

Need of a Comprehensive and Feasible Psychometric Test in the Assessment of Perinatal Mental Health - A Systematic Review

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Abstract

The perinatal period is a period of happiness as well as hardships. A woman undergoes many physiological, hormonal and psychological changes during this period which makes her prone to mental health disorders that can be detrimental to the health of the women and her child. It's essential to detect these disorders as early as possible and hence a psychometric test or tool which is easy to administer and interpret is needed. Globally various tools are available for use in perinatal period. The aim of this study is to assess the need of a comprehensive and feasible psychometric test in the assessment of perinatal mental health. We searched databases like Google scholar, PubMed, Web of Science, Springer, Elsevier. Research articles on various tools used in assessment of perinatal mental health disorders were reviewed. We have gone through 105 papers and identified 50 such articles which spoke about various tools used globally for screening perinatal mental health disorders for our systematic review. EPDS is the most commonly used tool but it is not feasible to use it in all settings and for all disorders. Some countries have developed their own local tools and proved it to be more effective than EPDS in their setting. We reached the conclusion that there is no set standard for which tool to be used, time and frequency of administration and validation of tools to be used in various settings and also cut-off limits for various population are not clear.

Keywords: Perinatal period, perinatal mental health disorders, perinatal depression and anxiety, psychometric tools/tests, EPDS

INTRODUCTION

The Perinatal period is the time from when a woman conceives till one year after the delivery [1–2]. During this period a woman undergoes significant physical, hormonal and lifestyle changes which makes her mentally and emotionally vulnerable [3–50]. Perinatal mental health illness is a term used for mental health issues that can occur during the perinatal period or the reoccurrence of pre-existing mental health disorders during this period [4]. Various types of perinatal mental health illnesses include perinatal anxiety, perinatal depression, perinatal OCD, PTSD, postpartum psychosis etc [5].

Globally 10% of pregnant women and 13% of postnatal women experience mental health issues [6]. In developing countries, 15.6% of pregnant women and 19.8% of postnatal women experience mental health issues [7]. In severe cases, these women may even commit suicide or harm the baby. (WHO) [8].

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Name of the test/scale	Description of the test/scale	No. of items	Used for
Edinburgh Postnatal Depression Scale (EPDS)	EPDS was developed in 1987 in UK by JL Cox and team. It was developed to assess the depression level in postnatal women.	10	Postnatal Depression
EPDS – 3A		3	Perinatal Anxiety
Patient Health Questionnaire-9 (PHQ-9)	It was developed in 1999 by Kurt Kroenke and team. It is a part of PRIME-MD screening tool which assesses 12 mental health disorders.	9	Depression Validated for use in perinatal depression [48]
Whooley questions	It is a part of PRIME-MD screening tool developed in 1993 by Pfizer	2	Depression. Used in UK for assessment of perinatal depression [26]
Mood Disorder Questionnaire (MDQ)	It is a self-report questionnaire and can be used as a screening tool for bipolar disorder.	17	Depression, Mania, Hypomania. The American College of Obstetricians and Gynaecologists (ACOG) recommends its use in perinatal period [35].
The Perinatal Anxiety Screening Scale (PASS)	It was developed by researchers in Western Australia.	31	Perinatal Anxiety The American College of Obstetricians and Gynaecologists (ACOG) recommends its use in perinatal period [35].
Beck Depression Inventory (BDI)	BDI was developed by Aaron T Beck in 1961. It has 3 versions.	21	Depression (less commonly used)
GAD – 7	It is a diagnostic tool developed by Dr. Robert L. Spitzer and colleagues.	7	Generalized Anxiety Disorder The American College of Obstetricians and Gynaecologists (ACOG) recommends its use in perinatal period [35].
PC-PTSD	It was designed for use in primary care setting by the U.S. National Centre for PTSD.	5	Post Traumatic Stress Disorder
OCI-4/ OCI -12/ POCS (Perinatal Obsessive-Compulsive scale)	It is a self-report scale based on OCI-R	12	Obsessive compulsive disorder. OCI-4 & OCI-12 is recommended by International OCD foundation for use in perinatal period [31].

A psychometric test or tool is a standardized psychological assessment that measures mental performance and can be used to help diagnose mental health disorders [9]. Various tests or scales that are used world wide are given below in tabular form:

There are very few scales or tests that have been exclusively designed for the use in perinatal period [11]. Moreover, tools designed for one geographical area may not yield accurate results for another area [12].

Tools which are developed or validated for use in high-income countries are being used by low and middle-income countries after certain translations and adaptations [15]. Studies have proved that most of these translations are through word modification and items were not added or removed on the basis of local relevance (Lasater M.E. et al. [21] 2022) [16]. The validity of such tools is questionable [17]. Shrestha SD et al. [36] (2016) concluded in her research that most of the local versions of EPDS have shown low precision in screening for perinatal mental health disorders as compared with the original English version [18].

Thus, the aim of this research is to emphasize on the need of a comprehensive and feasible psychometric tool for the assessment of perinatal mental health disorders in women [19].

