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## Postpartum depression screening scale (pdss) pdf template download printable

In addition to indicating which mothers need to be referred for a complete diagnostic work-up and treatment, the scale guides and informs treatment by means of the symptom profile it produces. 1. The PDSS can be used across various specialties, including obstetrics, pediatrics, psychiatry, psychology, and social work. How often should the EPDS be completed? Scores may be influenced by several factors, including the patients understanding of the language used, their fear of the consequences if depression is identified and differences in emotional reserve and perceived degree of stigma that is associated with depression. Women are asked to answer each question in terms of the past seven days. And if untreated, it can adversely affect a mother's functioning as well as her infant's development. I have felt scared or panicky for no very good reason Yes, quite a lot (score of 3) Yes, sometimes (score of 2) No, not much (score of 1) No, not at all (score of 0) 6. I have felt sad or miserable Yes, most of the time (score of 3) Yes, quite often (score of 2) Not very often (score of 1) No, not at all (score of 0) 9. For example, a woman may have a low score, even though there is good reason to believe that she is experiencing depressive symptoms. A score is calculated by adding the individual items, as indicated below, for each question (note some items have reversed scoring). The EPDS is a 10-item questionnaire. This 35-item, self-report instrument can be administered in just 5 to 10 minutes. Standardization is based on two samples: 525 new mothers of various ethnic backgrounds and 150 women recruited through childbirth classes and newspaper ads prior to giving birth. The first seven items on the scale can function as a Short Form. For scores of 1, 2 or 3 on Question 10, the safety of the woman and children in her care should be assessed and, according to clinical judgment, advice sought and/or mental health assessment arranged. Women are asked to answer each question in terms of the past seven days. I have been able to laugh and see the funny side of things As much as I always could (score of 0) Not quite so much now (score of 1) Definitely not so much now (score of 2) Not at all (score of 3) 2. Calculating a score on the Edinburgh Postnatal Depression Scale The EPDS is a 10-item questionnaire. A very high EPDS score could suggest a crisis, other mental health issues or unresolved trauma. The non-diagnostic nature of the EPDS, its purpose and the fact that it relates to the previous seven days (not just that day), should be clearly explained. Download the EPDS Questionnaire Download the EPDS Scoring Guide Discover iCOPE: A Digital Screening Solution Translated versions of the EPDS have been validated in some languages. Mothers respond using a 5-point scale ranging from "strongly disagree" to "strongly agree." The test yields an overall severity score falling into one of three ranges: Normal adjustment Significant symptoms of postpartum depression Positive screen for major postpartum depression In addition, the PDSS provides scores for seven symptom areas: Sleeping/Eating Disturbances Anxiety/Insecurity Emotional Lability Mental Confusion Loss of Self Guilt/Shame Suicidal Thoughts An Inconsistent Responding Index is also included to measure response validity. Introducing iCOPE: The digital screening solution iCOPE is an innovative digital screening platform that incorporates both the Edinburgh Postnatal Depression Scale and the Antenatal Risk Questionnaire. The Edinburgh Postnatal Depression Scale (EPDS) is a questionnaire originally developed to assist in identifying possible symptoms of depression in the postnatal period. Used as a brief screening device, it identifies women who are at high risk for postpartum depression, so that health care professionals can then refer them for definitive diagnosis and treatment. Completed in just a minute or two, this Short Form provides only a Total Score, though a woman's response to item seven can be used to gauge her level of suicidal thinking. For Aboriginal and Torres Strait Islander women, the score may be influenced by the woman's understanding of the language used, mistrust of mainstream services or fear of consequences of depression being identified. The thought of harming myself has occurred to me Yes, quite often (score of 3) Sometimes (score of 2) Hardly ever (score of 1) Never (score of 0) Interpreting EPDS scores Clinical judgement is integral to interpreting EPDS scores, as in some cases the score may not accurately represent a woman's mental health. And its brevity and economy make the PDSS ideal for monitoring treatment response. Cultural practices, such as attending the consultation with a family member, and differences in emotional reserve and the perceived degree of stigma associated with depression may also influence the performance of the EPDS in women from culturally and linguistically diverse backgrounds. If the second EPDS score is 13 or more, refer to an appropriate health professional, ideally the women's usual general practitioner. Internet Citation: Research Protocol: Efficacy and Safety of Screening for Postpartum Depression. Although postpartum depression is not uncommon among new mothers, it often goes undetected. Things have been getting on top of me Yes, most of the time I haven't been able to cope at all (score of 3) Yes, sometimes I haven't been coping as well as usual (score of 2) No, most of the time I have coped quite well (score of 1) No, I have been coping as well as ever (score of 0) 7. I have looked forward with enjoyment to things As much as I ever did (score of 0) Rather less than I used to (score of 1) Definitely less than I used to (score of 2) Hardly at all (score of 3) 3. It can be administered as early as 2 weeks after delivery. It also has adequate sensitivity and specificity to identify depressive symptoms in the antenatal period and is useful in identifying symptoms of anxiety. All women should complete the EPDS at least once, preferably twice, in both the antenatal period and the postnatal period (ideally 6-12 weeks after the birth). I have been anxious or worried for no good reason No, not at all (score of 0) Hardly ever (score of 1) Yes, sometimes (score of 2) Yes, very often (score of 3) 5. Written at a third-grade reading level, PDSS items are brief and easy to understand. I have been so unhappy that I have been crying Yes, most of the time (score of 3) Yes, quite often (score of 2) Only occasionally (score of 1) No, never (score of 0) 10. When follow-up care is required A total score of 13 or more is considered a flag for the need for follow up of possible depressive symptoms. Content last reviewed December 2019. The EPDS is not a diagnostic tool - rather it is a screening tool that aims to identify women who may benefit from follow-up care, such as mental health assessment, which may lead to a diagnosis based on accepted diagnostic criteria (DSM-IV-TR or ICD-10). With the Postpartum Depression Screening Scale (PDSS), clinicians can identify mothers suffering from postpartum depression—early and easily. Find out today about how you can make the switch to digital screening: Make the Switch to Digital Screening I have been so unhappy that I have had difficulty sleeping Yes, most of the time (score of 3) Yes, sometimes (score of 2) Not very often (score of 1) No, not at all (score of 0) 8. iCOPE ensures 100% accuracy in scoring, provides automated tailored clinician and patient reports and resources, and facilitates efficient, cost-effective and private screening. Given the high incidence of postpartum depression, the current low rate of detection, and the potentially serious consequences, the PDSS is extremely useful in identifying women who need focused attention from mental health professionals. Follow-up may also be needed if scores on Questions 3, 4 and 5 suggest possible symptoms of anxiety. Effective Health Care Program, Agency for Healthcare Research and Quality, Rockville, MD. Translations of the EPDS developed in consultation with women from Aboriginal communities have been found to identify a slightly higher number of women experiencing symptoms of depression. Cultural considerations Scores used to identify possible depression in Aboriginal and Torres Strait Islander and culturally and linguistically diverse populations are generally lower than those used in the general population. I have blamed myself unnecessarily when things went wrong Yes, most of the time (score of 3) Yes, some of the time (score of 2) Not very often (score of 1) No, never (score of 0) 4. In the antenatal period, repeat the EPDS in 2-4 weeks if a woman's score is 13 or more in line with clinical judgement. In the postnatal period, arrange referral or ongoing care if a woman's score is 13 or more in line with clinical judgement.





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