

Aanderson Perinatal Screen (APS)

**If you are pregnant, have been pregnant or given birth in the last year,
please complete this form and give it to the professional.**

<i>Place a checkbox next to the number if the statement is true for you.</i>		
1	<input type="checkbox"/>	I cannot sleep (including even when the baby is sleeping)
2	<input type="checkbox"/>	For the last 2 weeks, I have regularly been sad or tearful
3	<input type="checkbox"/>	For the last 2 weeks, I have little or no interest in things I used to enjoy
4	<input type="checkbox"/>	For the last 2 weeks, I have been consistently really irritable
5	<input type="checkbox"/>	For the last 2 weeks, I have consistently felt like a bad mom or felt really guilty
6	<input type="checkbox"/>	I constantly worry
7	<input type="checkbox"/>	I have thoughts I cannot stop
8	<input type="checkbox"/>	I feel like something bad is about to happen all the time
9	<input type="checkbox"/>	I've had a panic attack (can't breathe, racing heart, etc.)
10	<input type="checkbox"/>	I have had thoughts of harming or killing myself or someone else
11	<input type="checkbox"/>	I have scary thoughts that won't go away
12	<input type="checkbox"/>	I do things to avoid thoughts that scare me
13	<input type="checkbox"/>	I check things over and over to make sure nothing bad will happen
14	<input type="checkbox"/>	I actively avoid things that remind me of traumas in my life
15	<input type="checkbox"/>	I have thoughts of traumas in my life, even when I don't want to think about it
16	<input type="checkbox"/>	I feel like I am always on-the-lookout for possible harm to myself or my family
17	<input type="checkbox"/>	I have strict rules about what I can eat or how much I can eat
18	<input type="checkbox"/>	I feel like sometimes I have no control over how much I eat
19	<input type="checkbox"/>	I have bi-polar disorder or a family history of bipolar disorder
20	<input type="checkbox"/>	I have felt confused in normal situations, saw or heard things other people can't and/or have strange beliefs other people don't understand.

Aanderson General Perinatal Screener

It is recommended that patients be screened for perinatal mood disorders at 24 weeks pregnant and after birth at 2-6 weeks, 4-6 months and 12 months.

It is recommended that you go over each of these answers with the patient to ensure they understand the question and so that it can start a conversation about the nature, duration and severity of the symptom. Also ensure they have a health check for physical causes of perinatal mood disorders, such as iron, thyroid, etc.

Scoring Instructions

- If they checked “Yes” to any #1-5, assess for perinatal depression.
- If they checked “Yes” to any #6-9, assess for perinatal anxiety.
- If they checked “Yes” to any #1-5 AND any #6-9, assess for perinatal depression with anxious features.
- If they checked “Yes” to any #11-13, assess for perinatal OCD.
- If they checked “Yes” to any #14-16, assess for PTSD.
- If they checked “Yes” to #17 or #18, assess for eating disorders.
- If they checked “Yes” to #19, assess for risk factors for developing perinatal psychosis.
- If they checked “Yes” to #20, immediately screen for perinatal psychosis and ensure the safety of the person and their family members.
- If they checked “Yes” to #10, immediately assess for suicidality and safety for the patient and their family members.

For tools to assess for the presence of these disorders, visit www.PostpartumEdmonton.Com

If the tool used to assess perinatal mood disorder (or your skilled clinical interview) determines that a perinatal mood disorder is likely present, a referral to treatment is highly recommended. How you talk to the patient about treatment is highly predictive if she will accept treatment.

Suggested wording:

“One in Seven women deal with a mood disorder during pregnancy or postpartum. You are not alone. It is not your fault. And the quicker you get treatment and support, the quicker you will be able to feel like yourself again.”

Avoid saying things that minimize her symptoms, “You’re just a nervous mom.” Or normalize in a negative way, “Everyone has trouble sleeping after having a baby.”

NOTE: If a patient has not checked any of the items, they may still have a PMD. The patient may not feel comfortable disclosing information or they may not understand the questions. Remember to observe if the answers are matching facial expression and body language and consider how she is interacting with or talking about her pregnancy/baby. If the patient is showing signs that make you suspect a perinatal mood disorder and she does not check any of the screener items, you should still follow up either with a more specific screening tool or with thorough, non-judgmental questioning and evaluation.

Resources

Help Lines

Distress Line: 780-482-HELP (4357)

Non-perinatal mental health help crisis line.

PSI Warmline: 1-800-944-4PPD (4773)

Post Partum Support International phone line that returns calls in 24 hours.

Professionals who are specifically trained in maternal mental health

Kristine Aanderson, Registered Psychologist www.I-Listen.ca 780-297-7989

Focusing on perinatal mood disorders including depression, anxiety, OCD and trauma. Baby-friendly office in Southwest Edmonton with free parking and direct billing for Blue Cross, Great West Life and Manulife.

Gina Wong, Registered Psychologist 780-434-5856, ginapsychologist@gmail.com

Perinatal mood and anxiety disorder focus.

When looking for a psychologist or counselor, make sure to ask where they were trained to specialize in pregnancy or postpartum mood disorders. Common reputable training sites include Post Partum Support International, the Post Partum Stress Center and the Seleni Institute.

For more support and an extensive list of resources, go to:

www.PostpartumEdmonton.Com

A comprehensive website with extensive resources for mothers, fathers, professionals who work with the perinatal population, support people (family, friends) and grief.