Literature Review

Lasater M.E. et al. [21] 2022 conducted a study in rural Mali to develop a locally valid and reliable screening instrument to rule out a local depression syndrome, *dusukasi*, in perinatal women [22]. The screening instrument contained items from EPDS and Hopkins Symptom Checklist (HSCL-25) [23]. They concluded that their tool is effective in ruling out *dusukasi* [24].

Kozinszky Z. et al. [20] (2015) concluded in their systematic research that there is uncertainty in the comparability of the sensitivity and specificity estimates of different EPDS versions due to study design differences and variation in the cultural/linguistic adaptation [26].

Gyimah L. et al. [14] (2024) conducted a systematic review and assessed the specificity and sensitivity of various tools for measuring depression (EPDS, PHQ-9, and Whooley questions) and psychological distress [Self Report Questionnaire (SRQ) and Kessler Psychological Distress Scale (KPDS)] and concluded that EPDS is the most acceptable, effective and adaptable tool for screening perinatal depression [28].

Rondung E. et al. [33] (2024) conducted a systematic review and meta-analysis to assess the diagnostic accuracy of certain screening tools (EPDS, PHQ-9, PHQ-2, GAD-7, GAD-2, Matthey Generic Mood Question [MGMQ] and whooley questions) and concluded that EPDS is not perfectly suitable for assessment of major depressive disorder during pregnancy [29].

Green E P. et al. [13] (2018) locally developed a 9-item tool called Perinatal Depression Screening (PDEPS) and conducted a validation study on a sample of 193 perinatal women to test the diagnostic accuracy of PDEPS along with the EPDS and PHQ-9 [30]. They concluded that the sensitivity/specificity of the EPDS and PHQ-9 was estimated to be 0.70/0.72 and 0.70/0.73, respectively whereas the sensitivity/specificity of PDEPS was 0.90/0.90 [31]. Therefore, PDEPS is more useful alternative for screening perinatal depression in rural Western Kenya as compared to EPDS & PHQ-9 [32].

Adhikari K. et al. [2] (2020) carried out a study to examine the ability of various anxiety scales in measuring the anxiety levels during pregnancy [37]. They compared State-Trait Anxiety Inventory-State (STAI-20 & STAI-6), EPDS-3A and Symptoms Checklist-90 (SCL-90) [34]. They concluded that these scales are incomparable, may conceptualize anxiety differently and do not measure anxiety as a single dimension [35].

Meijer J L. et al. [27] (2014) conducted a prospective cohort study in Netherland to check whether EPDS-10, if administered antenatally, can accurately predict postpartum depressive symptoms and whether EPDS-2 has similar predictive accuracy [38]. They concluded that EPDS-10, if administered antenatally, cannot accurately predict risk of postpartum depressive symptoms and EPDS-2 showed poor predictive accuracy [39].

Marley JV et al. [25] (2017) conducted a study on aboriginal women from Kimberley, Western Australia to determine whether Kimberley Mum's Mood Scale (KMMS) [a locally developed psychological tool] can be used to determine perinatal mental health disorder in the local perinatal population [40]. They concluded that KMMS is effective in screening perinatal mental health disorder in aboriginal women from Kimberley than EPDS as aboriginal women find EPDS language complex and confusing [41].

Simpson W et al. [37] (2014) investigated GAD-7 as a screening tool for generalized anxiety disorder (GAD) in perinatal period against EPDS and EPDS-3A and concluded that GAD-7 has greater accuracy and specificity over a greater range of cut-off scores and is more accurate in identifying GAD in patients with comorbid major depressive disorder [42].

Fairbrother N [10] (2019) carried out research to assess the accuracy of commonly used screening tools (EPDS, EPDS-3A, GAD-7, GAD-2) against a clinically derived alternative AD-13(Anxiety disorder-13) [43]. 310 Canadian women at approx. 3 months postpartum completed the questionnaires [44]. They concluded that EPDS, EPDS-3A, GAD-7, GAD-2 cannot be recommended to use widespread as a perinatal anxiety disorder (PAD) screening tool whereas AD-13 is more reliable in detecting PAD [45–50].

CONCLUSION

A number of psychometric tools are used worldwide to assess perinatal mental health disorders, EPDS being the most common tool but the efficacy of the tools in all settings is still questionable. Also, there is no set standards for the use of the tool. For e.g. which tool to be used, when to be administered, how many times to be administered and cut off scores for various populations.

Cox J (2017), one of the developers of EPDS scale, published an editorial stating that EPDS scale is translated into over 60 languages and is used in international research work but sometimes its use can be suboptimal and occasionally dangerously misleading. He has published a table titled “Optimal use of the EPDS: ten-point supplement to the published Manual” which consists of 10 points to be considered carefully while using EPDS for research purpose.

Bhat A et al. (2022) conducted a systematic review to identify research papers describing screening and interventions for perinatal depression and anxiety and concluded that EPDS can be used as feasible and acceptable tool for screening perinatal depression in community settings, but more research is needed for examining which screening tools to be used the frequency of screening.

El-Den S et al. (2022) conducted a systematic review to identify, describe and compare PND (Postnatal Depression) screening recommendations from member countries of the Organisation for Economic Co-operation and Development (OECD) concluded that some publications did not recommend screening for PND due to limited evidence in relation to the effectiveness and benefits of screening, specific timings, frequency and responsibility for screening.

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