

## REFERENCE PAGE 2

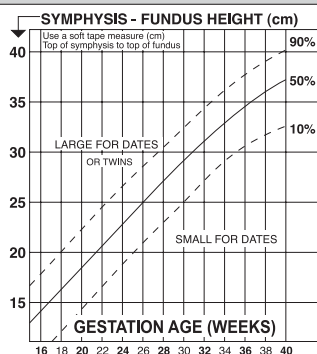
### Section 14: Edinburgh Perinatal / Postnatal Depression Scale

#### Edinburgh Perinatal / Postnatal Depression Scale Scoring Guide (Cox, Holden, Sagovsky, 1987; PSBC 2015)

In the past 7 days ...	1. I have been able to laugh and see the funny side of things	<ul style="list-style-type: none"> <li>As much as I always could = 0</li> <li>Not quite so much now = 1</li> </ul>	<ul style="list-style-type: none"> <li>Definitely not so much now = 2</li> <li>Not at all = 3</li> </ul>
	2. I have looked forward with enjoyment to things	<ul style="list-style-type: none"> <li>As much as I ever did = 0</li> <li>Rather less than I used to = 1</li> </ul>	<ul style="list-style-type: none"> <li>Definitely less than I used to = 2</li> <li>Hardly at all = 3</li> </ul>
	3. I have blamed myself unnecessarily when things went wrong	<ul style="list-style-type: none"> <li>No, never = 0</li> <li>No, not very often = 1</li> </ul>	<ul style="list-style-type: none"> <li>Yes, some of the time = 2</li> <li>Yes, most of the time = 3</li> </ul>
	4. I have been anxious or worried for no good reason	<ul style="list-style-type: none"> <li>No, not at all = 0</li> <li>Hardly ever = 1</li> </ul>	<ul style="list-style-type: none"> <li>Yes, sometimes = 2</li> <li>Yes, very often = 3</li> </ul>
	5. I have felt scared or panicky for no very good reason	<ul style="list-style-type: none"> <li>No, not at all = 0</li> <li>No, not much = 1</li> </ul>	<ul style="list-style-type: none"> <li>Yes, sometimes = 2</li> <li>Yes, quite a lot = 3</li> </ul>
	6. Things have been getting on top of me	<ul style="list-style-type: none"> <li>No, I have been coping as well as ever = 0</li> <li>No, most of the time I have coped well = 1</li> </ul>	<ul style="list-style-type: none"> <li>Yes, sometimes I haven't been coping as well as usual = 2</li> <li>Yes, most of the time I haven't been able to cope = 3</li> </ul>
	7. I have been so unhappy that I have had difficulty sleeping	<ul style="list-style-type: none"> <li>No, not much = 0</li> <li>Not very often = 1</li> </ul>	<ul style="list-style-type: none"> <li>Yes, sometimes = 2</li> <li>Yes, most of the time = 3</li> </ul>
	8. I have felt sad or miserable	<ul style="list-style-type: none"> <li>No, not much = 0</li> <li>Not very often = 1</li> </ul>	<ul style="list-style-type: none"> <li>Yes, quite often = 2</li> <li>Yes, most of the time = 3</li> </ul>
	9. I have been so unhappy that I have been crying	<ul style="list-style-type: none"> <li>No, never = 0</li> <li>Only occasionally = 1</li> </ul>	<ul style="list-style-type: none"> <li>Yes, quite often = 2</li> <li>Yes, most of the time = 3</li> </ul>
	10. The thought of harming myself has occurred to me	<ul style="list-style-type: none"> <li>Never = 0</li> <li>Hardly ever = 1</li> </ul>	<ul style="list-style-type: none"> <li>Sometimes = 2</li> <li>Yes, quite often = 3</li> </ul>

### Section 17: Prenatal Visits Notes

### EPDS Scores – Interpretation and Actions



#### Total score

- ≥ 14 → Follow up with diagnostic assessment and treatment, and consider referral to a mental health specialist, as appropriate.
- 12–13 → Monitor, support, and offer education.

