



Name

DOB (dd/mmm/yyyy)

Baby's DOB (dd/mmm/yyyy)

Address

Edinburgh Postnatal Depression Scale (EPDS) Cox, Holden & Sagovsky (1987)**Please indicate how you have felt in the last 7 days:****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 to things with enjoyment:

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 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'm not able to cope at all 3
 Yes, sometimes, I'm not coping as well as usual 2
 No, most of the time, I'm coping quite well 1
 No, I am coping as well as ever 0

7. I have been so unhappy that I've 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

ANXIETY SUB-SCALE

Date: dd/mmm/yyyy

Result:

Date: dd/mmm/yyyy

Result:

Date: dd/mmm/yyyy

Result:

For score interpretation and care (OVER)

WAST II - Women Abuse Screening Tool II Brown, Lent, Schmidt, Sas (2000)

1. In general, how would you describe your relationship?

- A lot of tension
 Some tension
 No tension

2. Do you and your partner work out arguments with:

- Great difficulty
 Some difficulty
 No difficulty

NOTE: If person answered Question 1 with "a lot of tension" and Question 2 with "great difficulty," please discuss.

Date: dd/mmm/yyyy

Result:

Date: dd/mmm/yyyy

Result:

Date: dd/mmm/yyyy

Result:

T-ACE Screening Tool (Alcohol) Chang, Fisher, Hornstein & Orav (2010)

1. How many drinks does it take to make you feel high? 2 drinks = 0 > 2 drinks = 1
 2. Have people annoyed you by criticizing your drinking? No = 0 Yes = 1
 3. Have you felt you should cut down on your drinking? No = 0 Yes = 1
 4. Have you ever had a drink first thing in the morning to steady your nerves, or get rid of a hangover? No = 0 Yes = 1

*One drink is equivalent to: 12 oz (355mL) beer, 12 oz (355mL) cooler, 5 oz (148mL) wine, or 1.5 oz (44mL) hard liquor**Note: a total score of 2 or greater indicates potential perinatal risk and need for follow-up.*

Date: dd/mmm/yyyy

Result:

Date: dd/mmm/yyyy

Result:

Date: dd/mmm/yyyy

Result:

Screeners administered/reviewed by: _____

Date(s): dd/mmm/yyyy

Edinburgh Postnatal Depression Scale 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 SCREEN FOR DEPRESSION

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:

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

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

MEDICAL MANAGEMENT

- **Assess mental health:** e.g. depression, anxiety, anger, psychosis, racing/intrusive/harmful 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 contact medSask health care professional line at 1-800-665-DIAL (3425) (Sask. only) or 306-966-6340 (Saskatoon) or medsask@usask.ca.
- **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

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



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