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EPDS-US (English)


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We recognize that there are many different feelings and experiences during pregnancy, birth, postpartum, and beyond.
We care about you, and we use this form to check-in and as a starting point for conversations.

Please select () the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today:

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

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

2. I have looked forward to things

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

***3. I have blamed myself 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 felt anxious or worried

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

***5 I have felt scared or panicky**

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

***6. I have felt overwhelmed**

- 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 had difficulty sleeping even when I have the opportunity to sleep**

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

***8. I have felt sad or miserable**

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

***9. I have felt 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)

Additional Experiences Checklist

Here are some other ways people describe symptoms or experiences that may relate to emotional health and well-being.

Please let us know any of these you have been experiencing:

- Scary, intrusive, or repetitive thoughts
- Feeling irritable, agitated, or overstimulated
- Headaches
- Feelings of anger or rage
- Heart racing
- Feeling stressed
- Feeling 'off' or not like yourself
- Feeling like you are failing
- Difficulty concentrating or making decisions
- Changes in appetite
- Incontinence- leaking urine or stool
- Numbness or tingling
- Pain
- Fatigue
- Personal or family mental health history

Other stressors/pressures/concerns:

- _____
- _____

Total: _____

Clinicians/Screeners- add the total for items 1-10, see EPDS-US Scoring Considerations

*Reverse scoring already included for these items
Note: The *Additional Experiences Checklist* is not included in scoring.

**Anyone who endorses symptoms in the "Additional Experiences Checklist", especially headaches, heart racing, numbness or tingling, etc. Should follow up with their medical provider right away.

- to download copies of the EPDS-US, go to www.EPDS-US.vcu.edu
- for additional resources, go to www.PMHConnect.org

Developed at Virginia Commonwealth University School of Nursing, the EPDS-US was adapted/translated for US populations from the original Edinburgh Postnatal Depression Scale: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786.

EPDS-US Guide

Perinatal mental health (PMH) describes emotional health and well-being during the full breadth of reproductive journey experiences (pre-conception, planning, pregnancy, postpartum, and parenting). Symptoms related to mental health disturbances may first present or worsen during this time and Perinatal Mood and Anxiety Disorders (PMAD) and other mental health disturbances are among the most common obstetric complications and causes of maternal mortality.

About the EPDS-US

How we talk about perinatal mental health matters, even in the minute details of words on screening forms. Any shifts we can make towards removing barriers to screening, reducing stigma, encouraging disclosures, raising awareness about prevalence, and creating opportunities for connecting with support and care are essential.

In the **EPDS-US**, we have adapted the wording of the original Edinburgh Postnatal Depression Scale (EPDS), using a respectful care and trauma-informed approach with a focus on optimizing patient experiences and clinical utility while maintaining reliability and validity of the 10-item scale. Many individuals report feelings of confusion, shame, embarrassment, or stigma relating to screenings. These changes were designed to be supportive, clear, and respectful.

Further, we provide an accompanying connection and decision-aid, the **PMH Connect, to be provided with every screening**. Provide this with each screening as method to provide a person-centered support to promote self-empowerment and shared clinical decision making.

Scoring

The EPDS-US is a 10-item **screening** tool.

Responses are scored 0, 1, 2 and 3 based on the 'severity' of the symptom, with items highlighted by an asterisk (*) written to be reverse scored. This is already accounted for in the EPDS-US. The total score is found by simply adding together the scores for each of the 10 items, total scores range from 0-30.

The **Additional Experiences Checklist** does not impact scoring.

EPDS-US Scoring Considerations

The EPDS-US is a screening tool, and is not diagnostic.

A **holistic clinical assessment and nuanced conversations** are essential to appropriate interpretation of EPDS-US scores.

Very high scores may indicate crisis or a medical emergency, whereas very low scores could be reflective of an individual not feeling comfortable discussing mental health or their experiences, concern about consequences of endorsing symptoms, and stigma related to mental health disturbances.

