Edinburgh Postnatal Depression Scale Screening & Referral Algorithm

**Explain the screen**
Feeling depressed or anxious is very common during pregnancy and/or after birth. Up to 1 in 5 women experience depression, anxiety or scary thoughts during this time. It is important that we screen for these issues because they are the MOST COMMON complication of pregnancy and childbirth. They can impact your and your baby’s health. We will be you and/or your baby often during the next few months/years and we want to support you.

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**Score of 0-9: Normal/Negative Screen (likely not suffering at this time)**
- Provide education about risks/incidence.
- Use clinical judgment regardless of score.
- Provide PSVa Information Card and contact information for support groups and other community resources: 703-829-7152, www.postpartumva.org.
- **Suggested language:** From the screen, it seems like you are doing well. Being pregnant or having a new baby can be challenging and every parent deserves support. Do you have any concerns you would like to talk to us about? In the future, should you start to have a difficult time or develop depression or anxiety, let us know.

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**Score of 10-12: At-Risk for Depression and/or Anxiety**
- Discuss results and provide education.
- Provide PSVa Information Card and contact information for support groups and other community resources: 703-829-7152, www.postpartumva.org.
- **Suggested language:** Based on what you’ve told me and your score, I am concerned that you may be having a difficult time or be depressed. It can be hard to feel this way when you are pregnant or have a baby/young child. There are things you can do to feel better. Let’s talk about some ideas that might work for you.

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**Score of 13+: Positive Screen (likely suffering from Depression and/or Anxiety)**
- Discuss results and provide education.
- **Suggested language:** Based on what you’ve told me and your score, I am concerned about how you are feeling. What you are feeling is real and it is not your fault. It can be very hard to feel this way when you are pregnant or have a baby/young child. Getting help is the best thing you can do for you and your baby. Many effective support and treatment options are available. Let’s talk about some ideas that might work for you.

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**QUESTION #10 (SELF-HARM):**
If "Yes“ – Hardly ever, Sometimes, or Yes, quite often – MOVE TO CRISIS ACTION PLAN
CRISIS ACTION PLAN
Patient answers "YES" to #10 on EPDS or
Patient reports thoughts of harm to self or others

Ask further Questions:

- **Intent:** You have said that you think about killing or harming yourself. Have you made any plans?
- **Means:** Can you describe your plans? or How have you thought about killing yourself (your infant)? Do you have access to [stated method]?
- **Likelihood:** Do you think you would actually harm or kill yourself or someone else?
- **Protective Factor:** What is keeping you from following through with your plan?
- **Impulsivity:** Have you tried to harm yourself or someone else in the past?

If patient has a plan and provider or patient feels she cannot be safe then follow the next steps:

- Do not leave patient by herself or alone with baby
- Ask patient about supportive person in their life (husband, parent, friend)
- Request permission to make this person aware of current circumstances
- Engage them to plan for: child care, transportation to emergency services, emotional support

Coordinate immediate psychiatric/crisis intervention or evaluation

- Be familiar with Emergency Department policies and referral processes
- When no resources are available, call 911 (ask for Crisis Intervention Officer if available)

If patient is NOT in the office and feels she CANNOT be safe or worries if she will be safe then follow the next steps:

- Ask where she is and if she is alone
- Assess degree of risk, as above
- Arrange for immediate psychiatric/crisis intervention or evaluation while patient remains on phone
- Assess availability and proximity of resources and support

Source: Adapted from *Crisis Action Plan* discussed at "Transforming Science into Strategy: A Multidisciplinary Model for Perinatal Mood Disorder Screening" presentation by Alison Palmer at PSI Conference 2013