



**Tool Kit
for Postnatal Depression
Management**

Tool Kit for the Management of Adult Postnatal Depression

The clinical tool kit is intended to assist the PCP in assessing the postnatal needs of women regarding depression and decisions regarding health care services provided by the PCP or subsequent referral to the RHBA if clinically indicated. Tools include:

- The decision making algorithm for depression
- Edinburgh Postnatal Depression Scale with accompanying scoring instructions
- The Postnatal Safety Screening
- The list of medications universally available **as of 10/1/09** through AHCCCS Health Plans and the Regional Behavioral Health Authority known as the RBHA.

**** Clinician Note:**

In the assessment of postnatal depression, the clinician should review for the possible existence of psychotic symptoms since 1/1000 women may suffer with psychotic symptoms a part of this mood disorder. These symptoms include:

- 1) Delusions
- 2) Hallucinations
- 3) Disorganized Speech
- 4) Inappropriate Behavior

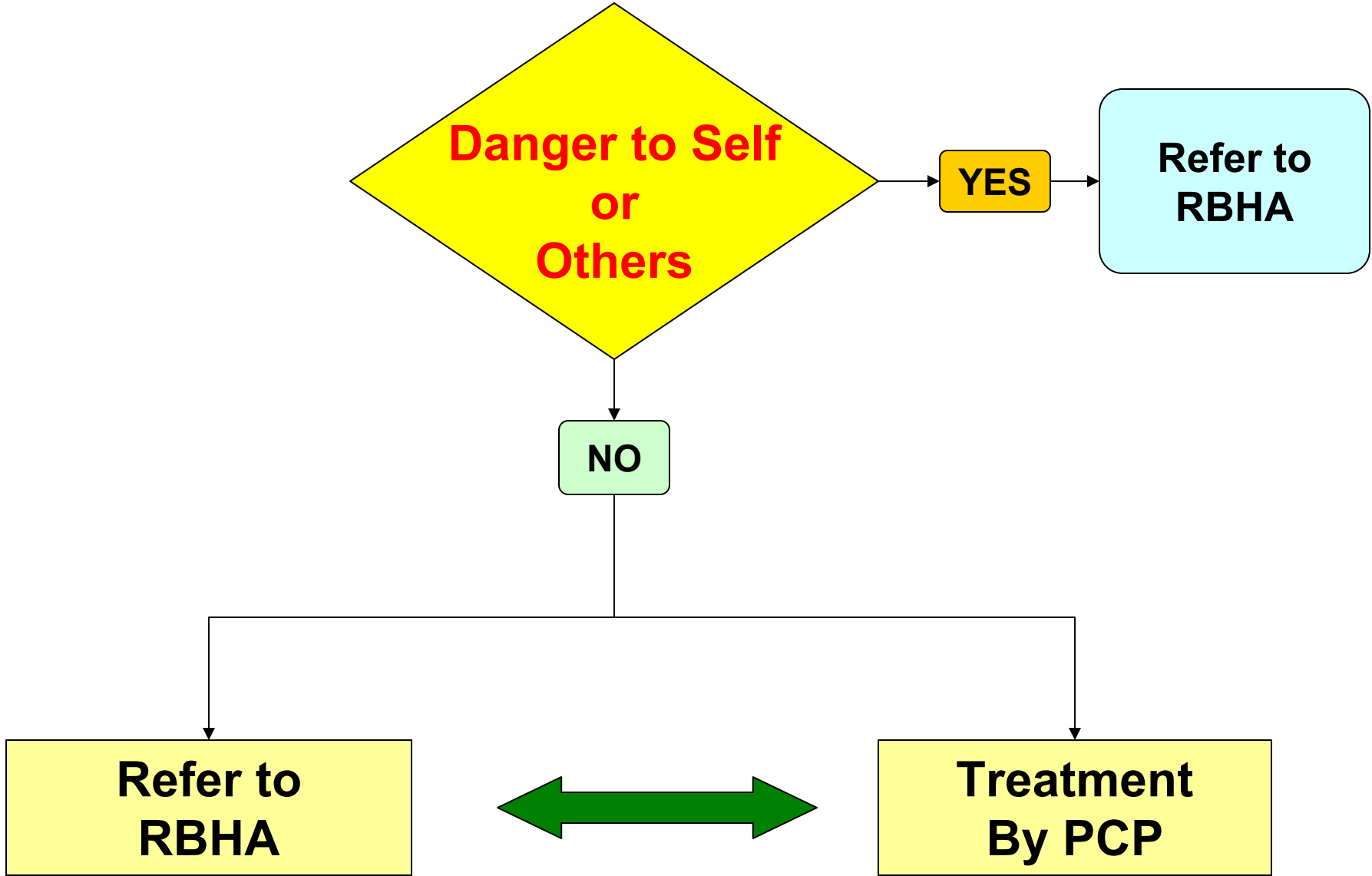
These severe symptoms can last for one day or up to a month. In some cases, the symptoms of psychosis may accompany periods of restlessness or agitation. Psychiatric consultation and/or emergency referral should occur.

