



Edinburgh Postnatal Depression Scale (EPDS)

HMG Home Visiting
September 2014

Discussion Points

- What is the Edinburgh Postnatal Depression Scale?
- Why do we screen for depression?
- When do we screen for depression?
- How do we use the Edinburgh Postnatal Depression Scale?
- How do we score the Edinburgh Postnatal Depression Scale?
- What do we do with the results of the Edinburgh Postnatal Depression Scale?
- How do we add the score in Early Track?
- FAQ's



What is the Edinburgh Postnatal Depression Scale?

The Edinburgh Postnatal Depression Scale has been developed to assist primary care health professionals to detect mothers suffering from postnatal depression, a distressing disorder more prolonged than the "blues" (which occur in the first week after delivery).



Why do we screen for depression?

- Some women may be affected by depression in pregnancy - roughly 1 in 10 women are reported to suffer from symptoms of depression half way through their pregnancy.
- Hormonal changes, as well as the stress of an imminent major life change, are probably factors involved in "antenatal" depression.
- These mothers may cope with their baby and with household tasks, but their enjoyment of life is seriously affected and it is possible that there are long-term effects on the family.

Previous studies have shown that postnatal depression affects at least 10% of women and that many depressed mothers remain untreated.



When do we screen for depression?

- **Current Rules:**
 - Initially due 60 days after program referral
 - Ongoing- as needed
- **After JANUARY 15, 2015** with the new rules:
 - Initially due on or before the child's due date
 - Ongoing due 60 days after child's due date and then as needed.



How do we use the Edinburgh Postnatal Depression Scale?

- Self Report
- The mother should complete the scale herself, unless she has limited English or has difficulty with reading.
- The mother is asked to mark the response that comes closest to how she has been feeling in the **previous 7 days**. All ten items must be completed.
- Care should be taken to avoid the possibility of the mother discussing her answers with others.
- Score the screening tool in the home
- Discuss results and possible referrals



How do we score the Edinburgh Postnatal Depression Scale?

- **QUESTIONS 1, 2, & 4 (without an *)**
 - Are scored 0, 1, 2 or 3 with top box scored as 0 and the bottom box scored as 3.
- **QUESTIONS 3, 5, 10 (marked with an *)**
 - Are reverse scored, with the top box scored as a 3 and the bottom box scored as 0.

Maximum score: 30

Possible Depression: 10 or greater

Always look at item 10 (suicidal thoughts)



As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:

- Yes, all the time
- Yes, most of the time This would mean: "I have felt happy most of the time" during the past week.
- No, not very often Please complete the other questions in the same way.
- No, not at all

In the past 7 days:

- | | |
|--|---|
| <p>1. I have been able to laugh and see the funny side of things</p> <ul style="list-style-type: none"> <input type="checkbox"/> As much as I always could <input checked="" type="checkbox"/> Not quite so much now <input type="checkbox"/> Definitely not so much now <input type="checkbox"/> Not at all <p style="text-align: right;">0
1
2
3</p> | <p>*6. Things have been getting on top of me</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, most of the time I haven't been able to cope at all <input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual <input checked="" type="checkbox"/> No, most of the time I have coped quite well <input type="checkbox"/> No, I have been coping as well as ever <p style="text-align: right;">3
2
1
0</p> |
| <p>2. I have looked forward with enjoyment to things</p> <ul style="list-style-type: none"> <input type="checkbox"/> As much as I ever did <input checked="" type="checkbox"/> Rather less than I used to <input type="checkbox"/> Definitely less than I used to <input type="checkbox"/> Hardly at all <p style="text-align: right;">0
1
2
3</p> | <p>*7. I have been so unhappy that I have had difficulty sleeping</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, most of the time <input type="checkbox"/> Yes, sometimes <input checked="" type="checkbox"/> Not very often <input type="checkbox"/> No, not at all <p style="text-align: right;">3
2
1
0</p> |
| <p>*3. I have blamed myself unnecessarily when things went wrong</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, most of the time <input checked="" type="checkbox"/> Yes, some of the time <input type="checkbox"/> Not very often <input type="checkbox"/> No, never <p style="text-align: right;">3
2
1
0</p> | <p>*8. I have felt sad or miserable</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, most of the time <input checked="" type="checkbox"/> Yes, quite often <input type="checkbox"/> Not very often <input type="checkbox"/> No, not at all <p style="text-align: right;">3
2
1
0</p> |
| <p>4. I have been anxious or worried for no good reason</p> | |



What do we do with the score from the Edinburgh Postnatal Depression Scale?

