HOW THE FIRST NINE MONTHS SHAPE THE REST OF YOUR LIFE

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Why do we care about perinatal depression?

In 2003, WHO promoted the program named "MAKING PREGNANCY SAFER". Its goal consists in reducing risk of complications during pregnancy and birth. This program is based on four main aspects: skills development, focus on the problem, social network strengthening, medical care assistance improvement.

WHO identifies **three intervention priorities**: early diagnose and psychological and psychiatric troubles, medical skills improvement, health services enhancement. The diagnose of perinatal depression is difficult because the symptoms are very similar to those found in other pathological conditions and because these symptoms are hidden by somatic pregnancy signs. Therefore perinatal depression diagnose is often omitted and no treatment is proposed.

Statistics

Perinatal depression	Affects 1/7 woman
Pre-natal depression	15-20%
Post-natal depression	13%
2014 Births, Cantone Ticino	**2942**
Estimated cases (1/7 of total)	420
Estimated prenatal depression (15-20%)	441—588
Estimated postnatal depression (13%)	382

Our project goals

- **Early meetings with future parents**
- **Early parents' information about possible risk**
- **Active listening and reassuring the parents**
- **To inform the parents about possible risk behaviours**
- **To promote quality of life**
- **To adapt the intervention on the patient's needs and difficulties**
- **To organize regular updates with other professionals involved**

Our protocol

	Type of medical control	Screening	Notes
8°-10° week	First meeting of global assessment and anamnesis. (Check for any possible malformations or diseases)		Checklist administered by your physician. If the **EPDS (Edinburgh Postnatal Depression Scale)** is positive: a. The doctor recommends a consultation at the SMP consulting offices. b. The doctor indicates the pregnant woman to the SMP consulting offices. → **psychological support can possibly take place**
11°-13	Ultrasound first trimester		
16°	Clinical examination, early ultrasound morphology and ev. amniocentesis		
21°-22°	Morphologic ultrasound		
25°	Visit with the obstetrician NB: if the pregnant woman tested positive previously at the first test administration didn't go the SMP offices, doctors will assess whether to promote a meeting of knowledge with SMP consultants during the last 10 'of the interview.	Before the visit, make the administration of the EPDS scale to ALL pregnant ladies. (Excluding pregnant ladies already tested previously with the scale and who have obtained a positive result)	If the **EPDS** is positive: a. The doctor / midwife provides an indication for a consultation at the SMP Consulting offices; b. The doctor / midwife reports the expectant mother at the SMP offices. → **psychological support can possibly take place**
28°	Routine visit		
32°	Routine visit (Ev. Ultrasound if high-risk pregnancy)		
36°	Routine visit (Ev. Ultrasound if high-risk pregnancy)		
38°	Routine visit (Ev. Ultrasound if high-risk pregnancy)		
40°	Estimated childbirth		
6 weeks after the childbirth	Visit to the doctor NB: if the pregnant woman tested positive previously at the first test administration didn't go the SMP offices, doctors will assess whether to promote a meeting of knowledge with SMP consultants during the last 10 'of the interview.	Before the visit, administer the scale to ALL mothers	If the **EPDS** is positive: a. The doctor recommends a consultation at the SMP consulting offices. b. The doctor indicates the pregnant woman to the SMP consulting offices → **psychological support can possibly take place**

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