



Maternal Mental Health



saskatchewan
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our goal is healthy children



**Saskatchewan
Psychiatric
Association**

EPDS SCREENING & CARE GUIDE

EPDS SCORE <10= UNLIKELY TO BE DEPRESSED

Confirm absence of depression/anxiety, or harm thoughts

Promote Positive Mental Health:

- Nurture emotional, mental, physical, and spiritual health
- Promote confidence

Encourage her to:

- **Find joy** and relaxation in life
- **Exercise** 20-30 min. each day
- **Sleep** 6 hrs in 24
- **Eat** healthy and regularly, drink plenty of fluids
- **Avoid** alcohol, tobacco, drugs
- **Reach out** for support and join mothers' groups

QUESTIONS 3, 4, 5 SCORE >4= PROBABLE ANXIETY

Confirm score and ask about harm thoughts

Promote Positive Mental Health:

- Encourage relaxation
- Discuss any concerns
- Offer referral and share concerns with health care team
 - Mental Health
 - Community supports
 - Family Dr/Nurse Practitioner
- Increase contact with visits or phone calls
- Repeat EPDS in 2 weeks
- Encourage family involvement

EPDS SCORE 10-11= POSSIBLE DEPRESSION

Confirm score and ask about harm thoughts

Promote Positive Mental Health:

- Discuss any concerns
- Offer referral and share concerns with health care team
 - Mental Health
 - Community supports
 - Family Dr/ Nurse Practitioner
- Increase contact with visits or phone calls
- Repeat EPDS in 2 weeks
- Encourage family involvement

EPDS SCORE ≥12= PROBABLE DEPRESSION

Confirm score and ask about harm thoughts

Take Action:

- Offer Referral to a Family Doctor or Nurse Practitioner to initiate **Medical Management** (see below) also
- Share concerns with health care team
 - Encourage family involvement
 - Promote Positive Mental Health
 - Increase contact – visits

Offer EPDS to partner to screen for depression

POSITIVE QUESTION 10 = POTENTIAL HARM

Assess harm intentions and for psychosis

Assess Harm Intention:

- Has she had previous harm attempts or harmful behaviours?
- Does she have a plan to harm self or others (baby, children)?

Assess for Psychosis

1. *Is she seeing or hearing things that aren't there?*
2. *Is she having strange experiences/sensations?*
3. *Are her speech or thoughts disorganized?*
4. *Are things that she describes realistic or not?*

If concerned about harm or psychosis:

- Do not leave alone
- Notify next of kin and if woman agrees, family/friends

Contact or take to:

- Family Doctor, Crisis services, and/or Emergency room

Arrange for emergency medical assessment:

- Share situation with health care team and child services if necessary

MEDICAL MANAGEMENT

- **Assess mental health:** e.g. depression, anxiety, anger, psychosis, racing, intrusive or harm thoughts, substance use, stressors, and support.
- **Assess perinatal health:** e.g. hypertension, fetal wellbeing, breastfeeding.
- **Assess physical health:** e.g. sleep, appetite, nausea & vomiting, activity levels. Ensure thyroid and hemoglobin levels are within normal range.
- **Maintain existing effective psychotropic medications:** plan any medication changes 3 months before pregnancy to ensure mood stability.
- **Consider medication:** especially if EPDS score remains high and there is a history of psychiatric problems. For questions about medications call **medSask health care professional line at 1-800-665-DIAL (3425) (Saskatchewan only) or 306-966-6340 (Saskatoon) or text 306-260-3554.**
- **Use adequate dose of medication to manage symptoms:** may need to increase dose as pregnancy progresses.
- **Assess for bipolar disorder before ordering an antidepressant**
- **If mood-stabilizing medication is used:** increase Folic Acid to 5 mg.
- **Do not taper off dose before delivery:** increases risk for PPD.
- **If a prenatal antidepressant is used, monitor for Neonatal Adaptation Syndrome:** this is transient in first few days; notify pediatrician if available.
- **Refer to local community supports.**

IF NO IMPROVEMENT, CONSIDER PSYCHIATRIC REFERRAL

LOCAL COMMUNITY SUPPORTS

Mental Health Phone _____

Public Health Phone _____

Maternal-Home Visiting Programs:
(KidsFirst, Canada Prenatal Nutrition Program (CPNP), Parent Mentoring, Maternal Child Health)

Name _____

Phone _____

Name _____

Phone _____

Healthline (anytime): Phone 811
Available for everyone 24hrs/day

For information about medications during pregnancy or breastfeeding call medSask 1-800-665-DRUG (3784) (Saskatchewan only) or 306-966-6378 (Saskatoon)

Other supports _____

Supports and groups also listed on:
www.skmaternalmentalhealth.ca

Endorsed for use by:



EPDS OVER→

EPDS SCREENING & CARE GUIDE

OFFER all pregnant women the Maternal Mental Health print materials.

Download or order screening and print materials from the Saskatchewan Prevention Institute at www.skprevention.ca

Maternal Depression - which includes Antenatal Depression (AD) and Postpartum Depression (PPD) and **Maternal Anxiety** affect 1 in 5 women. There are potential effects to the whole family, as 10% of partners experience depression and anxiety, more if the mother is depressed. Parental mental health issues can affect child health and development. Treating anxiety may help to prevent depression.

Signs of anxiety and depression include:

- Irritability or anger
- Excessive worry and guilt
- Inability to relax
- Hypervigilance
- Sleep problems
- Sadness
- Panic attacks
- Repetitive thoughts
- Lack of bonding with baby
- Crying
- Fearfulness
- Obsessive intrusive thoughts
- Indecisiveness
- Thoughts of harm to self or others

UNIVERSAL SCREENING is a quick and easy way to **determine women at risk** as well as helping to **reduce stigma** of mental health problems. **The Edinburgh Postnatal Depression Scale – EPDS** – can be done in-person or over the phone. The EPDS is also valid for use with partners.

MINIMAL TIMES TO SCREEN

Pregnancy

- 1st prenatal visit and at 28-34 weeks gestation

Postpartum

- 2-3 weeks postpartum and at 2-month (or 4 if not done at 2) and 6-month well child visits

Or as deemed necessary by the practitioner

EPDS Screen

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

of things:

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

2. I have looked forward with enjoyment to things:

- As much as I ever did 0
- Rather less than I used to 1
- Definitely less than I used to 2
- Hardly at all 3

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

- Yes, most of the time 3
- Yes, some of the time 2
- Not very often 1
- No, never 0

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

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

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

- Yes, quite a lot 3
- Yes, sometimes 2
- No, not much 1
- No, not at all 0

6. Things have been getting on top of me:

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

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

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

8. I have felt sad or miserable:

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

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

- Yes, most of the time 3
- Yes, quite often 2
- Only occasionally 1
- No, never 0

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

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

TOTAL SCORE: _____

See Score Interpretation and Care OVER

Anxiety Subscale