



# Project Healthy Moms Toolkit

A Women's Mental Health Initiative by Mental Health America of Georgia

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

## Screening For Perinatal Depression: A Quick Reference Guide for Healthcare Professionals

### I. Rationale for Screening

Perinatal mood disorders, including depression, are the most common complication of childbirth. In the United States, between 10 to 15% of mothers suffer from these devastating illnesses; yet perinatal mood disorders remain the most under diagnosed obstetric-related problem. It is well documented that untreated perinatal depression leads to adverse outcomes for the mother, her child, and their family.

Mothers suffering from antepartum depression are more likely to deliver pre-term and give birth to low birth weight babies. When postpartum depression overwhelms a new mother, she is less likely to breastfeed or spend time touching or smiling at her infant and more likely to use corporal punishment, smoke cigarettes, and miss routine pediatric and well-child visits. Children of mothers suffering from any perinatal mood disorder are more likely to exhibit behavioral and emotional problems as well as developmental delays in infancy, childhood, and beyond. Perinatal mood disorders are also associated with marital discord, divorce, family violence, and substance abuse.

Early intervention has been shown to decrease the morbidity associated with perinatal depression. As such, prenatal and well-child visits represent an opportune time for pregnant women and new mothers to be screened for perinatal depression. Formal screening provides a reliable way to identify perinatal depression in women who may otherwise be unwilling to discuss their symptoms.

### II. About the Screening Tool

The Edinburgh Postnatal Depression Scale (EPDS) was developed for screening perinatal women for depression in outpatient healthcare settings. It is the most commonly used perinatal screening instrument throughout the world today. The EPDS has been utilized among numerous populations, including U.S. women and Spanish speaking women in other countries. The English version of the EPDS reads at a 3<sup>rd</sup> grade level. It is also available in many other languages, and has cross-cultural validity, although some mothers may need assistance to interpret or understand the scale's colloquialisms.

The validity and reliability of the EPDS has been well established. With a cut-off score of  $\geq 10$ , 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  $\alpha$  coefficient is 0.87).

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### III. 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 EPDS was originally developed for use at 6-8 weeks postpartum. Recent research has demonstrated that its use within a pediatric setting is most effective at the 8 week well-child visit. However, it may be useful to re-screen the mother at subsequent visits.

The scale consists of 10 short statements. The mother checks off one of four possible answers (weighted responses) that is closest to how she has 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 to 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.

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. The scale indicates how the mother felt during the previous week, and it may be useful to repeat the screen at subsequent visits.

#### **IV. 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 severity.

It is suggested that healthcare providers **pay particular attention to item 10**, which refers to suicidal thoughts.

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.

#### **V. Training & Support**

For a list of referral resources for mothers who screen positive and require follow-up care, please refer to section IV of this Tool-Kit.

Educational seminars are available through Mental Health America of Georgia. These Educational Seminars provide an introduction to the prevention of and treatment for the spectrum of perinatal mood disorders, including illnesses such as antepartum depression, postpartum depression, postpartum anxiety/OCD, and postpartum psychosis. Also included in this Educational Seminar is training on the Edinburgh Postnatal Depression Scale (EPDS).

Specific learning objectives for attendees include the following:

- Discuss suggestions for how to best support families with whom providers interact regularly
- Learn which resources specific to perinatal mood disorders are currently available in their community
- Identify the various perinatal mood disorders
- Increase awareness on the wide variety of risk factors for perinatal mood disorders
- Learn results of the latest research on these illnesses and their impact on mothers, children, and families
- Review various treatment options, including therapy, medication, peer support, and alternative treatments
- Receive education related to cultural differences in regard to perinatal mood disorders
- Be provided tools and resources available for providers, including screening tools to identify at-risk mothers
- Learn how to administer the Edinburgh Postnatal Depression Scale

These Educational Seminars will be scheduled in locations suggested by those seeking the information. Because the presentation takes approximately one hour, it can be done as a lunch and learn so that work time is not sacrificed.

**To learn more about the pricing and scheduling of an Educational Seminar, please contact the Project Healthy Moms Coordinator at 678-904-1968.**