



EPDS SCREENING & CARE GUIDE

Perinatal Mental Health Matters.

EPDS SCORE <10=

UNLIKELY TO BE DEPRESSED

Confirm absence of depression/anxiety, or harm thoughts

Promote Positive Mental Health:

- Nurture emotional, mental, physical, and spiritual health
- Promote confidence

Encourage her to:

- Find joy and relaxation in life
- Exercise 20-30 min. each day
 - Sleep 6 hrs in 24
- Eat healthy and regularly, drink plenty of fluids
- Avoid alcohol, tobacco, drugs
- Reach out for support and join mothers' groups

QUESTIONS 3, 4, 5 SCORE >4= PROBABLE ANXIETY

Confirm score and ask about harm thoughts

Promote Positive Mental Health:

- Encourage relaxation
- Discuss any concerns
- Offer referral and share concerns with health care team - Mental Health - Community supports - Family Dr/Nurse Practitioner Increase contact with visits or phone calls
 - Repeat EPDS in 2 weeks
 - Encourage family involvement

EPDS SCORE 10-11= POSSIBLE DEPRESSION

Confirm score and ask about harm thoughts

Promote Positive Mental Health:

- Discuss any concerns
- Offer referral and share concerns with health care team - Mental Health - Community supports - Family Dr/ Nurse Practitioner Increase contact with visits or phone calls
 - Repeat EPDS in 2 weeks
 - Encourage family involvement

EPDS SCORE >12= PROBABLE DEPRESSION

Confirm score and ask about harm thoughts

Take Action:

- Offer Referral to a Family Doctor or Nurse Practitioner to initiate Medical Management (see below) also share concerns with health care team
- Encourage family involvement
 - Promote Positive Mental Health Increase contact-visits
 - Provide referral to qualified Perinatal Mental Health Provider

POSITIVE QUESTION 10 = POTENTIAL HARM

Assess harm intentions and for psychosis

Assess Harm Intention:

- Has she had previous harm attempts or harmful behaviours?
- 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. Are 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
- 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

MEDICAL MANAGEMENT

Assess mental health: e.g. depression, anxiety, anger, psychosis, racing, intrusive or harm thoughts, substance use, stressors, and support.

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 any 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. For questions about medications contact Mother to Baby at 1-866-626-6847 or the Infant Risk Center at 1-806-352-2519

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 5 mg. Do not taper off dose before delivery; increases risk for PPD. 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.

IF NO IMPROVEMENT, CONSIDER PSYCHIATRIC REFERRAL LOCAL COMMUNITY SUPPORTS

LOCAL RESOURCES

Mental Health _____ Public Health _____

Maternal-Home Visiting Programs:

Name _____ Phone _____

Name _____ Phone _____

Local PSI Care Coordinator _____

PSI WARMLINE (anytime): 1-800-944-4773

Northshore Moms Line (24/7): 1-866-364-6667

National Suicide Prevention Hotline: 1-800-273-8255

PSI Perinatal Psychiatric Consult Line: 1-877-499-4773

Find a local provider on the PSI Directory at psidirectory.com

Supports and groups also listed on: www.postpartum.net

EPDS SCREENING & CARE GUIDE

OFFER all pregnant women the Perinatal Mental Health print materials.

Download or order screening and print materials from Postpartum Support International at postpartum.net

Perinatal 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 birthing person 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
- Excessive worry and guilt
- Inability to relax
- Hypervigilance
- Sleep problems
- Sadness, Crying
- Panic attacks
- Repetitive thoughts
- Trouble bonding w/ baby
- Obsessive intrusive thoughts
- Fearlessness
- Indecisiveness
- Thoughts of harm to self or others

UNIVERSAL SCREENING is a quick and easy way to determine women at risk as well as helping to reduce the 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 Postpartum

- 1 st prenatal visit and at 28-34 weeks gestation
- 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