



Project Healthy Moms Toolkit

A Maternal Mental Health Initiative by Mental Health America of Georgia

Adapted from materials by Mental Health America of Greater Houston's Yates Children Memorial Fund

Companion Guide to the EPDS

I. About the Screening Tool

The Edinburgh Postnatal Depression Scale (EPDS) was developed for screening women for perinatal depression in outpatient healthcare settings. It is the most commonly used perinatal depression screening instrument in the world today. The EPDS has been utilized in numerous populations, is available in 23 languages, and has cross-cultural validity, although some mothers may need assistance in interpreting or understanding the scale's colloquialisms. The English version of the EPDS reads at a 3rd grade level.

The validity and reliability of the EPDS has been well established. With a cut-off score of ≥ 10 , the EPDS carries a significant level of sensitivity (88%) and specificity (73%). The reliability of the scale is also good (split-half reliability is 0.88 and the standardized α coefficient is 0.87).

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II. Instructions for Use

The EPDS is intended for use with mothers of infants less than 12 months old. It can also be used during pregnancy.

The scale consists of 10 short statements. The mother checks off one of four possible answers (weighted responses) that is closest to how she felt during the past week. All 10 items should be completed. The mother should complete the scale herself, unless she has difficulty reading the questions. In this case, assistance may be required. Most mothers easily complete the scale in less than five minutes. It is helpful to remind the mother to select which of each statement's four responses comes closest to describing how she has been feeling in the past seven days. Responses are scored 0, 1, 2 and 3 based on the seriousness of the symptom. Items 3, 5, 6, 7, 8, 9, and 10 are reverse scored (i.e., 3, 2, 1, and 0). The total score is found by adding together the scores for each of the 10 items as determined by the scorecard.

Mothers scoring 10 or above are likely to be suffering from depression and should seek medical attention. A careful clinical evaluation by a health care professional is needed to confirm a diagnosis and establish a treatment plan.

III. Interpretation and Scoring

The EPDS has a maximum score of 30; a cut-off score of 10 is suggested. A score of 10 or more may indicate possible depression of varying severities (mild-severe). It is suggested that healthcare providers **pay particular attention to item 10, which refers to suicidal ideation**. A mother who scores 10 or more points or indicates any sign of suicidal ideation – that is, she scores 1 or higher on item 10 – should be referred immediately for follow-up.

The EPDS score should not override clinical judgment. Even if a woman scores less than 10, if the clinician feels the client is suffering from depression, an appropriate referral should be made.

The EPDS is not a diagnostic tool, but a screening tool. A careful clinical assessment should be conducted to confirm a potential diagnosis of depression. The scale will not detect anxiety disorders, phobias, or personality disorders.