

Systematic Screening for Perinatal Anxiety and why it Matters

In this research letter, we discuss the challenges, implications and opportunities for action when assessing and reporting perinatal mental health conditions, in particular anxiety disorders (ADs). We present a case study from British Columbia (BC) to explore the challenges and potential inaccuracies that can arise when mental health difficulties are recorded inconsistently on perinatal records and in perinatal databases, rather than systematically using valid and reliable measures.

Perinatal AD and Depression Prevalence Estimates

Perinatal ADs

The prevalence of perinatal ADs has now been well-established. The most accurate estimate to date suggests that approximately 1 in 5 (21%) perinatal people suffer from 1 or more ADs. This finding was derived from a multivariate Bayesian meta-analysis which included 2613 records from 26 studies between 2002 and 2016.¹ In another study, the prevalence of ADs during pregnancy in Canada (n = 310; 2007–2010) was found to be 15.8% by diagnostic interviews conducted at 3 months postpartum.²

Perinatal depression

The most recent and methodologically sound review to date estimates the prevalence of perinatal depression to be 9%.³ This review included data from 29 studies in which a semi-structured diagnostic interview, based on the Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnostic criteria for depression, was used. The 29 studies were published from 1997–2018, from high-income countries, and excluded studies in which depression was assessed via questionnaire (questionnaire-based assessments typically overestimate mental health diagnoses).³

Medical chart data

We assessed the prevalence of perinatal ADs and depression (current or previous) in BC from 2008 to 2018, based on abstracted medical chart data from the British

Columbia Perinatal Database Registry (BCPDR).⁴ The BCPDR includes data for 99% of all births in BC. Separate variables for ADs and depression are available and this information is abstracted from patient charts (including physicians' notes, discharge notes, medication records, etc.) by trained coding and informatics professionals.

Based on 438 739 births in the BCPDR between 2008 and 2018, the prevalence of anxiety and depression in the index pregnancy or a medical history of these conditions was found to be 9.2% and 10.7%, respectively. AD prevalence increased over the study period, from 4.3% to 14.9%. Prevalence estimates for depression also increased from 8.8% to 12.3%.

From our analysis, we see significant underreporting of perinatal ADs, based on the gold standard of 21% (2018)² suggesting there is a 6% discrepancy between the known prevalence of perinatal ADs (as determined by diagnostic interview) and prevalence estimates obtained via reporting from health care providers (see [Figure](#)). There was no discrepancy for perinatal depression (see [supplementary Figure 2 in Appendix](#)).

Underreporting can impact prevalence estimates of mental health conditions in pregnancy, and consequently future policy and funding for mental health screening and resources.

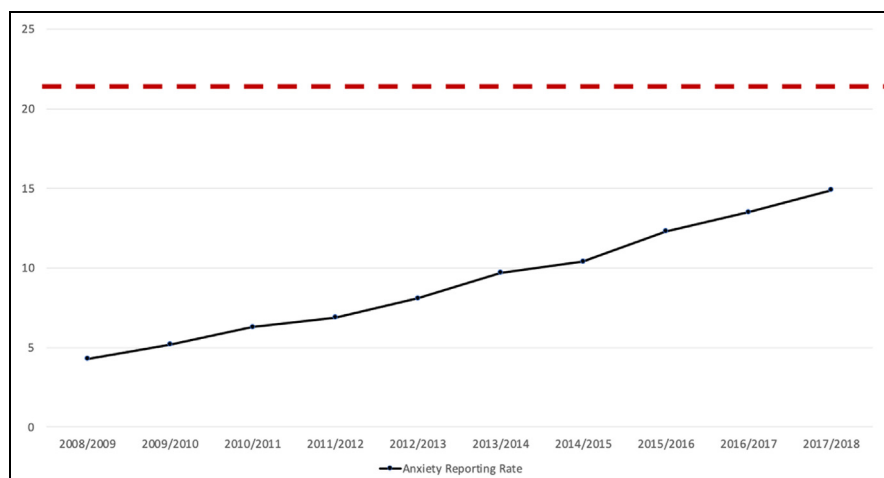
More work is needed to develop valid and appropriate screening tools for perinatal ADs, and care pathways that lead to timely referrals and coordinated care for child-bearing people affected by mental health conditions.² See the online [Appendix](#) for additional background, a discussion of the reasons and consequences of discrepancies, and suggestions for how to address the issue.

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Figure. History of anxiety by fiscal year. Red dotted line indicates known perinatal anxiety rate of 21% for comparison.



do not reflect the opinions or policies of Perinatal Services BC.

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