EPDS SCREENING & CARE GUIDE

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

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

Offer EPDS to partner to screen for depression

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

LOCAL COMMUNITY SUPPORTS
Mental Health Phone ___________
  Public Health Phone ___________
Maternal-Home Visiting Programs:
  (KidsFirst, Canada Prenatal Nutrition Program (CPNP), Parent Mentoring, Maternal Child Health)
Name __________________________
  Phone __________________________
Name __________________________
  Phone __________________________
Healthline (anytime): Phone 811
  Available for everyone 24hrs/day
For information about medications during pregnancy or breastfeeding call medSask 1-800-665-DRUG (3784)
  (Saskatchewan only) or 306-966-6300 (Saskatoon)
Other supports
  Supports and groups also listed on: www.skmaternalmentalhealth.ca

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 medSask health care professional line at 1-800-665-DIAL (3425) (Saskatchewan only) or 306-966-6300 (Saskatoon) or medskost@usask.ca.
  • 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.

Endorsed for use by:

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EPDS OVER⇒
**EPDS SCREENING & CARE GUIDE**
OFFER all pregnant women the Maternal Mental Health print materials.
Download or order screening and print materials from the Saskatchewan Prevention Institute at www.skprevention.ca

**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
- Thoughts of harm to self or others
- Inability to relax
- Panic attacks
- Fearfulness
- 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**

<table>
<thead>
<tr>
<th>Pregnancy</th>
<th>Postpartum</th>
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<tbody>
<tr>
<td>- 1st prenatal visit and at 28-34 weeks gestation</td>
<td>- 2-3 weeks postpartum and at 2-month (or 4 if not done at 2) and 6-month well child visits</td>
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*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