

Understanding your EPDS Score

When looking at tools such as the EPDS, first we have to understand that it is just a tool, and not a substitute for an actual clinical assessment or care. We also need to understand that the scores produced are not diagnostic, and that scores can change from day to day or week to week. We also recognize that the EPDS is subjective; that if someone sees themselves as 'off' or wants to be seen as 'off' then the scores will reflect it too. With that said, know that the EPDS is actually pretty good, and we can use those scores to think about where we are with our own self-care strategies (discussed on next page).

We can also use the EPDS as a way to track change over time (better or worse); by taking the EPDS periodically over the course of a pregnancy and postpartum (for example: self-taking at 10, 28, 36 weeks, postpartum 1, 2, 3 weeks, and postpartum 1, 2, 3 months). Be sure to record your scores in your Pregnancy Journal!

The EPDS SCORING KEY:

Score: 0 - 9 (Possible Distress)

Score: 10 - 14 (Distress)

Score: 15 - 19 (High Distress)

Score: > 20 and/or > 1 on Question #10 (Acute/Severe Distress)

As you can see, the levels of scores show degrees of perceived distress. Again it is important to remember that the EPDS is just a tool, and not a definitive indicator of one's mental health. In actuality, many women are somewhat distressed during pregnancy. We can even see beneficial aspects to having moderates amounts of anxiety, as the anxiety can be motivator to engage in healthier behaviors, e.g. worries about baby's growth can lead mom to making healthier food choices. We also know that mood can be amplified during pregnancy, and that the majority of the hormonally driven mood changes subside naturally over time.

EPDS scores from your OB clinical visits are used to help providers start a conversation about how you are feeling, functioning, and caring for yourself. Scores are also used to help determine if a consult for additional resources would be beneficial, e.g. a referral to the clinic's Health Psychologist.

If you self-score as "Acute/Severe Distress" it's important that you be honest with yourself about how you are coping, and we would highly encourage you to contact us immediately so we can help support you. If you are questioning your safety, it is important to let someone know immediately, by calling 911 or visiting the Emergency Department.

If you score is somewhere else in the range and you have concerns about your mental health type-symptoms, please consider contacting your OB Team to establish a referral to our Health Psychologist.

EDINBURGH PERINATAL DEPRESSION SCALE (EPDS)

INSTRUCTIONS:

Please mark one box for each question that is the closest to how you have felt in the PAST SEVEN DAYS.

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

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

2. I have looked forward with enjoyment to things.

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

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

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

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

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

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

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

6. Things have been getting on top of me:

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

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

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

8. I have felt sad or miserable:

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

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

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

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

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

ATTENTION: If you have had ANY thoughts of harming yourself, please tell your Provider today.

Comments: _____

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TOTAL SCORE: ____/30