

# Edinburgh Postnatal Depression Scale (EPDS)

NAME (PRINT) \_\_\_\_\_

DATE \_\_\_\_\_

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.

## I have felt happy:

EXAMPLE

- 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.**

- As much as I always could
- Not quite so much now
- Definitely not so much now
- Not at all

**6 Things have been getting to me.**

- Yes, most of the time I haven't been able to cope at all
- 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

**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 things went wrong.**

- Yes, most of the time
- Yes, some of the time
- Not very often
- No, never

**8 I have felt sad or miserable.**

- Yes, most of the time
- Yes, quite often
- Not very often
- No, not at all

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

- No, not at all
- Hardly ever
- Yes, sometimes
- Yes, very often

**9 I have been so unhappy that I have been crying.**

- Yes, most of the time
- Yes, quite often
- Only occasionally
- No, never

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

- Yes, quite a lot
- Yes, sometimes
- No, not much
- No, not at all

**10 The thought of harming myself has occurred to me.**

- Yes, quite often
- Sometimes
- Hardly ever
- Never

**FOR PHYSICIANS ONLY**

TOTAL SCORE \_\_\_\_\_

# ABOUT POSTPARTUM DEPRESSION



It is estimated that postpartum depression (PPD) affects approximately **1 in 9** new mothers in the US annually.<sup>1</sup>



Unaddressed PPD can have harmful, long-term effects on mothers, their babies, and their family members.<sup>2-9</sup>

## BE PREPARED

Consider screening your patients at multiple time points:

### PRIOR TO DELIVERY

Onset of PPD symptoms can occur during pregnancy<sup>7</sup>

### POSTDELIVERY

Consider administering the EPDS or another validated screener tool within 10 days after childbirth<sup>8</sup>

### DURING POSTNATAL FOLLOW-UP

The American College of Gynecologists (ACOG) recommends continued support as needed with a comprehensive visit no later than 12 weeks after birth<sup>8</sup>

The American Academy of Pediatricians recommends integrating PPD screening and surveillance at the 1-, 2-, 4-, and 6-month well-child visits.<sup>9,10</sup>

If PPD is not addressed, symptoms may persist for months or up to a year.<sup>11-13</sup>

# 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.

## SCORING

FOR PHYSICIANS ONLY																			
SCORE CALCULATOR																			
1	0	2	0	3	3	4	0	5	3	6	3	7	3	8	3	9	3	10	3
	1		1		2		1		2		2		2		2		2		2
	2		2		1		2		1		1		1		1		1		1
	3		3		0		3		0		0		0		0		0		0

## 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 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.<sup>14</sup>

**Any woman answering the self-harm question affirmatively should be referred to a psychiatrist immediately.<sup>15</sup>**

**References:** 1. Ko JY, Rockhill KM, Tong VT, Morrow B, Farr SL. Trends in postpartum depressive symptoms – 27 states, 2004, 2008, and 2012. *MMWR Morb Mortal Wkly Rep.* 2017;66(6):153-158. 2. National Institute of Mental Health website. Postpartum depression facts. <https://www.nimh.nih.gov/health/publications/postpartum-depression-facts/index.shtml>. Accessed August 8, 2018. 3. Kerstis B, Engström G, Sundquist K, Widarsson M, Rosenblad A. The association between perceived relationship discord at childbirth and parental postpartum depressive symptoms: a comparison of mothers and fathers in Sweden. *Ups J Med Sci.* 2012;117(4):430-438. 4. Eastwood JG, Jalaludin BB, Kemp LA, Phung HN, Barnett BEW. Relationship of postnatal depressive symptoms to infant temperament, maternal expectations, social support and other potential risk factors: findings from a large Australian cross-sectional study. *BMC Pregnancy Childbirth.* 2012;12:148. 5. Koutra K, Chatzi L, Bagkeris M, Vassilaki M, Bitsios P, Kogevinas M. Antenatal and postnatal maternal mental health as determinants of infant neurodevelopment at 18 months of age in a mother-child cohort (Rhea Study) in Crete, Greece. *Soc Psychiatry Psychiatr Epidemiol.* 2013;48(8):1335-1345. 6. Yamaoka Y, Fujiwara T, Tamiya N. Association between maternal postpartum depression and unintentional injury among 4-month-old infants in Japan. *Matern Child Health J.* 2016;20(2):326-336. 7. The American College of Obstetricians and Gynecologists. Committee opinion: screening for perinatal depression. *Obstet Gynecol.* 2015;63:0. 8. The American College of Obstetricians and Gynecologists. Committee opinion: optimizing postpartum care. *Obstet Gynecol.* 2018;73:6. 9. Screening Recommendations. American Academy of Pediatrics website. <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Screening/Pages/Screening-Recommendations.aspx>. Accessed May 24, 2018. 10. Earls MF; Committee on Psychosocial Aspects of Child and Family Health American Academy of Pediatrics. Incorporating recognition and management of perinatal and postpartum depression into pediatric practice. *Pediatrics.* 2010;126(5):1032-1039. 11. Vliegen N, Casalin S, Luyten P. The course of postpartum depression: a review of longitudinal studies. *Harv Rev Psychiatry.* 2014;22(1):1-22. 12. Netsi E, Pearson RM, Murray L, Cooper P, Craske MG, Stein A. Association of persistent and severe postnatal depression with child outcomes. *JAMA Psychiatry.* 2018;75(3):247-253. 13. Mayberry LJ, Horowitz JA, Declercq E. Depression symptom prevalence and demographic risk factors among US women during the first 2 years postpartum. *J Obstet Gynecol Neonatal Nurs.* 2007;36(6):542-549. 14. 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. 15. Moses-Kolko EL, Roth EK. Antepartum and postpartum depression: healthy mom, healthy baby. *J Am Med Womens Assoc.* 2004;59(3):181-191.