**Edinburgh Postnatal Depression Scale (EPDS) SCREENING & CARE GUIDE**

<table>
<thead>
<tr>
<th>EPDS SCORE &lt;10= UNLIKELY TO BE DEPRESSED</th>
<th>EPDS SCORE &gt;4= PROBABLE ANXIETY</th>
<th>EPDS SCORE 10-11= POSSIBLE DEPRESSION</th>
<th>EPDS SCORE ≥12= PROBABLE DEPRESSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirm absence of depression/anxiety, or harm thoughts</td>
<td>Confirm score and ask about harm thoughts</td>
<td>Confirm score and ask about harm thoughts</td>
<td>Confirm score and ask about harm thoughts</td>
</tr>
<tr>
<td>Promote Positive Mental Health:</td>
<td>Promote Positive Mental Health:</td>
<td>Promote Positive Mental Health:</td>
<td>Promote Positive Mental Health:</td>
</tr>
<tr>
<td>1. Nurture emotional, mental, physical, and spiritual health</td>
<td>2. Encourage relaxation</td>
<td>3. Discuss any concerns</td>
<td>4. Discourage any anxious thoughts</td>
</tr>
<tr>
<td>5. Promote confidence</td>
<td>6. Offer referral and share concerns with health care team</td>
<td>7. Discuss any concerns</td>
<td>8. Discourage any anxious thoughts</td>
</tr>
<tr>
<td><strong>Encourage her to:</strong></td>
<td><strong>Discuss any concerns</strong></td>
<td><strong>Discuss any concerns</strong></td>
<td><strong>Discuss any concerns</strong></td>
</tr>
<tr>
<td>1. Find joy and relaxation in life</td>
<td>2. Exercise 20-30 min. each day</td>
<td>3. Sleep 6 hrs in 24</td>
<td>4. Eat healthy and regularly, drink plenty of fluids</td>
</tr>
<tr>
<td>5. Avoid alcohol, tobacco, drugs</td>
<td><strong>Reach out</strong> for support and join mothers’ groups</td>
<td><strong>Repeat EPDS in 2 weeks</strong></td>
<td><strong>Encourage family involvement</strong></td>
</tr>
</tbody>
</table>

**Medical Management**
- **Assess mental health:** e.g. depression, anxiety, anger, psychosis, racing, intrusive or harm thoughts, substance use, stressors, and supports
- **Assess perinatal health:** e.g. hypertension, fetal wellbeing, breastfeeding
- **Assess physical health:** e.g. sleep, appetite, nausea & vomiting, activity levels. Ensure thyroid and hemoglobin levels are within normal range
- **Maintain existing effective psychotropic medications:** plan medication changes 3 months before pregnancy to ensure mood stability
- **Consider medication:** especially if EPDS score remains high and there is a history of psychiatric problems or with treatment. If you have any questions about specific medications – call Motherisk Helpline 1-877-439-2744 or Organization of Teratology Information Services 1-866-626-6847
- **Use adequate dose of medication to manage symptoms:** may need to increase dose as pregnancy progresses.
- **Assess for bipolar disorder** before ordering an antidepressant
- **If mood-stabilizing medication is used:** increase Folic Acid to 5mg
- **Do not taper off dose before delivery:** increases risk for PPMD.
- **If a prenatal antidepressant is used, monitor for Neonatal Adaptation Syndrome:** this is transient in first few days; notify pediatrician if available
- **Refer to local community supports**

**Positive Question 10 = Potential Harm**
- **Assess harm intentions and for psychosis**
  - **Assess Harm Intention:**
    1. Has she had previous harm attempts or harmful behaviours?
    2. Does she have a plan to harm self or others (baby, children)?
  - **Assess for Psychosis**
    1. Is she seeing or hearing things that aren’t there?
    2. Is she having strange experiences/sensations?
    3. Is her speech or thoughts disorganized?
    4. Are things that she describes realistic or not?
- **If concerned about harm or psychosis:**
  - Do not leave alone
  - Notify next of kin and if woman agrees, family/friends
  - Make sure any children are looked after safely
- **Contact or take to:**
  - Family Doctor, Crisis services, and/or Emergency room
- **Arrange for emergency medical assessment:**
  - Share situation with health care team and child services if necessary