A general 'cut-off' score of 10 or over indicates the need for further assessment, follow-up, support and care. Research indicates that a flexible cut-off with a lower threshold may be culturally appropriate. It is essential that all clinicians approach these conversations with cultural humility and make no assumptions, but rather acknowledge patients as experts in their own experiences.

Any endorsement of symptoms warrants a genuine conversation and an offer to connect the individual to resources. The **PMH Connect** (on page 3) is a starting-point for patient-provider conversations and a method to easily connect to resources.

- to download copies of the EPDS-US, go to www.EPDS-US.vcu.edu
- for additional resources, go to PMHConnect.org

Not just depression. The EPDS was developed as a uni-dimensional *screening* tool for current depressive symptoms.

The EPDS-US recognizes an expansive view of **perinatal mental health** and associated stressors and pressures.

Recognizing that different personal, cultural, and systemic factors impact the way we experience and describe symptoms, the EPDS-US clinical form includes the **Additional Experiences Checklist**.

This checklist is separate from the EPDS-US scale and does not impact scoring, but facilitates clinical conversations focused on a holistic view of overall health and well-being.

The EPDS-US should be cited as: Moyer, S., Kinser, P., Nunziato, J., Holmes, C., Salisbury, A. (2023). Development of the EPDS-US: An updated perinatal mental health screening tool using a respectful care and trauma-informed approach. *Journal of Women's Health*. www.epds-us.vcu.edu

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A CONNECTION TOOL TO NURTURE
CONVERSATIONS AND CARE
FOR EMOTIONAL HEALTH AND WELLBEING

Let's talk about it. Your experiences are important.
The goal of screenings are to connect with
validation, support, and care.

Not ready to talk right now? The resources and
connections below are available anytime.

Perinatal Mental Health (PMH):

emotional health & wellbeing during pre-conception/planning, pregnancy, postpartum, and parenting.



More info and resources

PMHconnect.org

Connect with online content, podcasts, websites and more: *available on your terms, anytime.*

- Not just **depression**, perinatal mental health (PMH) symptoms can include a range of feelings and emotions related to **stress, mood, anxiety, depression, rage, scary or intrusive thoughts, overwhelm, irritability, and more**
- **1 in 5** people experience these symptoms, you are not alone
- Not just **postpartum**, these symptoms can appear any time during pregnancy and the first year after your birth and beyond
- **Experiences** such as loss, birth experiences, experiences of disrespect/discrimination/racism, or neonatal intensive care (NICU) may increase the likelihood of experiencing symptoms
- **You don't need a diagnosis or a certain score for care and support-** see the links below to connect with someone
- Sometimes symptoms can be hard to recognize in ourselves, if you are **feeling "off" or "differently than your normal"** please discuss with someone

FREE, CONFIDENTIAL SUPPORT & RESOURCES

National Maternal Mental Health Hotline*



Call or text: 1-833-TLC-MAMA



(1-833-852-6262)

Connect with a professional counselor for support and understanding *right away, available 24/7*

**available for you or your loved ones*

Postpartum Support International Helpline



Call or text: 1-800-944-4773



Trained volunteers will listen, answer questions, offer encouragement and connect you with local resources.



www.postpartum.net

Connect with information, online groups, and more.

National Domestic Violence Hotline

Call: 1-800-799-SAFE (7233) TTY 1-800-797-3224

Text: START to 88788

Please reach out right away for the support and information you need to be safe.

GET CARE - find a trained *perinatal mental health provider* near you



Postpartum Support International (PSI) directory of providers

Scan code or go to:

psidirectory.com



Care within your community, connect with providers of color

Scan code or go to:

psidirectory.com/provider-of-color-poc

Don't wait, if you are experiencing symptoms or would like to talk to someone about how you are feeling connect with care right away.

Ask about options, phone or video chat visits may be available!

If you are in crisis:

Suicide & Crisis Lifeline
Call or text: 988



YOU MATTER. HOW YOU ARE FEELING MATTERS. YOUR MENTAL HEALTH MATTERS.