CLINICAL PRACTICE GUIDELINE

Edinburgh Postnatal Depression Scale (EPDS) mental health screening and referral: CMP

This document should be read in conjunction with the Disclaimer

Aim

- To describe the use of the Edinburgh Postnatal Depression Scale (EPDS) in screening for anxiety and depression in the community and to provide referral pathways.

Key points

1. The EPDS should be performed at the booking visit, and at around 32 weeks gestation or at any stage there is a midwife or client concern. The scale can be used at any stage of the postnatal period where there is a midwife or client concern.
2. The screening process must also include the routine provision of information on perinatal emotional health and where to get help.
3. Regardless of the score, continue to monitor emotional wellbeing at all antenatal visits assessing level of anxiety shown, coping mechanisms, family support and social networks as well as the need for referral to any other services.
4. The referral pathway represents general principles for responding to risk and actions and should be informed by clinical judgment.

Use of EPDS scoring

Low risk score ≤ 9

- Discuss overall score and individual answers - check literacy and understanding as well as clinical symptoms not reflected in the score
- Ensure woman has access to the KEMH Pregnancy, Birth and your Baby book for relevant information on prevention of anxiety and depression.
- Document results.
- Care as usual

Moderate risk score 10-12 and/or anxiety subscale (Q3, 4 and 5) ≥4

Proceed as above and in addition:

- Discuss and explain any high scoring items

- Refer to CMS and discuss ongoing suitability for the program.
- Discuss support networks & lifestyle advice
- Refer/Liaise with GP for possible plan of care
- Document results, referral, & plan
- Follow-up assessment in 4-6 weeks

High risk score ≥13

- Discuss and explain any high scoring items
- Refer to CMS and discuss ongoing suitability for the program
- Refer to psychological medicine department at support hospital (with woman's permission). Refer and liaise with GP.
- Liaise with partner and family (where appropriate)
- Discuss support networks & lifestyle advice
- Ensure woman has access to the KEMH Pregnancy, Birth and your Baby book for relevant information on prevention of anxiety and depression including crisis contact numbers
- Document results, referral, & care plan
- Follow up in 1-2 weeks

Note: A positive response to question 10 indicates that further assessment is required regardless of score

Positive answer to Question 10 (Risk of self-harm or suicide)

- Whenever assessing a woman for the risk of self-harm/suicide, enquiry should also be made to assess the risk to the baby.
- If the woman has fleeting thoughts of self-harm or suicide but no current plan or means, follow the course of action for **High Risk**.
- If the woman has continual and specific thoughts, has the intent and/or a plan and means *or* a concern exists for the safety of her baby, follow the course of action for "**Immediate Risk**".

Immediate risk

- Aim to keep mother & baby safe, ensure mother is not left alone
- Immediate referral to GP or Emergency department
- Assess the need to call an ambulance or the police
- Liaise with the partner and family (where appropriate)
- Document the results, referral, & care plan
- Inform the CMS or CMM
- Debrief for self with a colleague

References and resources

Australian College of Midwives. National Midwifery Guidelines for Consultation and Referral - 3rd Edition Issue 2. 2014. Canberra: Australian College of Midwives.

Australian Government Department of Health, Pregnancy Care Guidelines: Chapter 27 Screening for depressive and anxiety disorders. 2018. Available from https://beta.health.gov.au/resources/pregnancy-care-guidelines/part-e-social-and-emotional-screening/screening-for-depressive-and-anxiety-disorders

Australian Perinatal Mental Health Guideline Evidence Review: Technical Report Part B-Psychosocial assessment and screening for depression or anxiety. 2017. Available from https://www.cope.org.au/wp-content/uploads/2017/06/02.-PART-B_ASSESSMENT-SCREENING_Technical-Report_31MAY17_circ.pdf

Related policies

Related WNHS policies, procedures and guidelines

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