</td>
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Sensitivity = proportion of women correctly classified as scoring above cut-off
Specificity = proportion of women correctly classified as not scoring above cut-off

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1 EPDS validation study – 84 women at 3 months postpartum using an EPDS cut-off score of ≥13 and the Standardised Psychiatric Interview and Research Diagnostic Criteria diagnoses with interviewer blind to EPDS score. (Cox, et al., 1987).
References


Suggested Questions to ask during the Antenatal Period

Bolded responses indicate increased risk.

Have you felt down/depressed during this pregnancy?
YES   NO

Have you been overly worried/anxious during this pregnancy?
YES   NO

Are you having difficulties accepting this pregnancy?
YES   NO

How would you describe your level of daily hassle at the moment?
LOW   MODERATE   HIGH

Since becoming pregnant are you able to achieve what you want?
YES   NO

Do you often feel guilty?
YES   NO

Did you finish high school?
YES   NO

Reference:
**Suggested Questions to ask during the Postnatal Period**

**Bolded responses** indicate increased risk.

Did you have difficulties accepting this pregnancy?  
YES  NO

How old is your baby (today)?  
Less than 12 weeks old  **More than 12 weeks old**

How many children do you (now) have?  
1  2  **3 or more**

Is your partner employed at the moment?  
YES  NO

Since having your baby are you able to achieve what you want?  
YES  NO

Do you often feel guilty?  
YES  NO

Do you feel the need to do things perfectly?  
YES  NO

Have you ever been diagnosed with depression?  
YES  NO

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**Reference:**  