

Guidance for Virtually Administering the Edinburgh Postnatal Depression Scale (EPDS)

Background

Perinatal depression, which includes major and minor depressive episodes that occur during pregnancy or in the first 12 months after delivery, is one of the most common medical complications during pregnancy and the postpartum period, affecting one in seven women¹. Universal depression screening in outpatient settings improves detection rates compared to routine care (35.4% and 6.3% respectively)².

The Edinburgh Postnatal Depression Scale (EPDS) is validated for use with perinatal clients (men and women) during the perinatal period to identify risk of experiencing depression and/or anxiety. The EPDS, as well as other screening tools, is not a diagnostic instrument. A positive result indicates a client is at risk of experiencing perinatal depression and/or anxiety, and a follow up assessment by a mental health clinician is warranted.

Impact of COVID-19 Pandemic

The pandemic can adversely affect one's mental well-being, especially for perinatal clients. Factors linked to the COVID-19 pandemic that can contribute to an increase in stress, anxiety, and/or depression include: social isolation, increased uncertainty, worry about own health, worry about baby's health, restrictions on support people at appointments and hospital deliveries, changes in income, limited opportunities for self-care, forced to change birth and maternity leave plans, and child care concerns.

While common, recurrent, and sometimes serious, perinatal mood and anxiety disorders (PMADs) are treatable, and people do recover. Perinatal providers are encouraged to screen for PMADs, as early identification, intervention, and treatment care improve the quality of life for the individual and their family. It is critical, now more than ever, for perinatal providers to administer universal screenings during the prenatal and postpartum periods.

Virtual EPDS Screening Considerations and Guidance

For the health and safety of patients and providers, telehealth or virtual appointments are being used when medically appropriate. PMAD screening can continue to occur during virtual appointments, if an internal workflow and an adequate system of care (i.e., referral mechanisms for positive screens and crisis plan) is in place.

The EPDS is designed to be completed by clients. When possible, the EPDS should be made available to the client during the appointment (e.g., mail in advance, screen share, etc.), video should be used when available, and responses should be collected in real-time.

Guidance for Administrating a Virtual Screening

Two action items should occur before administering the EPDS:

¹ American College of Obstetricians and Gynecologists (November 2018). Committee Opinion: Screening for Perinatal Depression. Available [here](#).

² Sit, D. K., & Wisner, K. L. (2009). Identification of postpartum depression. Available [here](#).

1. Share any mandated reporting requirements with the client. This should include explanation of action you would take based on responses received. *Example: describe your organization's crisis response policy if the client presents in distress or answers "Yes, quite often" to EPDS Question 10: In the past 7 days, the thought of harming myself has occurred to me.*
2. Ask the client if they are in a safe, private space. Determine if this option is available for them. Consider accommodations for when this is not available, such as rescheduling the screening or assigning the response options a designated letter. *Example:*

EPDS Question 1: In the past 7 days, I have been able to laugh and see the funny side of things.

- As much as I always could – *Response "A"*
- Not quite so much now – *Response "B"*
- Definitely not so much now – *Response "C"*
- Not at all – *Response "D"*

Crisis Management Plan

When delivering any telehealth services, it is essential to have a crisis management plan. At the beginning of every appointment:

- Confirm the client's location
- Ask for a contact number in case you are disconnected
- Assure you have the client's emergency contact information readily available
- Ask for an emergency number for the client's location that you can use or share

Crisis Assessments and Considerations

Organizations can choose to incorporate a suicide or crisis risk screener into their workflow to aid in the identification of crisis situations. Examples of when this screen could be administered include when a client is presenting in distress and/or answers "Yes, quite often" to EPDS Question 10: *In the past 7 days, the thought of harming myself has occurred to me.* Commonly used crisis assessment tools are the [Ask Suicide-Screening Questions \(ASQ\)](#) and the [Columbia-Suicide Severity Rating Scale \(C-SSRS\)](#).

If the client is in crisis:

- Follow agency crisis policy, which could include contacting local law enforcement and/or securing transportation for the client to go to the emergency department. Prior to administering EPDS or a crisis screen, organizations should review and modify their crisis policy, practices, and/or workflow for virtual crisis situations.
- Remain calm. Ask the client how you can help. Listen to them. Express support and concern.
- Do not make judgmental comments. Do not argue or try to reason with the person. Do not set demands.

If the client is not currently in crisis:

- Help schedule an appointment with a mental health clinician.
- Encourage or help the client create a safety plan.
- Provide the Suicide Prevention Helpline (1-800-273-TALK) and Crisis Text Line (text 'Kansas' to 741741) information to the client.

Note: KDHE's [Mental Health Integration Toolkit](#) includes a sample [workflow for crisis intervention following a PMAD screening](#), as well as a [PMAD screening policy template](#) that includes crisis intervention protocol.

EPDS Fillable Form Guidance

To increase accessibility and administration of PMAD screening using the EPDS, KDHE's Children and Families Section developed a fillable PDF form. The provided fillable PDFs may only be used to collect data electronically when certain safeguards are in place to assure private health information is protected. Work with your local organization's HIPAA Compliance Officer and IT department to assure these safeguards are in place. This [resource](#) may be helpful as you look into the required safeguards.

Furthermore, organizations should determine the following before administering the EPDS using the fillable PDF:

1. Staff person a client can contact if they have questions about the form.
2. Staff person responsible for sending the screen and providing instructions to clients.
3. Staff person responsible for reviewing and scoring the screen, as well as the timeframe in which this occurs.
4. Staff person responsible for providing feedback to clients with low-risk screening results (<10), as well as the timeframe in which this occurs.
5. Staff person responsible for providing feedback, resources, and coordinating care, when indicated, for clients with moderate and high-risk screening results (≥10) and/or has a response other than "Never" on question 10, as well as the timeframe in which this occurs.
6. Staff person responsible for entering EPDS responses and plan of action activities into DAISEY, as well as the timeframe in which this occurs.

Resources

For more information about perinatal depression and other mood and anxiety disorders, screening tools, templates for local use, and patient and provider resources, view KDHE's [Mental Health Integration Toolkit](#).

For free support, local resources, and information for providers, mothers, and fathers, visit Postpartum Support International's (PSI) [website](#) or call the PSI Helpline at 1-800-944-4773.

Provider Consultation Line

As part of the Kansas Connecting Communities initiative, a **Provider Consultation Line for Perinatal Behavioral Health** has been established to give providers access to psychiatric consultations and care coordination support.

The Provider Consultation Line is a free resource for Kansas physicians, home visitors, midwives and other providers working with pregnant and postpartum clients. Consultation Line staff have expertise in perinatal mental health and substance use, including psychopharmacology. Complete this [form](#) or call 833-765-2004 to schedule a psychiatric consultation or get answers to questions related to perinatal behavioral health screening and intervention best practices, including referral assistance.