

## **Edinburgh Postnatal Depression Scale (EPDS): Instructions for Administering and Scoring**

The Edinburgh Postnatal Depression Scale has been developed to assist primary care health professionals to detect mothers suffering from postnatal depression; a distressing disorder more prolonged than the "blues" (which occur in the first week after delivery) but less severe than puerperal psychosis.

Previous studies have shown that postnatal depression affects at least 10% of women and that many depressed mothers remain untreated. These mothers may cope with their baby and with household tasks, but their enjoyment of life is seriously affected and it is possible that there are long-term effects on the family.

The EPDS consists of ten short statements. The mother marks which of the four possible responses is closest to how she has been feeling in the previous 7 days. Most mothers complete the scale without difficulty in less than 5 minutes.

### **Instructions**

1. The mother is asked to underline the response that comes closest to how she has been feeling in the previous 7 days.
2. All ten items must be completed.
3. Care should be taken to avoid the possibility of the mother discussing her answers with others.
4. The mother should complete the scale herself, unless she has limited English or has difficulty with reading.
5. The EPDS may be used at 6-8 weeks to screen postnatal women. The child health clinic, postnatal check-up or a home visit may provide suitable opportunities for its completion.

### **Scoring Responses**

Response categories are scored 0, 1, 2, and 3 according to increased severity of the symptoms. **Items marked with an asterisk are reverse scored (i.e. 3, 2, 1, and 0).** The total score is calculated by adding together the scores for each of the 10 items. Maximum score is 30. (**Note: Cutoff score is 10.**) **Always look at item 10 (suicidal thoughts).**

### **Validation**

A validation study showed that mothers who scored above a threshold of 12/13 were likely to be suffering from a depressive disorder. The severity of the disorder varied. Nevertheless, the EPDS score should not override clinical judgment. A careful clinical assessment should be carried out to confirm the diagnosis. The EPDS indicated how the mother felt *during the previous week*; in doubtful cases it may be useful to repeat in 2 weeks. The EPDS will not detect mothers with anxiety disorders, phobias, or personality disorders.

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