**** A RBHA consultation is available at any time.**

This tool kit was developed by the AHCCCS Tool Kit Workgroup in collaboration with Acute Health Plans and ADHS/DBHS (January, 2008 through January, 2009). This tool kit is only a resource and may not apply to all patients and all clinical situations. It is not intended to replace clinical judgment.

Initial Effective Date: 5/1/2009

Depression



**Sole usage of Algorithms is not a substitute for a comprehensive clinical assessment*

Edinburgh Postnatal Depression Scale¹ (EPDS)

Name: _____

Address: _____

Your Date of Birth: _____

Baby's Date of Birth: _____

Phone: _____

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:

- Yes, all the time
- Yes, most of the time This would mean: "I have felt happy most of the time" during the past week.
- No, not very often Please complete the other questions in the same way.
- No, not at all

In the past 7 days:

- | | |
|---|---|
| 1. I have been able to laugh and see the funny side of things | *6. Things have been getting on top of me |
| <input type="checkbox"/> As much as I always could | <input type="checkbox"/> Yes, most of the time I haven't been able to cope at all |
| <input type="checkbox"/> Not quite so much now | <input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual |
| <input type="checkbox"/> Definitely not so much now | <input type="checkbox"/> No, most of the time I have copied quite well |
| <input type="checkbox"/> Not at all | <input type="checkbox"/> No, I have been coping as well as ever |
| 2. I have looked forward with enjoyment to things | *7. I have been so unhappy that I have had difficulty sleeping |
| <input type="checkbox"/> As much as I ever did | <input type="checkbox"/> Yes, most of the time |
| <input type="checkbox"/> Rather less than I used to | <input type="checkbox"/> Yes, sometimes |
| <input type="checkbox"/> Definitely less than I used to | <input type="checkbox"/> Not very often |
| <input type="checkbox"/> Hardly at all | <input type="checkbox"/> No, not at all |
| *3. I have blamed myself unnecessarily when things went wrong | *8. I have felt sad or miserable |
| <input type="checkbox"/> Yes, most of the time | <input type="checkbox"/> Yes, most of the time |
| <input type="checkbox"/> Yes, some of the time | <input type="checkbox"/> Yes, quite often |
| <input type="checkbox"/> Not very often | <input type="checkbox"/> Not very often |
| <input type="checkbox"/> No, never | <input type="checkbox"/> No, not at all |
| 4. I have been anxious or worried for no good reason | *9. I have been so unhappy that I have been crying |
| <input type="checkbox"/> No, not at all | <input type="checkbox"/> Yes, most of the time |
| <input type="checkbox"/> Hardly ever | <input type="checkbox"/> Yes, quite often |
| <input type="checkbox"/> Yes, sometimes | <input type="checkbox"/> Only occasionally |
| <input type="checkbox"/> Yes, very often | <input type="checkbox"/> No, never |
| *5. I have felt scared or panicky for no very good reason | *10. The thought of harming myself has occurred to me |
| <input type="checkbox"/> Yes, quite a lot | <input type="checkbox"/> Yes, quite often |
| <input type="checkbox"/> Yes, sometimes | <input type="checkbox"/> Sometimes |
| <input type="checkbox"/> No, not much | <input type="checkbox"/> Hardly ever |
| <input type="checkbox"/> No, not at all | <input type="checkbox"/> Never |

Administered/Reviewed by _____

Date _____

¹Source: 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.

²Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

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Edinburgh Postnatal Depression Scale¹ (EPDS)

Postpartum depression is the most common complication of childbearing.² The 10-question Edinburgh Postnatal Depression Scale (EPDS) is a valuable and efficient way of identifying patients at risk for “perinatal” depression. The EPDS is easy to administer and has proven to be an effective screening tool.

Mothers who score above 13 are likely to be suffering from a depressive illness of varying severity. The EPDS score should not override clinical judgment. A careful clinical assessment should be carried out to confirm the diagnosis. The scale indicates how the mother has felt **during the previous week**. In doubtful cases it may be useful to repeat the tool after 2 weeks. The scale will not detect mothers with anxiety neuroses, phobias or personality disorders.

Women with postpartum depression need not feel alone. They may find useful information on the web sites of the National Women’s Health Information Center <www.4women.gov> and from groups such as Postpartum Support International <www.chss.iup.edu/postpartum> and Depression after Delivery <www.depressionafterdelivery.com>.

SCORING

QUESTIONS 1, 2, & 4 (without an *)

Are scored 0, 1, 2 or 3 with top box scored as 0 and the bottom box scored as 3.

QUESTIONS 3, 5-10 (marked with an *)

Are reverse scored, with the top box scored as a 3 and the bottom box scored as 0.

Maximum score: 30
Possible Depression: 10 or greater
Always look at item 10 (suicidal thoughts)

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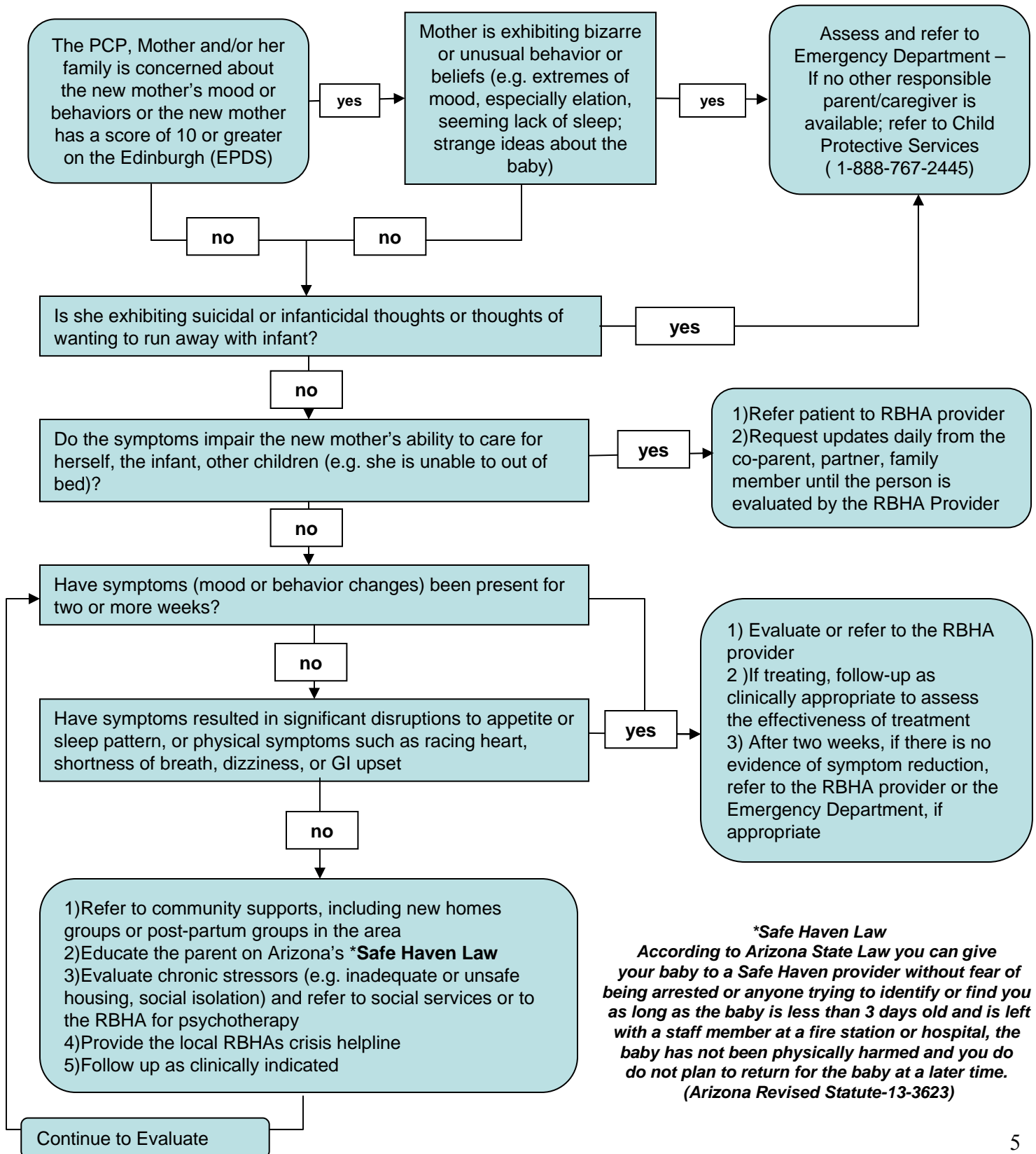
Instructions for using the Edinburgh Postnatal Depression Scale:

