Perinatal Services BC
An agency of the Provincial Health Services Authority

Edinburgh Postnatal Depression Scale

Name: ________________________________ Date: ____________________________

If pregnant: Number of weeks pregnant: _____

If postpartum: Number of weeks postpartum: ________

As you are having a baby (or recently had a baby), we would like to know how you are feeling. Please mark the answer which comes closest to how you have felt in the past 7 days not just how you feel today. In the example below, the "X" means "I have felt happy most of the time during the past week."

EXAMPLE: I have felt happy
____Yes, all the time
__X_Yes, most of the time
___ No, not very often
___ No, not at all

Please complete the following questions in the same way.

In the past 7 days:

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

2. I have looked forward with enjoyment to things
____ As much as I ever did
____ Rather less than I used to
____ Definitely less than I used to
____ Hardly at all

3. I have blamed myself unnecessarily when things went wrong
____ Yes, most of the time
____ Yes, some of the time
____ Not very often
____ No, never

4. I have been anxious or worried for no good reason
____ No, not at all
____ Hardly ever
____ Yes, sometimes
____ Yes, very often

5. I have felt scared or panicky for no very good reason
____ Yes, quite a lot
____ Yes, sometimes
____ No, not much
____ No, not at all

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6. Things have been getting on top of me
   ____ Yes, most of the time I haven't been able to cope
   ____ Yes, sometimes I haven't been coping as well as usual
   ____ No, most of the time I have coped quite well
   ____ No, I have been coping as well as ever

7. I have been so unhappy that I have had difficulty sleeping
   ____ Yes, most of the time
   ____ Yes, sometimes
   ____ Not very often
   ____ No, not at all

8. I have felt sad or miserable
   ____ Yes, most of the time
   ____ Yes, quite often
   ____ Not very often
   ____ No, not at all

9. I have been so unhappy that I have been crying
   ____ Yes, most of the time
   ____ Yes, quite often
   ____ Only occasionally
   ____ No, never

10. The thought of harming myself has occurred to me
   ____ Yes, quite often
   ____ Sometimes
   ____ Hardly ever
   ____ Never

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Edinburgh Postpartum Depression Scale (EPDS): Interpreting the Score

It is important that, along with the use of the EPDS, the care provider exercise **professional judgment when interpreting the EPDS score. If the score is incongruent with the woman's experience or the care provider's assessment, further exploration with the woman is warranted.**

Score of 8 or less – depression not likely

- Encourage continued support of partner, family and friends. Encourage access of community resources such as parent/infant groups, family resource centers, and other community services. Reinforce the importance and lifelong benefits of a secure attachment for the infant. May re-screen at the woman's request.

Score of 9-11 – possibility of depression

- Acknowledge and reinforce strengths and coping mechanisms the woman is already using. Encourage continued support of partner, family and friends. Encourage access of community resources such as parent/infant groups, family resource centers, and other community services. Reinforce the importance and lifelong benefits of a secure attachment for the infant.
- Re-screening in 2 to 4 weeks is recommended.

Score of 12 or 13 – fairly high possibility of depression; assessment by primary care provider (PCP) recommended

- Encourage and / or assist client to make appointment with her primary care provider.
- Maintain contact based on clinical judgment / client decision. The EPDS can be used during these contacts as a tool to monitor the woman's status.
- Support and provide tools/resources for self-management; assist in self-referral to a local support group such as the Pacific Postpartum Support Society.

Score of 14 or higher – positive screen for depression; diagnostic assessment & treatment by PCP & / or specialist recommended

- Assist client to make appointment with her primary care provider.
- Maintain contact based on clinical judgment / client decision. The EPDS can be used during these contacts as a tool to monitor the woman's status.
- Support and provide tools/resources for self-management; assist in self-referral to a local support group such as the Pacific Postpartum Support Society
- PCP to complete a diagnostic assessment, provide treatment for depression and refer as required.

Situations that require immediate care provider response include:

- A score of 1, 2 or 3 on question 10 or *"the thought of harming myself has occurred to me"*.
- Signs and symptoms of a psychotic disorder during the perinatal period include:
  - Hallucinations – most common are auditory or visual
  - Delusions – fixed false belief for example delusions of being persecuted
  - Thought disorder – thought blocking (interruption of train of speech before completed), thought broadcasting (believes that thoughts are being broadcast out loud so others can hear).
- Reasons to be concerned about harm to the infant.

Care provider actions for urgent situation

- Suicidal ideation or thoughts only without a plan:
  - Refer to PCP ASAP for further assessment and mental health referral.
  - Provide information about crises / urgent telephone lines.
- Suicidal ideation with a plan or history of suicide attempt, without immediate intent:
  - Contact PCP to discuss need for urgent mental health assessment.
  - Consider consulting with BC Reproductive Mental Health directly.
  - Provide information about crises / urgent telephone lines.
- Suicidal ideation with an imminent plan:
  - Refer immediately to local Emergency Room.
  - If family unable to take woman to ER, call 911 (in Vancouver, may call "car 87").
- Symptoms of psychotic disorder:
  - Contact PCP to discuss need for urgent mental health assessment.
  - Consider consulting with BC Reproductive Mental Health directly.
  - Provide information about crises / urgent telephone lines.
- Concern about harm to infant:
  - Contact MCFD. Ensure infant's safety.

See also *The Family Physician Guide for Anxiety Disorders, Early Psychosis and Substance Use Disorders:* www.health.gov.bc.ca/library/publications/year/2008/fpg_full.pdf (see section 7.0) and *Coping with Suicidal Thoughts* by the Consortium for Organizational Mental Healthcare: www.comh.ca/publications/resources/pub_cwst/CWST.pdf