

## **POSTPARTUM DEPRESSION: Screening Recommendations**

**Definition of postpartum depression:** Symptoms of depression occurring from the third trimester of pregnancy through one year postpartum. Symptoms might include:

- Anxiety
- Sadness, depression, hopelessness
- Appetite and sleep disturbances
- Poor concentration, confusion
- Memory loss
- Over concern for the baby
- Lack of interest in the baby
- Uncontrollable crying, irritability
- Guilt, inadequacy, worthlessness
- Fear of harming yourself and/or the baby
- Exaggerated highs and/or lows
- Lack of interest in sex

### **Depression Screening Questions (*these are asked during the initial phone intake*)**

Ask each mother the following three screening questions:

- Have you or anyone in your family had periods of sadness and depression?
- Did you have symptoms of sadness or depression during this pregnancy or after the birth of a previous child?
- Are you feeling anxious, worried, or sad now?

If the mother answered **yes** to any of these three questions, proceed with using the Edinburgh Postnatal Depression Scale (attached).

# Edinburgh Postpartum Depression Scale (PDS)

## Instruction for Use

1. The PDS relates to how the mother has been feeling DURING THE PREVIOUS WEEK.
2. ALL 10 items must be complete.
3. The PDS is a self-report scale, so only in exceptional circumstances, as when a mother has poor understanding of English or difficulty reading, need the doula help with its completion.
4. The PDS should be administered in such a way as to avoid the possibility of the mother discussing her answers with others, as this has been found to influence results. It should always be handed back immediately on its completion to the doula.
5. Scores for individual items range for 0–3 according to severity, as shown on the attached sheet. The total score is calculated by adding the scores for each of the 10 PDS items.
6. **A SCORE OF 10 OR MORE** indicates that the mother is at risk for depression and requires further assessment.

Name \_\_\_\_\_

Baby's Birth Date \_\_\_\_\_

Today's Date \_\_\_\_\_

Please circle the answer that best describes how you have felt over the past 7 days.

1. I have been able to laugh and see the funny side of things.

- 0 As much as I always could
- 1 Not quite so much now
- 2 Not so much now
- 3 Not at all

2. I have looked forward with enjoyment to things.

- 0 As much as I ever did
- 1 Somewhat less than I used to
- 2 A lot less than I used to
- 3 Hardly at all

3. I have blamed myself unnecessarily when things went wrong.

- 3 Yes, very often
- 2 Yes, sometimes
- 1 Hardly ever
- 0 No, not at all

4. I have been anxious or worried for no good reason.

- 0 No, not at all
- 1 No, not much
- 2 Yes, sometimes
- 3 Yes, often

5. I have felt scared or panicky for no good reason.

- 3 Yes, often
- 2 Yes, sometimes
- 1 No, not much
- 0 No, not at all

6. Things have been too much for me.

- 3 Yes, most of the time I haven't been able to cope at all
- 2 Yes, sometimes I haven't been coping as well as usual
- 1 No, most of the time I have coped well
- 0 No, I have been coping as well as ever

7. I have been so unhappy that I have had difficulty sleeping.

- 3 Yes, most of the time
- 2 Yes, sometimes
- 1 Not very often
- 0 No, not at all

8. I have felt sad or miserable.

- 3 Yes, most of the time
- 2 Yes, quite often
- 1 Not very often
- 0 No, not at all

9. I have been so unhappy that I have been crying.

- 3 Yes, most of the time
- 2 Yes, quite often
- 1 Only occasionally
- 0 No, not at all

10. The thought of harming myself has occurred to me.

- 3 Yes, quite often
- 2 Sometimes
- 1 Hardly ever
- 0 Never