Assessment of Depression

At least one in five individuals will experience a mental health or substance use disorder in the perinatal period (pregnancy or up to one year postpartum). Individuals with a history of substance use or other mental health conditions are at even higher risk of developing perinatal depression.

Screening and Assessment with the Edinburgh Postnatal Depression Scale (EPDS)

The Edinburgh Postnatal Depression Scale (EPDS) is a commonly used screening tool to help identify pregnant and postpartum individuals experiencing depressive symptoms who may benefit from further mental health assessment. This tool can also identify anxiety symptoms that warrant further intervention. The EPDS is available in a variety of languages click here to access.

We recommend screening for depression by administering the EPDS to every pregnant and postpartum individual at these time points:

- first notification of pregnancy (or between 10 and 14 weeks gestational age)
- once in the third trimester (after 26 weeks gestational age)
- within first month postpartum (2-4 weeks after delivery)

Note: the EPDS can also be used on an as needed basis to assess and monitor perinatal depression and/or anxiety.

Administer EPDS:

1. As a self-administered questionnaire the perinatal individual completes the EPDS. Clinical staff calculates and documents the score.
2. The EPDS can also be administered over the phone or during telehealth appointments.
3. EPDS is not a diagnostic assessment tool, and results should be followed up by clinical assessment.

EPDS Score <10
Does not suggest depression

- Clinical staff to provide psychoeducation around perinatal mental health.
- Monitoring of symptoms is recommended. Future assessment can take place if need or questions arise.
- Provide additional information about community resources (e.g., support groups, MCPAP for Moms website).*

EPDS Score ≥ 10
Suggests patient is depressed

- Evaluate to determine most appropriate treatment (refer to *Depression Severity and Treatment Options (page 17)* and *Discussing Mental Health with Perinatal Individuals (page 10)*).
- Always consider possible comorbid psychiatric illnesses (e.g., anxiety, bipolar, trauma-related disorders, or psychosis) and medical cause of depression (e.g., anemia, thyroid disorders).
- Make a plan for reassessment (administer EPDS again or

Question 10: Any response ≥ 1
(Any response other than "never")
Suggests patient may be at risk of Self-harm or suicide

- Do NOT leave patient/baby in room alone until further assessment or safety/treatment plan has been established.
- Immediately assess further:
  1. *In the past two weeks, how often have you thought of hurting yourself?*
  2. *Have you ever attempted to hurt yourself in the past?*
  3. *Have you thought about how you could harm yourself or attempt suicide?*
  4. *What prevents you from acting on thoughts of death or wanting to die?*
- Refer to ***Assessing Risk of Suicide***
- Collaborate with team on appropriate next steps based on your institution's policies on response to safety concerns.

For Prescribing Providers:

If antidepressant medication is indicated:

1. Screen for bipolar disorder (refer to *Mood Disorder Questionnaire (MDQ) (pages 19, 20)*).
2. Refer to *Key Considerations for Psychiatric Medication Use During Pregnancy and Postpartum Period (page 21)* and *Antidepressant Treatment Algorithm (page 22)*.
3. Collaborate with multi-disciplinary team about treatment plan.
4. Arrange follow-up care including referral to psychotherapy and community resources (e.g., support groups, therapists specializing in perinatal mental health*).
5. If patient is already in mental health treatment elsewhere, ensure follow up appointment is scheduled and collaborate as appropriate.

*Call MCPAP for Moms for assistance.

Call MCPAP for Moms at: 855-MOM-MCPAP (855-666-6272)