Response

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We thank Ms. Bennett and Dr. Einarson for their careful analysis of our paper. They have correctly noted that the CES-D in the referenced studies[1,2] were indeed conducted with postpartum not pregnant women. In our own study using the CES-D to detect elevated depression during pregnancy, we found the internal consistency of this measure to be comparable (Chronbach's alpha = 0.89) to the Applebaum study of postpartum women.[1] We also agree that the sensitivity and specificity of the CES-D (as administered prenatally) to detect major depressive disorder (MDD) has not been established and requires further study.

Bennett and Einarson[3] made a broader point, questioning the validity of the CES-D as a prenatal screening tool to determine at-risk women who may benefit from follow-up. This point warrants further consideration. First, studies have found elevated symptoms of depression during pregnancy as measured by the CES-D to be related to poor outcomes, such as restricted fetal growth[4] (among lower SES women and using a cutoff point of ≥16), spontaneous preterm birth,[5] and impaired neonatal neuromotor performance among depressed women.[6] Second, the use of the CES-D (using the ≥16 cutoff) prenatally in studies has resulted in expected rates (i.e., similar to studies using other screening tools) of elevated depression (Marcus et al.,[7] 20%; Hoffman and Hatch,[4] 19.9%–30.6% depending on stage of pregnancy; Wu et al.[8] 15.6%). These points (good internal consistency, association in some studies with negative outcomes, the result of expected rates of elevated symptomatology) suggest that it is reasonable to use the CES-D as a first-stage screening with the aim of identifying women who may benefit from further assessment, follow-up, and possibly intervention. However, there may be measures (such as the EPDS; Edinburgh Postnatal Depression Scale) that prove to have superior sensitivity, specificity, and positive predictive value in identifying MDD and other unwanted outcomes in this population.

Further research on this and on the utility of distinguishing the nature and measurement of symptoms of depression prenatally vs. postnatally is needed. We are delighted that issues related to the improved detection and treatment of depression in obstetric populations (both prenatally and postnatally) are receiving careful attention and appreciate the opportunity to engage in the discussion.

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