Maternal Depression Screening Algorithm
Patient Health Questionnaire (PHQ-9)
From the prenatal period to greater than one year postpartum

**Recommendations for Screening:**
- On program entry in pregnancy
- At 28-32 weeks gestation
- At 4-6 weeks postpartum
- At 4, 6, and 8 months postpartum
- As needed prenatally, postpartum, and by mothers of older children based on clinical judgment

**PHQ-9 score:**
- Is the score 10 or greater?
- OR
- Is there a positive answer on item #9?

**Does clinical judgment warrant further assessment?**

**No immediate referral is needed**
- Provide materials on maternal depression if not previously given
- Educate on mental health wellness
- Assess personal support resources and provide information on support resources in community
- Re-screen at subsequent visits or as needed
- Refer to Next Steps below

**Refer to Crisis Intervention Algorithm**

**Is there imminent danger?**
(Client expresses thoughts or feelings of hurting self, children or others)

**Provide referral information, education and support**

**Next Steps**
- Request or renew client’s permission to contact her obstetrician or primary care provider and/or current therapist following the protocol for your agency regarding sharing of information
- Provide the client with information on mental health professional providers in your area and encourage appointment with a mental health professional; assist with the referral call if needed
- Assess the client’s level of social support (ex: client’s partner, other family members, friends, faith community, and childcare providers) and explore ways to increase social support if needed. Include these persons in ongoing conversations as allowed by client
- When client is willing, provide education on depression and mental health wellness
- Provide emotional support by acknowledging that what the client feels is real and important
- Assess client understands how to seek emergency assistance if depression worsens or client develops thoughts of self-harm or harm of others. Speak frankly about these thoughts as symptoms of the disorder
- Re-screen at subsequent visits or as needed; engage client in ongoing conversation about symptoms and experience; reassure client that you will work with them to address ongoing needs
PHQ-9 Depression Screening Algorithm in Word Version

- **Recommendations for Screening**: on program entry in pregnancy, at 28-32 weeks gestation, at 4-6 weeks postpartum, at 4, 6 and 8 months postpartum, PRN prenatally, postpartum and by mothers of older children based on clinical judgment

- **PHQ-9 Score is positive for depression**: Is there a score 10 or greater? Or is there a positive answer on item #9?
  - If yes, then consider: Is there imminent danger (Client expresses thoughts or feelings of hurting self, children or others)?
    - If yes to imminent danger refer to Crisis Intervention Algorithm.
    - If no to imminent danger: Provide referral information, education and support. Refer to **Next Steps** below

- **PHQ-9 Score is negative for depression**: If score is not above 10 or the answer to #9 is negative, then consider: Does Clinical judgement warrant further assessment?
  - If clinical judgement warrants further assessment, then: Provide referral information, education and support. Refer to **Next Steps** below
  - If clinical judgement does not warrant further assessment, then: No immediate referral is needed. Provide materials on maternal depression if not previously given, educate on mental health wellness, assess personal support resources and provide information on support resources in community, re-screen at subsequent visits or as needed.

- **Next Steps for making a referral, giving education and support**:
  - Request or renew client’s permission to contact her obstetrician or primary care provider and/or current therapist following the protocol for your agency regarding sharing of information.
  - Provide the client with information on mental health professional providers in your area and encourage appointment with a mental health professional; assist with the referral call if needed.
  - Assess the client’s level of social support (ex. client’s partner, other family members, friends, faith community, and childcare providers) and explore ways to increase social support if needed. Include these persons in ongoing conversations as allowed by client.
  - When client is willing, provide education on depression and mental health wellness.
  - Provide emotional support by acknowledging that what the client feels is real and important.
  - Assure client understands how to seek emergency assistance if depression worsens or client develops thoughts of self-harm or harm of others; speak frankly about these thoughts as symptoms of the disorder.
  - Re-screen at subsequent visits or as needed; engage client in ongoing conversation about symptoms and experience; reassure client that you will work with them to address ongoing needs.

**References:**


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