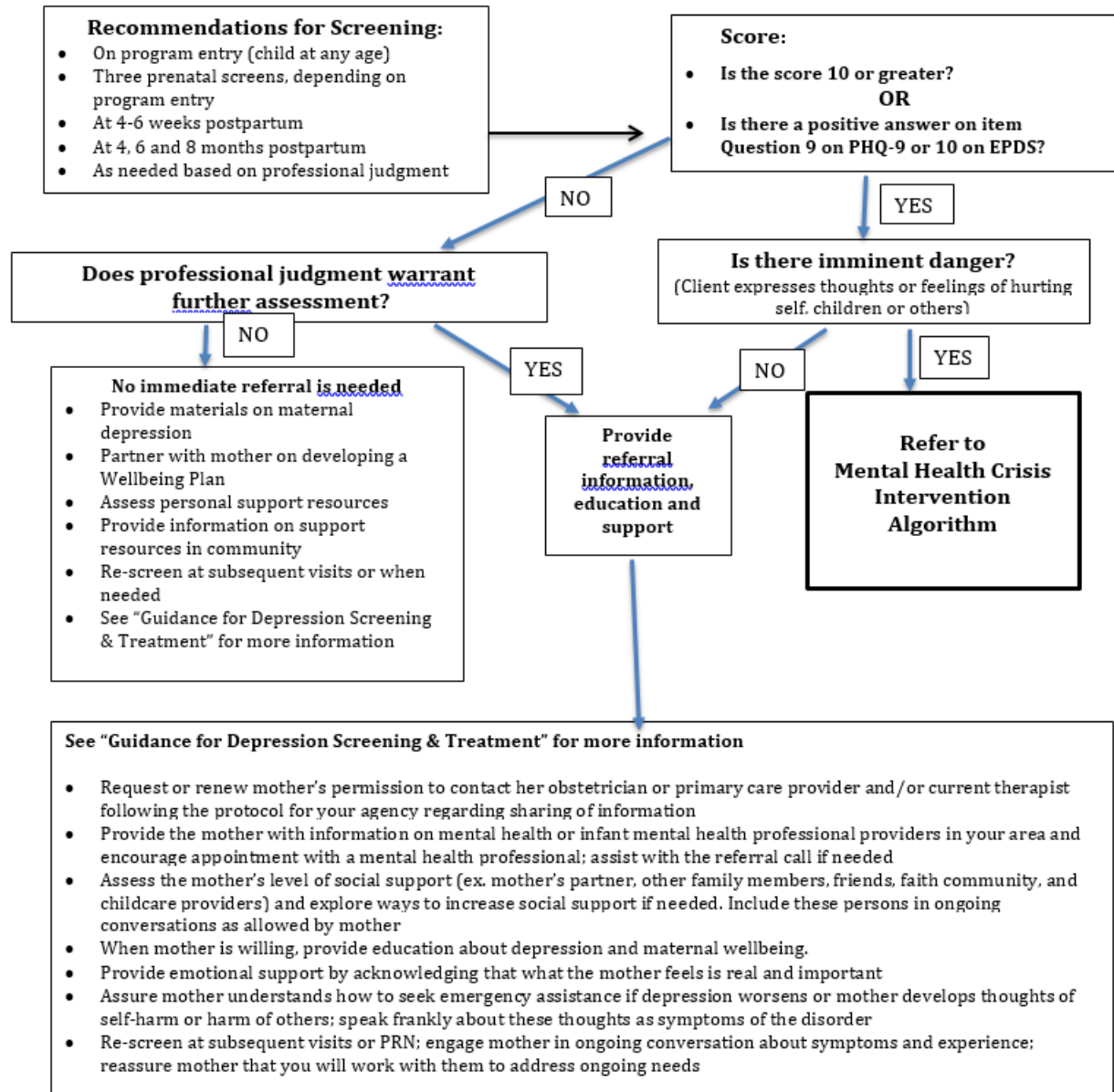


Maternal Depression Screening Algorithms:

Edinburgh Postnatal Depression Scale (EPDS)

Patient Health Questionnaire 9 (PHQ-9)



Algorithm in Word Version:

Recommendations for Screening:

- On program entry (child at any age)
- Three prenatal screens, depending on program entry
- At 4-6 weeks postpartum
- At 4, 6 and 8 months postpartum
- As needed based on professional judgment

Score:

- Is the score 10 or greater? OR Is there a positive answer on item Question 9 on PHQ-9 or 10 on EPDS?

- **If No: Does professional judgment warrant further assessment?**
 - **If no, then No immediate referral is needed**
 - Provide materials on maternal depression
 - Partner with mother on developing a Wellbeing Plan
 - Assess personal support resources
 - Provide information on support resources in community
 - Re-screen at subsequent visits or when needed
 - See “Guidance for Depression Screening & Treatment” for more information
- **Is the score 10 or greater? OR Is there a positive answer on item Question 9 on PHQ-9 or 10 on EPDS?**
 - **IF YES: Is there imminent danger?** (Client expresses thoughts or feelings of hurting self, children or others)
 - IF YES: **Refer to Mental Health Crisis Intervention Algorithm**
 - IF No: **Provide referral information, education and support**

Referral:

See “Guidance for Depression Screening & Treatment” for more information

- Request or renew mother’s permission to contact her obstetrician or primary care provider and/or current therapist following the protocol for your agency regarding sharing of information
- Provide the mother with information on mental health or infant mental health professional providers in your area and encourage appointment with a mental health professional; assist with the referral call if needed
- Assess the mother’s level of social support (ex. mother’s partner, other family members, friends, faith community, and childcare providers) and explore ways to increase social support if needed. Include these persons in ongoing conversations as allowed by mother
- When mother is willing, provide education about depression and maternal wellbeing.
- Provide emotional support by acknowledging that what the mother feels is real and important
- Assure mother understands how to seek emergency assistance if depression worsens or mother develops thoughts of self-harm or harm of others; speak frankly about these thoughts as symptoms of the disorder
- Re-screen at subsequent visits or PRN; engage mother in ongoing conversation about symptoms and experience; reassure mother that you will work with them to address ongoing needs

References:

(Edited by Cindy Kellett, PHN, DNP Student, University of Minnesota for the Minnesota Department of Health). Developed by the El Paso County Department of Health & Environment Nurse -Family Partnership Program - Adopted by the work of Renquist, J. & Barnekow, K. (2008) Wisconsin Infant Mental Health Conference)

*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.

*Wisner, K.L; Parry, B. L.; Piontek, C. M. (2002). Postpartum Depression. *N Engl J Med* 347(3), 194-199.

*Cox, J.L; Chapman, G.; Murray, D.; Jones, P. (1995). Validation of the Edinburgh postnatal depression scale (EPDS) in non-postnatal women. *Journal of Affective Disorders*, 39, 185-189.



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