- Talk with the mother about the score
- Discuss some of the questions
- Discuss referral options



What do we do with the score from the Edinburgh Postnatal Depression Scale?

Edin stamp.pdf - Adobe Reader

File Edit View Window Help

Tools Sign Comment

3. I have blamed myself unnecessarily when things went wrong

<input type="checkbox"/> Yes, most of the time	3
<input checked="" type="checkbox"/> Yes, some of the time	2
<input type="checkbox"/> Not very often	1
<input type="checkbox"/> No, never	0

4. I have been anxious or worried for no good reason

<input checked="" type="checkbox"/> No, not at all	1
<input type="checkbox"/> Hardly ever	2
<input type="checkbox"/> Yes, sometimes	3
<input type="checkbox"/> Yes, very often	0

5. I have felt scared or panicky for no very good reason

<input checked="" type="checkbox"/> Yes, quite a lot	3
<input type="checkbox"/> Yes, sometimes	2
<input type="checkbox"/> No, not much	1
<input type="checkbox"/> No, not at all	0

6. I have felt sad or miserable

<input type="checkbox"/> Yes, most of the time	3
<input checked="" type="checkbox"/> Yes, quite often	2
<input type="checkbox"/> Not very often	1
<input type="checkbox"/> No, not at all	0

7. I have been so unhappy that I have been crying

<input type="checkbox"/> Yes, most of the time	3
<input type="checkbox"/> Yes, quite often	2
<input checked="" type="checkbox"/> Only occasionally	1
<input type="checkbox"/> No, never	0

8. The thought of harming myself has occurred to me

<input type="checkbox"/> Yes, quite often	3
<input checked="" type="checkbox"/> Sometimes	2
<input type="checkbox"/> Hardly ever	1
<input type="checkbox"/> Never	0

Administered/Reviewed by _____ Date _____

Score 15

¹Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786 .

²Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

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3:56 PM 9/11/2014

Pay particular attention to question #10. **This question is a SUICIDE question.** If the mother marks 'Yes' or 'Sometimes'; you need to have a conversation with her and make a safety plan and a referral. Here are some questions to ask her:

- Do you have a plan to hurt yourself?
- Do you have someone to call if you feel like you are going to hurt yourself?



Safety planning if mom endorses EPDS item 10 (thoughts of self harm)

The Suicide Prevention Resource Center has information and material that can be downloaded at no charge and/or purchased through WICHE Mental Health Program.

http://www.sprc.org/pctoolkit/patient_management.asp

Ohio Suicide Prevention Foundation <http://www.ohiospf.org/index.php>

Understanding Maternal Depression, A Fact Sheet includes info on prenatal depression, the "baby blues," postpartum depression, and postpartum psychosis is available online and as a printable PDF

http://www.health.state.ny.us/community/pregnancy/health_care/perinatal/maternal_factsheet.htm

Information on postpartum psychosis from Postpartum Support International

<http://www.postpartum.net/Get-the-Facts/Postpartum-Psychosis.aspx>



How do we add the score of the Edinburgh Postnatal Depression Scale into Early Track?

The screenshot shows a web browser window with the URL <https://odhgatewaytrng.ohio.gov/earlytrack3/Pages/CI>. The page displays a user profile for a child named "A Wonder World" with a date of birth of 9/22/2014. The left sidebar contains a navigation menu with "Home Visits" selected. The main content area is titled "Home Visiting Tools Detail" and contains the following fields:

- *Tools:** Maternal Depression (dropdown)
- *Home Visit Tool Name:** Edinburgh (dropdown)
- Home Visit Tool Date:** 09 / 22 / 2014
- Home Visit Tool Time:** 12:00 PM, 12:30 PM
- Child's age in months at time of Home Visit Tool:** 0, with a "Get Age" button
- * Administered By:** Jefferson, Sarah (dropdown)
- * Did parents complete:** (dropdown)
- ** Question 10:** (dropdown)
- ** Total Score:** (dropdown)

Buttons for "Add Note" and "Save" are located at the bottom right of the form. A legend at the bottom left indicates: "* Indicates required field." and "** Indicates conditionally required field."

