# Edinburgh Postnatal Depression Scale (EPDS)

#### **About the EPDS and Instructions for Use**

The EPDS questionnaire asks women to self-report their experiences in the last week using 10 simple questions. After your patient has answered all 10 questions, total the answers to calculate the EPDS score.<sup>1</sup>

### Interpreting EPDS Score

A woman scoring 12/13 or above is most likely suffering from depression in the peripartum period. Data suggest that lowering the threshold to a score of 9/10 may increase the detection of symptoms of postpartum depression (PPD). Women screening positive for symptoms of PPD should be further assessed by a healthcare provider to confirm whether or not clinical depression is present. Screening tools are not a substitute for this clinical assessment, and scores just below the cutoff should not be taken to indicate the absence of depression, especially if the healthcare provider has other reasons to consider this diagnosis. 1

Any woman answering the self-harm question affirmatively should be referred to a psychiatrist immediately.<sup>2</sup>

SCORE CALCULATOR (For Healthcare Professionals Only)										
1	0 2 1 2 3	0 3 1 2 3 3	3 4 2 1 0	0 5 1 2 3	3 6 2 1 0	3 7 2 1 0	3 8 2 1 0	3 g 2 1 0	3 10 2 1 0 0	3 2 1 0
DATE COMPLETED							TOTAL	LSCORE		

#### **About PPD**

The American College of Obstetricians and Gynecologists (ACOG) defines PPD as major or minor depressive episodes that occur during pregnancy or in the first 12 months after delivery.<sup>3</sup> PPD can impair a mother's overall function, including the ability to fulfill personal responsibilities and engage in daily activities<sup>4,5</sup> PPD symptoms can be associated with significant impairment in mother-infant bonding<sup>6</sup> with implications for the child's health and development.<sup>7,8</sup> In the United States, about 1 in 8 mothers reports experiencing symptoms of PPD.<sup>9</sup> Approximately 50% of women with PPD may go undiagnosed.<sup>10</sup> Implementation of routine screening policies for PPD can lead to improved screening rates<sup>11-15</sup> connection to care,<sup>14,15</sup> and reduced duration or severity of depressive symptoms.<sup>11,16-18</sup>

