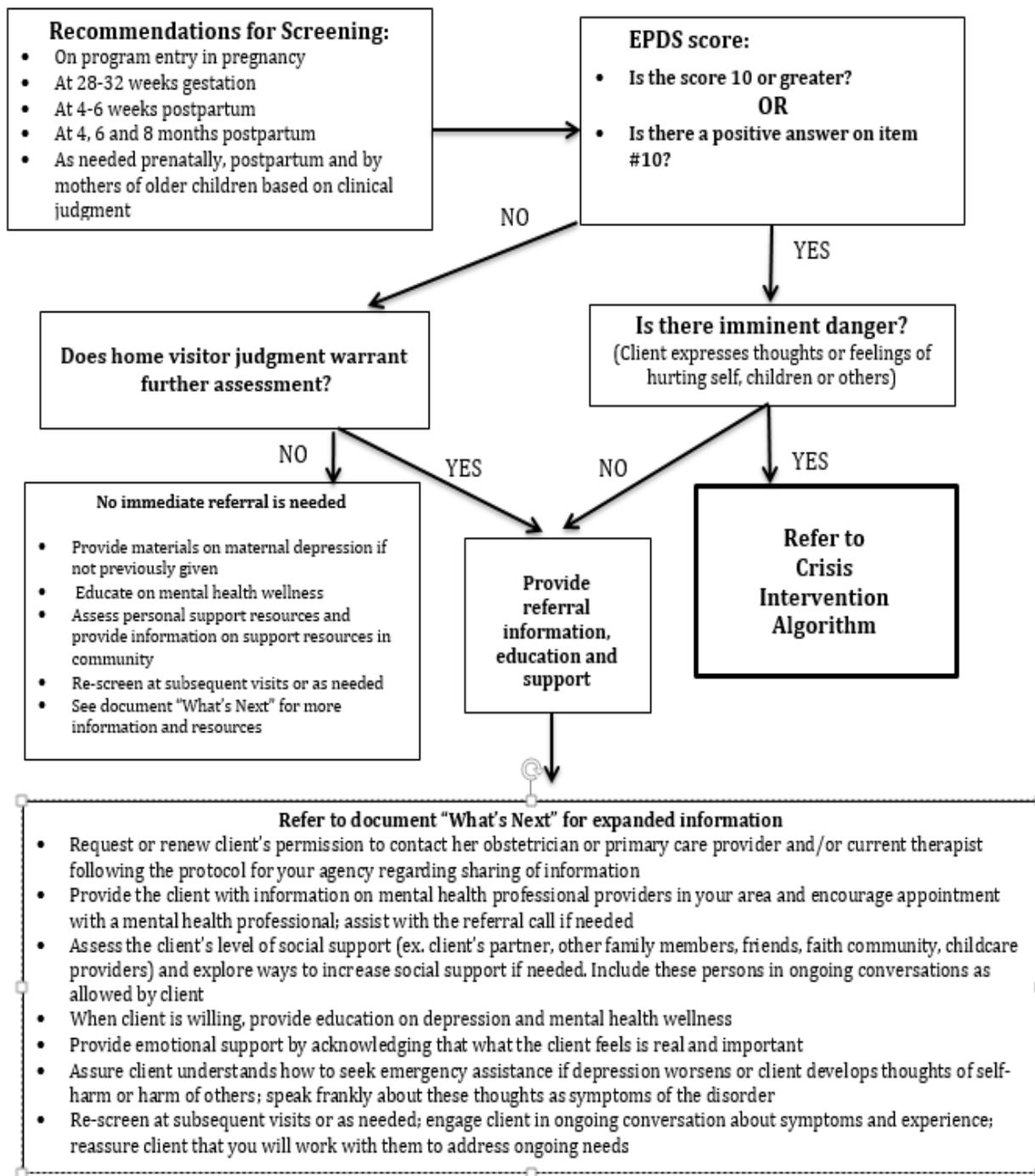


## Maternal Depression Screening algorithm Edinburgh Postnatal Depression Scale (EPDS) From the prenatal period to greater than one year postpartum



**EPDS Algorithm in Word Version:**

- **Recommendations for screening:** on program entry in pregnancy, at 28-32 weeks gestation, at 4-6 weeks postpartum, at 4, 6 and 8 months postpartum, as needed prenatally, postpartum and by mothers of older children based on home visitor judgment.

- **EPDS score is positive for depression:** Is the score 10 or greater? Or is there a positive answer on item #10?
  - If yes, then consider: Is there imminent danger (Client expresses thoughts or feelings of hurting self, children or others)?
    - If yes to imminent danger, then refer to Crisis Intervention Algorithm.
    - If no to imminent danger, then provide referral information, education and support. Refer to “What’s Next?”

**EPDS score is negative for depression:** if score is lower than 10 and the answer to item #10 is negative, then consider: Does home visitor judgement warrant further assessment?

- If home visitor judgement warrants further assessment, then provide referral information, education and support. Refer to “What’s Next?”
  - If home visitor judgement does not warrant further assessment, then no immediate referral is needed. Provide materials on maternal depression if not previously given, educate on mental health wellness, assess personal support resources and provide information on support resources in community, re-screen at subsequent visits or as needed.
- **If providing a referral, information, education or support then refer to document “What’s Next” for expanded information;**
    - Request or renew client’s permission to contact her obstetrician or primary care provider and/or current therapist following the protocol for your agency regarding sharing of information.
    - Provide the client with information on mental health professional providers in your area and encourage appointment with a mental health professional, assist with the referral call if needed.
    - Assess the client’s level of social support (ex. client’s partner, other family members, friends, faith community, and childcare providers) and explore ways to increase social support if needed. Include these persons in ongoing conversations as allowed by client.
    - When client is willing, provide education on depression and mental health wellness.
    - Provide emotional support by acknowledging that what the client feels is real and important.
    - Assure client understands how to seek emergency assistance if depression worsens or client develops thoughts of self-harm or harm of others, speak frankly about these thoughts as symptoms of the disorder.
    - Re-screen at subsequent visits or as needed, engage client in ongoing conversation about symptoms and experience, reassure client that you will work with them to address ongoing needs.

**References:**

(Edited by Cindy Kellett, PHN, DNP Student, University of Minnesota for the Minnesota Department of Health). Developed by the El Paso County Department of Health & Environment Nurse -Family Partnership Program - Adopted by the work of Renquist, J. & Barnekow, K. (2008) Wisconsin Infant Mental Health Conference)

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