**Local Community Supports**
- Crisis Line 24/7: 519-744-1813
- Mental Health Helpline 24/7: 1-866-531-2600
- www.mentalhealthhelpline.ca
- Grand River Hospital:
  - Central Access to Mental Health Services: 519-749-4310
- Cambridge Memorial Hospital:
  - Community Mental Health Clinic: 519-740-4936 for referral information
- Postpartum Mood Disorder Group:
  - Grand River Hospital: 519-749-4300 x 2267
  - Cambridge Memorial Hospital: 519-562-2380 x 4361
- Mental Health/Addiction Directory: 519-744-5594
- Mental Health Resource List: www.eMentalHealth.ca
- Canadian Mental Health Association:
  - Kitchener: 519-744-7645
  - Cambridge: 519-740-7782
- Emergency Call 9-1-1
**EPDS SCREENING & CARE GUIDE**

**Maternal Depression** - which includes Antenatal Depression (AD) and Postpartum Depression (PPD) and **Maternal Anxiety** affect 1 in 5 women. There are potential effects to the whole family, as 10% of partners experience depression and anxiety, more if the mother is depressed. Parental mental health issues can affect child health and development. Treating anxiety may help to prevent depression.

**Signs of anxiety and depression include:**
- Irritability or anger
- Sleep problems
- Lack of bonding with baby
- Indecisiveness
- Excessive worry and guilt
- Sadness
- Crying
- Inability to relax
- Fearfulness
- Hypervigilence
- Repetitive thoughts
- Obsessive intrusive thoughts

**UNIVERSAL SCREENING** is a quick and easy way to determine women at risk as well as helping to reduce stigma of mental health problems. The Edinburgh Postnatal Depression Scale – EPDS – can be done in-person or over the phone. The EPDS is also valid for use with partners.

**MINIMAL TIMES TO SCREEN**
- Pregnancy: 1st prenatal visit and at 28-34 weeks gestation
- Postpartum: 2-3 weeks postpartum and at 2 month (or 4 if not done at 2) and 6 month well child visits

**Or as deemed necessary by the practitioner**

---

**EPDS Screen**

1. I have been able to laugh and see the funny side of things:
   - As much as I always could: 0
   - Not quite so much now: 1
   - Definitely not so much now: 2
   - Not at all: 3

2. I have looked forward with enjoyment to things:
   - As much as I ever did: 0
   - Rather less than I used to: 1
   - Definitely less than I used to: 2
   - Hardly at all: 3

3. I have blamed myself unnecessarily when things went wrong:
   - Yes, most of the time: 3
   - Yes, some of the time: 2
   - Not very often: 1
   - No, never: 0

4. I have been anxious or worried for no good reason:
   - No, not at all: 0
   - Hardly ever: 1
   - Yes, sometimes: 2
   - Yes, very often: 3

5. I have felt scared or panicky for no very good reason:
   - Yes, quite a lot: 3
   - Yes, sometimes: 2
   - No, not much: 1
   - No, not at all: 0

6. Things have been getting on top of me:
   - Yes, most of the time I haven’t been able to cope at all: 3
   - Yes, sometimes I haven’t been coping as well as usual: 2
   - No, most of the time I have coped quite well: 1
   - No, I have been coping as well as ever: 0

7. I have been so unhappy that I have had difficulty sleeping:
   - Yes, most of the time: 3
   - Yes, sometimes: 2
   - Not very often: 1
   - No, not at all: 0

8. I have felt sad or miserable:
   - Yes, most of the time: 3
   - Yes, quite often: 2
   - Not very often: 1
   - No, not at all: 0

9. I have been so unhappy that I have been crying:
   - Yes, most of the time: 3
   - Yes, quite often: 2
   - Only occasionally: 1
   - No, never: 0

10. The thought of harming myself has occurred to me:
    - Yes, quite often: 3
    - Sometimes: 2
    - Hardly ever: 1
    - Never: 0

**TOTAL SCORE: _______**

See Score Interpretation and Care OVER

---


This material has been adapted with permission from Saskatchewan Maternal Mental Health and the Saskatchewan Prevention Institute, Saskatoon, SK.