## See following page for EPDS Screening Tool →

References: 1. Cox JL, Holden JM, Sagovsky R. Detection of postnatal depression: development of the 10-item Edinburgh Postnatal Depression Scale. Br J Psychiatry. 1987;150:782-786. 2. Moses-Kolko EL, Roth EK. Antepartum and postpartum depression: healthy mom, healthy baby. J Am Med Womens Assoc. 2004;59(3):181-191. 3. ACOG Committee Opinion No. 757: Screening for perinatal depression. Obstet Gynecol. 2018;132(5):e208-e212. doi:10.1097/AOG.0000000000002927. 4. Olson AL, Kemper KJ, Kelleher KJ, Hammond CS, Zuckerman BS, Dietrich AJ. Primary care pediatricians' roles and perceived responsibilities in the identification and management of maternal depression. Pediatrics. 2002;110(6):1169-1176. doi:10.1542/peds.110.6.1169 5. Posmontier B. Functional status outcomes in mothers with and without postpartum depression. J Midwifery Womens Health. 2008;53(4):310-318. doi:10.1016/j.jmwh.2008.02.016 6. Kerstis B, Aarts C, Tillman C, et al. Association between parental depressive symptoms and impaired bonding with the infant. Arch Womens Ment Health. 2016;19(1):87-94.doi:10.1007/s00737-015-0522-3 7. Balbierz Bodnar-Deren S, Wang JJ, Howell EA. Maternal depressive symptoms and parenting practices 3-months postpartum. Matern Child Health J. 2015;19(6):1212-1219. doi:10.1007/s10995-014-1625-6 8. Moore Simas TA, Huang MY, Packnett ER, Zimmerman NM, Moynihan M, Eldar-Lissai A. Matched cohort study of healthcare resource utilization and costs in young children of mothers with postpartum depression in the United States. J Med Econ. 2020;23(2):174-183. doi:10.1080/13696998.2019.1679157 9. Bauman BL, Ko JY, Cox S, et al. Vital signs: postpartum depressive symptoms and provider discussions about perinatal depression - United States, 2018. MMWR Morb Mortal Wkly Rep. 2020;69(19):575-581. doi:10.15585/mmwr.mm6919a2 10. Cox EQ, Sowa NA, Meltzer-Brody SE, Gaynes BN. The perinatal depression treatment cascade: baby steps toward improving outcomes. J Clin Psychiatry. 2016;77(9):1189-1200. doi:10.4088/JCP.15r10174 11. Avalos LA, Raine-Bennett T, Chen H, Adams AS, Flanagan T. Improved perinatal depression screening, treatment, and outcomes with a universal obstetric program. Obstet Gynecol.2016;127(5):917-925. doi:10.1097 AOG.000000000001403 12. Clevesy MA, Gatlin TK, Cheese C, Strebel K. A project to improve postpartum depression screening practices among providers in a community women's health care clinic. Nurs Womens Health. 2019;23(1):21-30. doi:10.1016/j.nwh.2018.11.005 13. Evins GG, Theofrastous JP, Galvin SL. Postpartum depression: a comparison of screening and routine clinical evaluation. Am J Obstet Gynecol. 2000;182(5):1080-1082. doi:10.1067/mob.2000.105409 14. Miller ES, Wisner KL, Gollan J, Hamade S, Gossett DR, Grobman WA. Screening and treatment after implementation of a universal perinatal depression screening program. Obstet Gynecol. 2019;134(2):303-309. doi:10.1097/AOG.00000000003369 15. Russomagno S, Waldrop J. Improving postpartum depression screening and referral in pediatric primary care. J Pediatr Health Care. 2019;33(4):e19-e27. doi:10.1016/j.pedhc.2019.02.011 16. Larun, L. Fønhus MS, Håvelsrud K, Brurberg KG, Reinar LM. Screening for depression in ante- or postnatal women Report from Kunnskapssenteret. no. 01–2013. Oslo: Norwegian Knowledge Centre for the Health Services, 2012. https://www. ncbi.nlm.nih.gov/books/NBK464734/pdf/Bookshelf\_NBK464734.pdf 17. O'Connor E, Rossom RC, Henninger M, Groom HC, Burda BU. Primary care screening for and treatment of depression in pregnant and postpartum women: evidence report and systematic review for the US Preventive Services Task Force. JAMA. 2016;315(4):388-406. doi:10.1001 jama.2015.18948 18. van der Zee-van den Berg Al, Boere-Boonekamp MM, Groothuis-Oudshoorn CGM, MJ IJ, Haasnoot-Smallegange RME, Reijneveld SA. Post-Up Study: postpartum depression screening in well-child care and maternal outcomes. Pediatrics. 2017;140(4)doi:10.1542/peds.2017-0110



# Edinburgh Postnatal Depression Scale (EPDS)

Since you are either pregnant or have recently had a baby, we want to know how you feel. Please check off the answer that comes closest to how you have felt in **the past 7 days**—not just how you feel today. Please complete all 10 items.

## ← See previous page for EPDS Instructions

# Yes, all of the time Yes, most of the time No, not very often No, not at all

This would mean: "I have felt happy most of the time" during the past week.

1. I have been able to laugh and see the funny side of things.	6. Things have been getting to me.
As much as I always could	Yes, most of the time I haven't been able to cope at all
O Not quite so much now	Yes, sometimes I haven't been coping as well as usual
O Definitely not so much now	No, most of the time I have coped quite well
O Not at all	No, I have been coping as well as ever
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	7. I have been so unhappy that I have had difficulty sleeping.  Yes, most of the time  Yes, sometimes  No, not very often  No, not at all
3. I have blamed myself unnecessarily when	8. I have felt sad or miserable.
things went wrong.  Yes, most of the time	Yes, most of the time
Yes, some of the time	Yes, quite often
Not very often	Not very often
O No, never	O No, not at all
4. I have been anxious or worried for no good reason.	9. I have been so unhappy that I have been crying.
No, not at all	Yes, most of the time
Hardly ever	Yes, quite often
Yes, sometimes	Only occasionally
Yes, very often	No, never
5. I have felt scared or panicky for no good reason.	10. The thought of harming myself has occurred to me.
Yes, quite a lot	Yes, quite often
Yes, sometimes	Sometimes
No, not much	Hardly ever
○ No, not at all	Never