#### Anxiety subscore (questions 3–5)

- ≥ 6 → Monitor, support, and offer education.

#### Self-harm subscore (question 10)

- 1–3 → Provide immediate mental health assessment and intervention, and consider referral to a mental health specialist, as appropriate.

The EPDS should be completed between 28–32 weeks in all pregnancies, as well as 6–8 weeks postpartum.

## Discussion Topics

### 1st–3rd Trimester (as indicated)

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Nutrition/folic acid | <input type="checkbox"/> Occupational concerns | <input type="checkbox"/> Mental health                                | <input type="checkbox"/> Immunization                    |
| <input type="checkbox"/> Healthy weight gain  | <input type="checkbox"/> Personal safety       | <input type="checkbox"/> Substance use (i.e. alcohol, drugs)          | <input type="checkbox"/> VBAC counseling (if applicable) |
| <input type="checkbox"/> Physical activity    | <input type="checkbox"/> Support system        | <input type="checkbox"/> Sexual activity, STI risk factors, screening |  |

### 1st Trimester

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Nausea/vomiting   | <input type="checkbox"/> Exposures: infections, pets, environment, occupation | <input type="checkbox"/> Early pregnancy loss: signs/symptoms, what to do           | <input type="checkbox"/> Breastfeeding: attitudes/beliefs |
| <input type="checkbox"/> Safety: food, medications/vitamins/supplements, seatbelts | <input type="checkbox"/> Travel   | <input type="checkbox"/> Routine prenatal care, emergency contact/on-call providers | <input type="checkbox"/> Quality educational resources    |
| <input type="checkbox"/> Oral health   | <input type="checkbox"/> Prenatal genetic screening                           |   | <input type="checkbox"/> Public health services/programs  |

### 2nd Trimester

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Bleeding                       | <input type="checkbox"/> Lifestyle and social risk assessment | <input type="checkbox"/> Birth options and practices that promote healthy birth             | <input type="checkbox"/> Breastfeeding and importance of immediate, uninterrupted skin-to-skin care |
| <input type="checkbox"/> Preterm labour: signs/symptoms | <input type="checkbox"/> Gestational diabetes screening       | <input type="checkbox"/> Birth plan: travel to other community for delivery (if applicable) | <input type="checkbox"/> Postpartum contraception   |
| <input type="checkbox"/> PROM                           | <input type="checkbox"/> Prenatal classes                     |   |   |

### 3rd Trimester

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Fetal movement   | <input type="checkbox"/> Birth plan: labour support, pain management    | <input type="checkbox"/> Erythromycin/ophthalmia neonatorum prophylaxis/treatment | <input type="checkbox"/> Postpartum care                     |
| <input type="checkbox"/> Emergency contact/on-call providers                              | <input type="checkbox"/> Potential interventions, use of blood products | <input type="checkbox"/> Vitamin K prophylaxis                                    | <input type="checkbox"/> Postpartum contraception            |
| <input type="checkbox"/> ECV, breech delivery, elective Cesarean delivery (if applicable) | <input type="checkbox"/> Genital herpes suppression                     | <input type="checkbox"/> Newborn care, screening, circumcision, follow-up         | <input type="checkbox"/> Discharge planning, car seat safety |
| <input type="checkbox"/> Indications for induction of labour                              | <input type="checkbox"/> GBS screening/prophylaxis                      | <input type="checkbox"/> Breastfeeding adjustment, skills, support                | <input type="checkbox"/> Infant safe sleep                   |
| <input type="checkbox"/> Signs/symptoms of labour and admission timing                    | <input type="checkbox"/> Cord blood banking                             |   | <input type="checkbox"/> Work plan, maternity leave          |
|   |   |   | <input type="checkbox"/> EPDS screening                      |