



The Importance of Screening in Prevention of Postpartum Depression

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Dear Editor-in-Chief

Postpartum Depression (PPD) is a major public health problem and a common clinical disorder that occurs after childbirth (1). This disorder is characterized by symptoms such as depressed mood, disappointment, irritability, anxiety, lack of enjoyment of life, excessive fatigue, sleep and appetite disorders, mental and motor disturbances, disruption of family and social communication, self-harming and feeling of guilty or inadequacy particularly regarding the infant care (2-4). In addition to the problems for the mother, the baby and other family members are also affected by this problem.

Psychological and social factors are considered as main factors of PPD (5). As a result, these two factors should be focused in order to resolve the consequent problems. Screening is one of methods through which some of the causing factors can be identified and by preventing their occurrence, the incidence of this type of depression can be reduced and more patients can be found and treated as well. In other words, a wide range of the health system, from primary health centers to providers and therapists, plays an important role in this regard.

Generally, there are tools for PPD screening, and many countries use screening, however these

screenings are usually not mandatory (6). Given that depression is increasing in recent years and the WHO has ranked the major depression as the fourth leading cause of disease burden among all diseases, which can lead to life with disability (7), different countries should more seriously seek the prevention and implement screening. Especially in low and middle-income countries that in which less services are usually provided to people and those with a poor economic status are less looking for programs such as screening. Furthermore, in most countries, poor economic status, for various reasons, leads to a low level of people's awareness of health-related programs. Culture and traditions are also other important factors. In some countries, especially in the less developed regions, there is no regular referral culture for prenatal care and referral to a physician.

In screening, risk factors of PPD should be noted. The risk factors include previous history of PPD, neurological disorders before childbirth, stressful signs of depression during pregnancy and childbirth, low socioeconomic status, poor social support, problems such as pre-eclampsia, chronic diseases of the mother and embryonic issues (8).

Given that screening and treatment of postpartum depression are cost-effective interventions and



should be considered as part of routine postpartum care (9), solutions can be utilized to use screening and more impact of it; for example: compulsory use of valid tools for screening such as the Edinburgh Postnatal Depression Scale (EPDS) at primary health centers by midwife and gynaecologist, charge-free screening, providing incentives to expand the use of screening, the implementation of programs such as family physician focusing on screening, documenting and examining effects of screening, correct training of healthcare providers, the use of evidence of successful countries, the development of national and regional guidelines in accordance with cultural and socio-economic conditions, complete follow-up of patients and finally, promoting the culture of referral of people for screening.

Finally, from a health policy point of view, it can be said that the development of correct upstream policies, along with the coordination between pillars providing services and timely delivery of services, based on need and with proper access can ensure the appropriate implementation of the screening program and eventually reduce PPD.

Conflict of interest

The authors declare that there is no conflict of interest.

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