

Edinburgh Postnatal Depression Scale, EPDS

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* 150:782-786

K.L. Wisner, B.L. Parry C.M> Piontek, Postpartum Depression *New England Journal of Medicine* vol. 347, No 3, July 18, 2002

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."

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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 postnatal depression as fathers in other countries (Paulson and Bazemore May 2010 JAMA)
- 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)

Symptom 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 situation 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 Disorder (NIMH)

Some women are at greater risk for developing postpartum depression because they have one or more risk factors, such as:

- Symptoms of depression during or after a previous 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
- Postpartum depression can affect any woman regardless of race/ethnicity and socio-economic status

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

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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 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,
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