

Edinburgh Postnatal Depression Scale

Quick Facts about the Tool

Author(s): Cox, J.L., Holden, J.M. and Sagovsky, R. 1987. Detection of postnatal depression: Development of 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-286. K.L. Wisner, B.L. Parry, C.M. Piontek, Postpartum Depression. *N Engl J Med* vol. 34 No 3, July 18, 2002.

Authors' Intent: Efficient way to identify patients at risk for perinatal depression to support follow-up and treatment, to promote appropriate treatment, and reduce risks for perinatal mood disorders.

About the Tool: 10 questions that ask pregnant women or women who have recently delivered a baby to select the answer that comes closest to how they have felt in the past 7 days; does not identify anxiety or other disorders.

Purpose

Postpartum depression is the most common complication of childbearing. The 10-question EPDS is an effective tool to screen for a depressive illness.

Protocol

- Be compassionate, open, and respectful when introducing the tool.
- Make sure that the person completing the EPDS can speak freely and safely.
- Ask the woman to check the response that comes closest to how she has been feeling the previous 7 days. All items must be completed.
- Care should be taken to avoid the possibility of the woman discussing her answers with others, and a woman should complete the scale herself unless she has limited English or limited literacy.
- A woman with a score of 12 or more is likely to be suffering from a depressive disorder and careful clinical assessment should be completed by a qualified professional.
- For the purpose of home visiting, looking at a lower cut-off score of 9 brings attention to women with significant depressive symptoms and flags the need for a compassionate conversation, closer attention, and follow-up.
- If a woman answers "Yes, quite often" or "Sometimes" to question 10, support her in making an immediate call to her mental health or primary care provider.
- **Complete the screen within 90 days of delivery (if enrolled prenatally) or within 90 days of enrollment (if enrolled postpartum).**
- **In some cases, it may be useful to repeat the tool after two weeks.**
- **Refer as appropriate upon positive screen.**
- Enter data into DAISEY for score and follow-up.

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 DAISEY to determine if it is a positive or negative screen. Score it onsite and have a meaningful conversation about referral needs or signs to watch for as PPD can emerge during the first few days, weeks, or months post-birth.

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 talk through the questions, I can help. When you're done with the screen, I'll take a few minutes to review it and share the results. Then we can talk about any follow-up that might make sense.*

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Usefulness to Practitioners

- Identifying potential depressive disorders and connecting mothers to resources can be pivotal in supporting positive change and the reduction of risks in vulnerable families.
- Screening can build trust and strengthen partnership 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.womenshealth.gov

Postpartum Support International
www.postpartum.net

Quick Facts

Postpartum Depression:

Who experiences perinatal mood disorder?

- 10-13% of new mothers experience postpartum depression triggered by childbirth
- Postpartum depression usually begins 2 to 3 weeks after giving birth but can start any time during the first few days, weeks, or months post-delivery.
- U.S. fathers had nearly twice the rate of paternal prenatal and postpartum depression as fathers in other countries (Paulson & Bazemore, 2011).
- 10% of men exhibited elevated levels of depressive symptoms when their child was 9 months old compared to 14% of mothers (Journal of Child Psychology, 2008).

Symptoms of Postpartum Depression (NIMH):

- A woman with postpartum depression may feel sad, hopeless, worthless, or alone.
- She may have trouble concentrating or completing routine tasks.
- She may lose her appetite or not feel interested in food.
- She may feel indifferent to her baby.
- She may feel overwhelmed by her situations and feel that there is no hope.
- She may feel like she is just going through the motions of her day without being able to feel happy, interested, pleased, or joyful about anything.

Risk of Perinatal Mood Disorders (NIMH):

Women with one or more of the following risk factors may be at greater risk for developing postpartum depression:

- Depressive symptoms during or after a prior pregnancy
- Previous experience with depression or bipolar disorder at another time in her life
- A family member who has been diagnosed with depression or other mental illness
- A stressful life event during pregnancy or shortly after giving birth, such as job loss, death of a loved one, domestic violence, or personal illness
- Medical complications during childbirth, including premature delivery or having a baby with medical problems
- Mixed feelings about the pregnancy whether it was planned or unplanned
- A lack of strong emotional support from her spouse, partner, family, or friends
- Alcohol or other drug abuse problems

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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 2 points lower for men (Journal of Affective Disorders, 2001 May).

Recruiting Home Visiting Staff:

- Let potential home visitors know that screening for depression and discussing screening results are part of the job responsibilities.
- Give candidates a few minutes to review the EPDS and then ask them to role play administration of the EPDS and sharing 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 training offered by the UW Milwaukee Training Partnership.
- Provide multiple role play opportunities within the first 90 days of employment.
- 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 the EPDS results on service delivery and add ideas to case notes.
- 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 and documentation of referrals for positive screens.
- Monitor documentation of results and follow-up in DAISEY.
- Analyze data to see if there are any trends in completion.

Reflective Exercises

During Home Visits

- Ask open-ended questions about what the woman thinks the score means.
- Affirm the woman's ability to think carefully about her own well-being. Ask her to share ideas she has about how her own well-being can affect her child's well-being.
- Explore the woman's ambivalence about follow-up.
- If concern about the possibility of postpartum depression persists, balance sharing concern with conveying confidence in the woman'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 and 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,
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