
Marcé International Society Position Statement 2013

**PSYCHOSOCIAL ASSESSMENT AND DEPRESSION SCREENING IN
PERINATAL WOMEN**

estimate of PPV is around 62% [26]; meaning that about 38% of women scoring ≥ 13 on the EPDS may be incorrectly diagnosed as having major depression if no further assessment is undertaken. This has led one author to highlight the potential risk for 'overpathologising' the presence of postnatal symptoms [27], with possible harm caused to the woman and in terms of cost to the system. . The other key concern is around availability of resources to support perinatal depression

abusive care. We must thus be cognisant of the context in which psychosocial assessment is

Guiding principles underpinning Universal Psychosocial Assessment & Depression Screening Programs – International Marcé Society Position Statement 2013

Where the provision of universal psychosocial assessment and care for perinatal women in the primary care setting is being considered, the following principles need to be considered:

The value of combining assessment of both the physical and emotional health and welfare of women in the perinatal period.

The impact of psychosocial morbidity on the transition to parenthood and infant attachment and development.

Universal psychosocial assessment programs that combine evaluation of the psychosocial context/risk factors and detection of possible current depression; as well as integrating assessment with further care.

There is no one model for psychosocial assessment. Local methods for psychosocial assessment that are acceptable, easy to administer and interpret, and can be integrated within local care models/programs, will work best.

References

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APPENDIX

TABLE 1 Current Clinical Practice Guidelines: Approach and main elements of models of care and psychosocial assessment

Guideline & Methodology	Overall Approach	Main Model Elements	Psychosocial Assessment Recommendations
British Antenatal & Postnatal Mental Health CPGs (NICE 2007; under review for 2014 update)			