Care Pathways

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) but less severe than puerperal psychosis. Previous studies have shown that postnatal depression affects at least 10% of women and that many depressed mothers remain untreated. 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. The EPDS was developed at health centers in Livingston and Edinburgh. It consists of ten short statements. The mother chooses which of the four possible responses is closest to how she has been feeling during the past week. Most mothers complete the scale without difficulty in less than 5 minutes. The validation study showed that mothers who scored above threshold 92.3% were likely to be suffering from a depressive illness of varying severity. Nevertheless, the EPDS score should not override clinical judgment. A careful clinical assessment should be carried out to confirm the diagnosis. The scale indicates how the mother has felt during the previous week and in doubtful cases, it may be usefully repeated after 2 weeks. The scale will not detect mothers with anxiety neuroses, phobias or personality disorder.

Instructions for users:

1. The mother is asked to choose the response that comes closest to how she has been feeling in the previous 7 days.
2. All ten items must be completed.
3. Care should be taken to avoid the possibility of the mother discussing her answers with others.
4. The mother should complete the scale herself, unless she has limited English or has difficulty with reading.
5. The EPDS may be used at 6-8 weeks to screen postnatal women. The child health clinic, postnatal check-up or a home visit may provide suitable opportunities for its completion.

Guidelines for Evaluation:

Response categories are scored 0, 1, 2, and 3 according to increased severity of the symptom. Questions 3, 5, 6, 7, 8, 9, 10 are reverse scored (ie, 3, 2, 1, 0)

Individual items are totaled to give an overall score. A score of 10+ indicates the likelihood of depression, but not its severity. If any number other that “0” is picked for question number 10, further assessment is required right away. The EPDS Score is designed to assist, not replace, clinical judgment. Women should be further assessed before deciding on treatment.

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An algorithm is provided for medical professionals evaluating postpartum women to help determine if their patient has reached a positive or negative outcome since giving birth. The outcome will indicate if the patient should be referred for additional mental health services.

**Result Positive for EPDS Question #10: Immediately across further, using Cox questionnaire or another assessment scale.**
- Implement age-specific guidelines for self-harm or suicidal ideation
- Document evidence in records
- Do not leave client by herself or alone with baby
- Refer for mental health services or local child protective services
- Engage support system (discuss importance of remaining partner, family)
- Document evidence in medical record.

**EPDS Score: 4 or Less**
- Your client does not seem to suffer from postpartum depression. You may ask your client to take this test again at the next visit.

**EPDS Score: 5 to 9**
- Women with this score are at an increased risk for major depression; there is need to be cautious.
- Educate them about signs of Depression, options for treatment and its benefits.
- Use clinical judgement and further diagnostic evaluation in combination with EPDS to plan care.
- You should discuss the symptoms, diagnosis, and treatment plan with your client and help facilitate timely care.
- You may also need to provide the patient with a list of suicide prevention hotline.

**EPDS Score: 10 or More**
- It is very likely that your client is depressed.
- She needs further evaluation or referral for further evaluation.
- Use clinical judgement and further diagnostic evaluation in combination with EPDS to plan care.
- You should discuss the symptoms, diagnosis, and treatment plan with your client and help facilitate timely care.
- You may also need to provide the patient with a list of suicide prevention hotline.

**Please UNDERLINE the answer that comes closest to how you have felt IN THE PAST 7 DAYS, not just how you feel today.**

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
   - Hardy 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

6. Things have been getting on top of me.
   - Yes, most of the time
   - I haven't been able to cope at all
   - Yes, sometimes
   - Not very often

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
    - Hardy ever
    - Never

**Taken from the British Journal of Psychiatry June, 1987, Vol. 150 by J.L. Cox, J.M. Holden, R. Sagovsky**