Screening for perinatal depression and predictors of underscreening: findings of the Born in Queensland study

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In reply: We note the concerns about the use of the Edinburgh Postnatal Depression Scale (EPDS) in Aboriginal and Torres Strait Islander women.¹ The specific aim of our study was to explore the use of the EPDS in a general population of pregnant women given this is the tool recommended in recent Australian clinical practice guidelines.² Our published results were therefore limited to the EPDS and could not explore the use of any other depression screening tool. As a multicultural country, Australia has to address the mental health needs of a population with different languages and backgrounds. The EPDS has been extensively researched and is an accepted and valid screening tool in different cultures and languages, not only in the postnatal period but also during pregnancy.³ Therefore, it seems to be an appropriate tool for a culturally diverse country. Translated versions of the EPDS with culturally relevant cut-off scores are available for use in immigrant populations.²

It is for these reasons that the National Postnatal Depression Program (NPDP) recommended the EPDS as a universal screening device for perinatal depression.⁴ The NPDP advocates ongoing research in perinatal depression to inform policy formulation and targeted and evidence-based initiatives.⁴ For the purposes of our study, it was important to use an instrument that has been validated in as wide a population as possible. We acknowledge that differences in culture and language may have contributed to lower rates of completion in Aboriginal and Torres Strait Islander women, however, there is no evidence

for the assertion that all women, Aboriginal and non-Aboriginal, would benefit from using the Kimberley Mum's Mood Scale (KMMS) approach. A particular concern would be its applicability to mothers from culturally and linguistically diverse backgrounds for whom English is not a first language. The KMMS may be useful in particular clinical settings,⁵ but until further validation studies are conducted, it cannot be recommended for use in the general population.

References

San Martin Porter MA, Betts K, Kisely S, et al. Screening for perinatal depression and predictors of underscreening: findings of the Born in Queensland study. *Med J Aust* 2019; 210: 32– 37. <https://www.mja.com.au/journal/2019/210/1/screening-perinatal-depression-and-predictors-underscreening-findings-born>

Austin M-P HN, the Expert Working Group. Mental health care in the perinatal period — Australian clinical practice guideline. Melbourne: Centre of Perinatal Excellence, 2017. http://cope.org.au/wp-content/uploads/2018/05/COPE-Perinatal-MH-Guideline_Final-2018.pdf (viewed Feb 2019).

beyondblue. beyondblue: the national depression initiative. Perinatal mental health National Action Plan, 2008–2010: full report. beyondblue, 2008 [https://www.beyondblue.org.au/docs/default-source/8.-perinatal-documents/bw0125-report-beyondblues-perinatal-mental-health-\(nap\)-full-report.pdf?sfvrsn=2](https://www.beyondblue.org.au/docs/default-source/8.-perinatal-documents/bw0125-report-beyondblues-perinatal-mental-health-(nap)-full-report.pdf?sfvrsn=2) (viewed Feb 2019).

Buist A, Bilszta J, Milgrom J, et al. The beyondblue National Postnatal Depression Program — prevention and early intervention 2001–2005: final report. Volume 1: National Screening Program. Melbourne: beyondblue, 2006. <https://www.beyondblue.org.au/docs/default-source/8.-perinatal-documents/bw0075-report-beyondblue-national-research-program-vol2.pdf?sfvrsn=2> (viewed Feb 2018).

Marley JV, Kotz J, Engelke C, et al. Validity and acceptability of Kimberley Mum's Mood Scale to screen for perinatal anxiety and depression in remote aboriginal health care settings. *PLoS One*. 2017; 12: e0168969.