1. The mother is asked to check the response that comes closest to how she has been feeling in the previous 7 days.
2. All the items must be completed.
3. Care should be taken to avoid the possibility of the mother discussing her answers with others. (Answers come from the mother or pregnant woman.)
4. The mother should complete the scale herself, unless she has limited English or has difficulty with reading.

¹Source: 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.

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Post Natal Safety Screening



*Safe Haven Law

According to Arizona State Law you can give your baby to a Safe Haven provider without fear of being arrested or anyone trying to identify or find you as long as the baby is less than 3 days old and is left with a staff member at a fire station or hospital, the baby has not been physically harmed and you do not plan to return for the baby at a later time. (Arizona Revised Statute-13-3623)

Post Natal Depression

Universally available medications, **as of 10/1/09**,
through AHCCCS Health Plans and RBHA Providers*

As with all medications prescribed for women who are breastfeeding, providers should consult the pregnancy medication guidelines. For reference, the pregnancy categories for select depression medications is included below.

Selective Serotonin Reuptake Inhibitor	Pregnancy Category (Consideration for women who are breastfeeding)
Fluoxetine (Prozac)	Category C
Citalopram (Celexa)	Category C
Paroxetine (Paxil)	Category D
Sertraline (Zoloft)	Category C

Serotonin Norepinephrine Reuptake Inhibitor	Pregnancy Category
Venlafaxine (Effexor)	Category C

Norepinephrine Dopamine Reuptake Inhibitor	Pregnancy Category
Bupropion (Wellbutrin)	Category C

* Refer to health plan for prior authorization requirements and medication availability **prior to 10/1/09**.

Pregnancy Category	Definition
A	In human studies, pregnant women used the medicine and their babies did not have any problems related to using the medicine.
B	In humans, there are no good studies. But in animal studies, pregnant animals received the medicine, and the babies did not show any problems related to the medicine OR in animal studies, pregnant animals received the medicine and some babies had problems. But in human studies, pregnant women used the medicine and their babies did not have any problems related to using the medicine.
C	In humans, there are no good studies. In animals, pregnant animals treated with the medicine had some babies with problems. However, sometimes the medicine may still help the human mothers and babies more than it might harm OR no animal studies have been done, and there are no good studies in pregnant women.
D	Studies in humans and other reports show that when pregnant women use the medicine, some babies are born with problems related to the medicine. However, in some serious situations, the medicine may still help the mother and the baby more than it might harm.
X	Studies or reports in humans or animals show that mothers using the medicine during pregnancy may have babies with problems related to the medicine. There are no situations where the medicine can help the mother or baby enough to make the risk of problems worth it. These medicines should never be used by pregnant women.