Environment Version 4.0.30319.1026Build Number:# 2014.3.4.15791 Site Last updated at :Tuesday, March 04, 2014 12:38 PM
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- Demographics
 - Caregivers
 - Newborn Home Visit
 - Referrals
 - Early Intervention +
 - Home Visiting -
 - Home Visitor
 - Eligibility
 - Home Visits**
 - Home Visit Tools
 - Time/Activity
 - Family Plan
 - Claim Adjustment
 - HV Schedule
 - Exit Child
 - Case Notes
 - Transfer Child
 - History
- 

DOB: 9/19/2014 1234 Smith Lane A Wonder World 9/22/2014
ET ID: 0005853939 Howard, OH 43028 (123) 456-7890 Pending Exit:
(No Email)

Status of Requirements **Home Visiting Tools List** **Home Visiting Tools Detail**

*Tools:	Maternal Depression ▾
*Home Visit Tool Name:	Edinburgh ▾
Home Visit Tool Date	09 / 22 / 2014
Home Visit Tool Time:	12:00 PM 12:30 PM
Child's age in months at time of Home Visit Tool:	0 <input type="button" value="Get Age"/>
* Administered By:	<input checked="" type="radio"/> Jefferson, Sarah ▾ <input type="radio"/>
* Did parents complete:	Yes ▾
** Question 10:	Never ▾
** Total Score:	8 ▾

** Indicates required field.*
*** Indicates conditionally required field*



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*Home Visit Tool Name:	Edinburgh ▾
Home Visit Tool Date	09 / 22 / 2014
Home Visit Tool Time:	12:00 PM 12:30 PM
Child's age in months at time of Home Visit Tool:	0 <input type="button" value="Get Age"/>
* Administered By:	<input checked="" type="radio"/> Jefferson, Sarah ▾ <input type="radio"/>
* Did parents complete:	Yes ▾
** Question 10:	Never ▾
** Total Score:	12 ▾
* Was a referral made to another program:	▾

** Indicates required field.*
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ET ID: 0005853939

1234 Smith Lane
Howard, OH 43028
(123) 456-7890
(No Email)

A Wonder World
9/22/2014

9/22/2014
 Pending Exit:

Status of Requirements | **Home Visiting Tools List** | **Home Visiting Tools Detail**

*Tools:	Maternal Depression ▾
*Home Visit Tool Name:	Edinburgh ▾
Home Visit Tool Date:	09 / 22 / 2014
Home Visit Tool Time:	12:00 PM 12:30 PM
Child's age in months at time of Home Visit Tool:	0 <input type="button" value="Get Age"/>
* Administered By:	<input checked="" type="radio"/> Jefferson, Sarah ▾ <input type="radio"/> <input type="text"/>
* Did parents complete:	Yes ▾
** Question 10:	SomeTimes ▾
** Total Score:	8 ▾
* Was a referral made to another program:	<input type="text"/>

** Indicates required field.*
*** Indicates conditionally required field*



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*Tools:	Maternal Depression ▾
*Home Visit Tool Name:	Edinburgh ▾
Home Visit Tool Date	09 / 22 / 2014
Home Visit Tool Time:	12:00 PM 12:30 PM
Child's age in months at time of Home Visit Tool:	0 <input type="button" value="Get Age"/>
* Administered By:	<input checked="" type="radio"/> Jefferson, Sarah ▾ <input type="radio"/>
* Did parents complete:	Yes ▾
** Question 10:	Never ▾
** Total Score:	12 ▾
* Was a referral made to another program:	Yes No Already being seen

** Indicates required field.*
*** Indicates conditionally required field*



- Demographics
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*Home Visit Tool Name:	Edinburgh ▾
Home Visit Tool Date	09 / 22 / 2014
Home Visit Tool Time:	12:00 PM 12:30 PM
Child's age in months at time of Home Visit Tool:	0 <input type="button" value="Get Age"/>
* Administered By:	<input checked="" type="radio"/> Jefferson, Sarah ▾ <input type="radio"/>
* Did parents complete:	Yes ▾
** Question 10:	HMG Part C
** Total Score:	Medical Professional
* Was a referral made to another program:	Community Program
* Which Program:	Other
	Mental Health Professional

** Indicates required field.*
*** Indicates conditionally required field*



Resources

ohiocando4kids.org

Navigate to the ODMH/HMG Maternal Depression Screening Program to find training videos on how to administer the Edinburgh and more information about Maternal Depression.

Find a Brochure for Moms discussing the “Baby Blues” and Maternal Depression

http://ohiocando4kids.org/sites/default/files/For%20Moms%20brochure%20v1_6.16.11.doc

Printable packet of information on maternal depression to share with parents

<http://ohiocando4kids.org/sites/default/files/Revised%20self%20help%20Opacket%20for%20moms%2010.21.10%20optimized.pdf>

