Quick Facts about the Tool


**Authors Intent:** The EPDS is an efficient way to identify patients at risk for perinatal depression and to support follow-up and treatment to reduce risks to mothers and children.

**About the Tool:** There are 10 questions which ask pregnant and post partum women to provide the answer which comes closest to how they’ve felt in the last 7 days. It does not identify women with anxiety, neuroses, phobias, or personality disorders.

**Purpose**

Postnatal depression is the most common complication of childbearing. The 10-question EPDS is effective in screening for a potential depressive illness.

**Protocol**

- Be compassionate, open, and respectful when introducing the tool
- Make sure the person completing the tool can speak freely/safely
- The mother should check the response closest to how she’s felt in the previous 7 days
- All items must be completed
- Care should be taken to avoid the mother discussing the answers with others as she completes it
- The mother should complete the scale herself unless she has limited literacy or language proficiency
- A score of 12 or more is likely suffering from a depressive disorder and a careful clinical assessment should be completed by a qualified person.
- For the purposes of the home visiting work in Wisconsin, a lower cut off score to flag the need for follow-up is 9
- A “yes, quite often” or “sometimes” answer to question 10 requires immediate referral to their therapist or primary healthcare provider
- This should be completed between 2 weeks and 60 days postpartum.
- In cases of ongoing concern, it may be helpful to repeat the screen after two weeks
- Referrals should be made within 60 days of completion for positive screens.
- Data about the EPDS and follow-up should be entered into SPHERE.

**Pitfalls**

- The screen is NOT a diagnostic tool, and results should be shared clearly stating that the results are NOT a diagnosis
- Don’t wait until you’re entering the data into SPHERE to determine if it is a positive or negative screen, score it onsite
- Have a meaningful conversation about referral needs or signs to watch for as PPD can emerge during the first few days, weeks, and months post delivery

**Value to Families**

- Screening for depression in a respectful and compassionate way can normalize and reduce stigma and offer permission for mothers to give voice to their experiences.
- Depression is treatable and a positive screen may motivate self-care. Treatment can reduce suffering.

**Framing it for Families**

- Convey Compassion: “Having a new baby is an important and sometimes difficult change in any family. Sometimes it’s hard to know if our feelings are normal or a possible problem. This screen will provide you valuable information. You’ll know whether or not it might help you to talk with a medical provider about how you’re feeling since giving birth. It will also help me understand if there are any additional resources I should help you connect with in our community.”
- Be Open/Explain Why: “We ask these questions to all families we work with because 1 in 10 women who’ve recently had a baby are at risk for depression. It’s nothing to be ashamed of and it can be treated so that women and their babies can connect and enjoy each other.”
- Emphasize Parent Control: “Please complete the screen. If you’d like to clarify the questions, I can help. When you’re done with the screen, I’ll take a few minutes to review it. Then we can talk about any follow-up that might make sense.”
Usefulness to Practitioners

- Identifying potential depressive disorders and connecting mothers to resource can be pivotal in supporting positive change and the reduction of risks in vulnerable families.
- Screening can build trust and strengthen partnerships if the mother feels supported.
- Choosing parent education strategies: When postpartum depression impacts a mother’s thinking and feelings, simplifying goals becomes even more important to build trust and a mother’s self-confidence.
- Routine and repeated practice of skills that a mom shows some interest in are important in making progress and maintaining engagement.
- Maintaining regular visits and communicating between visits is even more important as a stabilizing force when a woman is experiencing symptoms of depression such as feelings of worthlessness and loneliness.
- Helps to contextualize family goal setting
  - Understanding the mothers’ mental health can provide insight into child development and parent-child attachment
  - Gives insight to home visitors about barriers families may be experiencing in meeting goals. A mother may have difficulty with problem-solving and follow-through while depressed.

Follow-up Resources

National Women’s Health Information Center
www.4women.gov

Postpartum Support International
www.chss.iup.edu/postpartum

Depression after Delivery
www.depressionafterdelivery.com

Signs of Postpartum Depression in Men
www.postpartummen.com
Tips for Supervisors

Preparation

Understand how Scoring Works and Make Sure Staff Understand Too

- Questions 1, 2, and 4 are scored 0, 1, 2, or 3 with the top box scored as a 3.
- Questions 3, 5-10 are reverse scored with the top box scored as a three and the bottom scored as a zero
- Maximum score is 30
- Possible depression 9 or greater
- Always look at item 10, regardless of other responses

EPDS cut off is different, 2 points lower for men (Journal of Affective Disorders 2001 May) Stephen Mattheya, Bryanne Barnettb, David J. Kavanaghc, Pauline Howied

Recruiting Home Visiting Staff:

- Let potential home visitors know that screening for depression and discussing screening results is a part of the job responsibilities
- Give candidates a few minutes to review the EPDS, ask them to role play asking a mom to complete the EPDS and sharing screening results during the interview

Orienting Home Visiting Staff:

- Discuss the amount of perinatal mood disorders in the general population and in the program
- Describe the impacts of depression on parent-child bonding
- Schedule attendance at the next Maternal Depression Screening offered by the UW Milwaukee Training Partnership
- Provide multiple role play opportunities within the first 90 days of employment conducting the EPDS
- The first time administering the screen should not be with a home visiting family

Reflection

- Discuss feelings and reactions to administering the EPDS with home visitors during staff meetings and/or during one-on-one supervision
- Listen without judgment
- The supervisor and home visitor should discuss the implications of EPDS results on service delivery and add ideas to case notes for follow-up
- Identify staff who are comfortable and effective in delivering the EPDS and pair them with colleagues to practice skills

Administration

- Monitor completion of the EPDS using the Home Visiting Data Collection Table and make sure there is documentation of referrals for positive screens
- Monitor documentation of EPDS results in SPHERE
- Analyze data to see if there are any trends in completion

Reflective Exercises

During Home Visits

- Ask open-ended questions about what the mom/parent thinks the score means.
- Affirm the mom/parent’s ability to think carefully about her own well-being. Ask them to share ideas they have about how understanding their own well-being can affect their child’s well-being.
- Explore the mom’s ambivalence about follow-up.
- If concern about the possibility of postpartum depression persists, balance sharing concern with conveying confidence in the Mom’s abilities.
  - Encourage the mother to seek support
  - Emphasize that depression is treatable
  - Provide support to positive interactions with a child including active modeling, coaching
  - Avoid warning, shaming, or pushing for follow-up
  - Develop a safety plan in which the mother identifies how she will know if she needs more help
- Ask the mother to explore friends and family who she trusts that may be available to spend time regularly with the infant/toddler to boost positive interactions and provide support

After the Home Visit

- Communicate regularly with your supervisor to determine if greater intervention is in order
- Document follow-up
- During group reflective practice, explore strategies with colleagues to engage the mother in positive interactions with the child

“BECAUSE CHRONIC AND SEVERE MATERNAL DEPRESSION HAS POTENTIALLY FAR-REACHING HARMFUL EFFECTS ON FAMILIES AND CHILDREN, ITS WIDESPREAD OCCURRENCE CAN UNDERMINE THE FUTURE PROSPERITY AND WELL-BEING OF SOCIETY AS A WHOLE.”

~CENTER ON THE DEVELOPING CHILD, HARVARD UNIVERSITY