



**TOOL KIT**

**FOR THE**

**MANAGEMENT OF**

**ADULT**

**POSTPARTUM**

**DEPRESSION**

## **TOOL KIT FOR THE MANAGEMENT OF ADULT POSTPARTUM DEPRESSION**

The clinical tool kit is intended to assist the PCP in assessing the postpartum needs of women regarding depression and decisions regarding health care services provided by the PCP or subsequent referral to the Regional Behavioral Health Authority (RBHA) if clinically indicated. Tools include:

- The decision making algorithm for depression
- Edinburgh Postnatal Depression Scale with accompanying scoring instructions
- The Postpartum Safety Screening
- The list of medications universally available through AHCCCS Health Plans and the RBHA.

### **\*\* CLINICIAN NOTE:**

In the assessment of postpartum 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

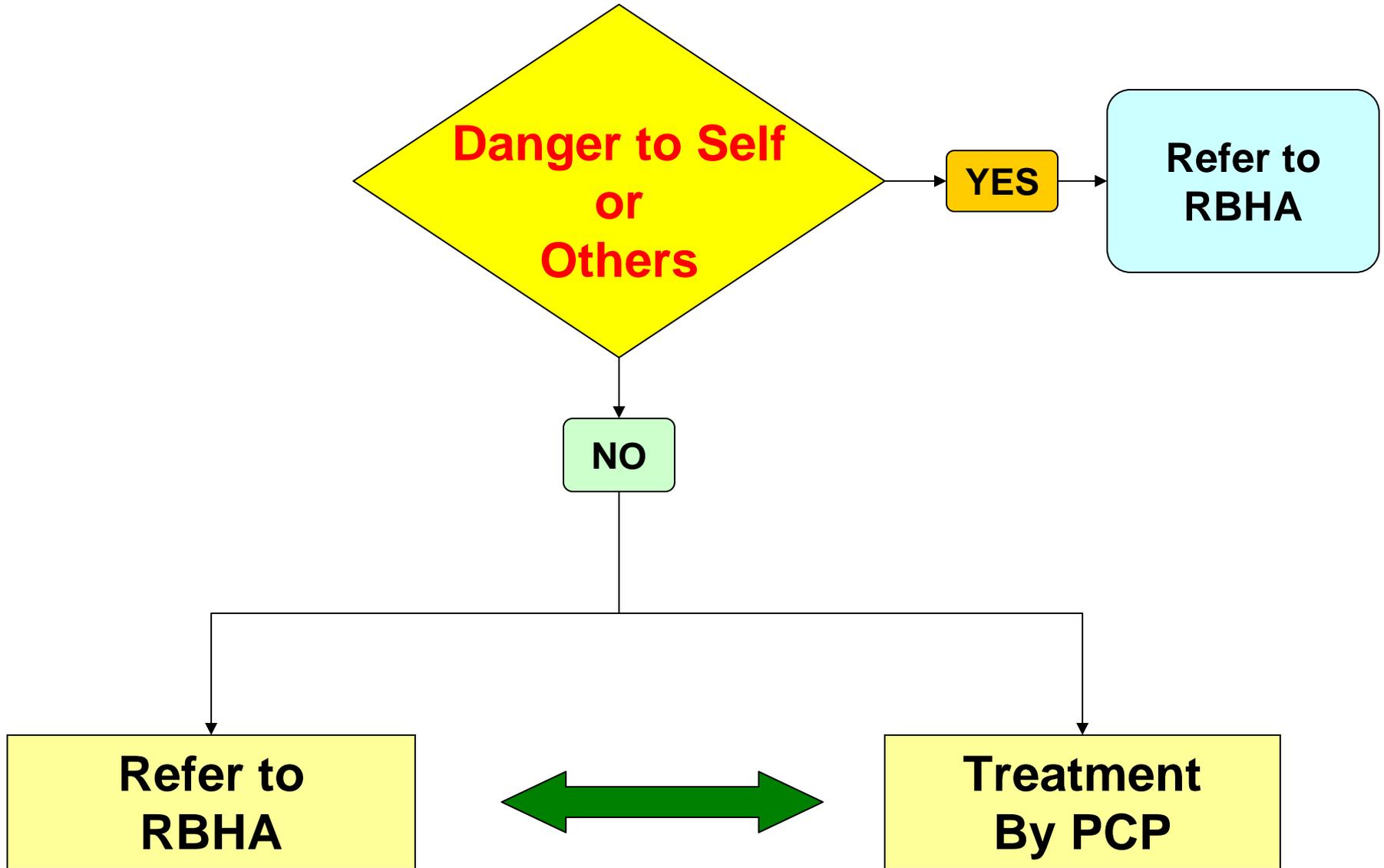
These severe symptoms can last for one day or up to a month. In some cases, the symptoms of psychosis may accompany periods of restlessness or agitation. Psychiatric consultation and/or emergency referral should occur.

**\*\* 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: 05/01/2009 Revision Date: 05/01/2011, 12/01/09

# Depression



# Edinburgh Postnatal Depression Scale<sup>1</sup> (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 \_\_\_\_\_

<sup>1</sup>Source: 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.

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

Users may reproduce the scale without further permission providing they respect copyright by quoting the names of the authors, the title and the source of the paper in all reproduced copies.

# Edinburgh Postnatal Depression Scale<sup>1</sup> (EPDS)

Postpartum depression is the most common complication of childbearing.<sup>2</sup> 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](http://www.4women.gov)> and from groups such as Postpartum Support International <[www.chss.iup.edu/postpartum](http://www.chss.iup.edu/postpartum)> and Depression after Delivery <[www.depressionafterdelivery.com](http://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)

Users may reproduce the scale without further permission, providing they respect copyright by quoting the names of the authors, the title, and the source of the paper in all reproduced copies.

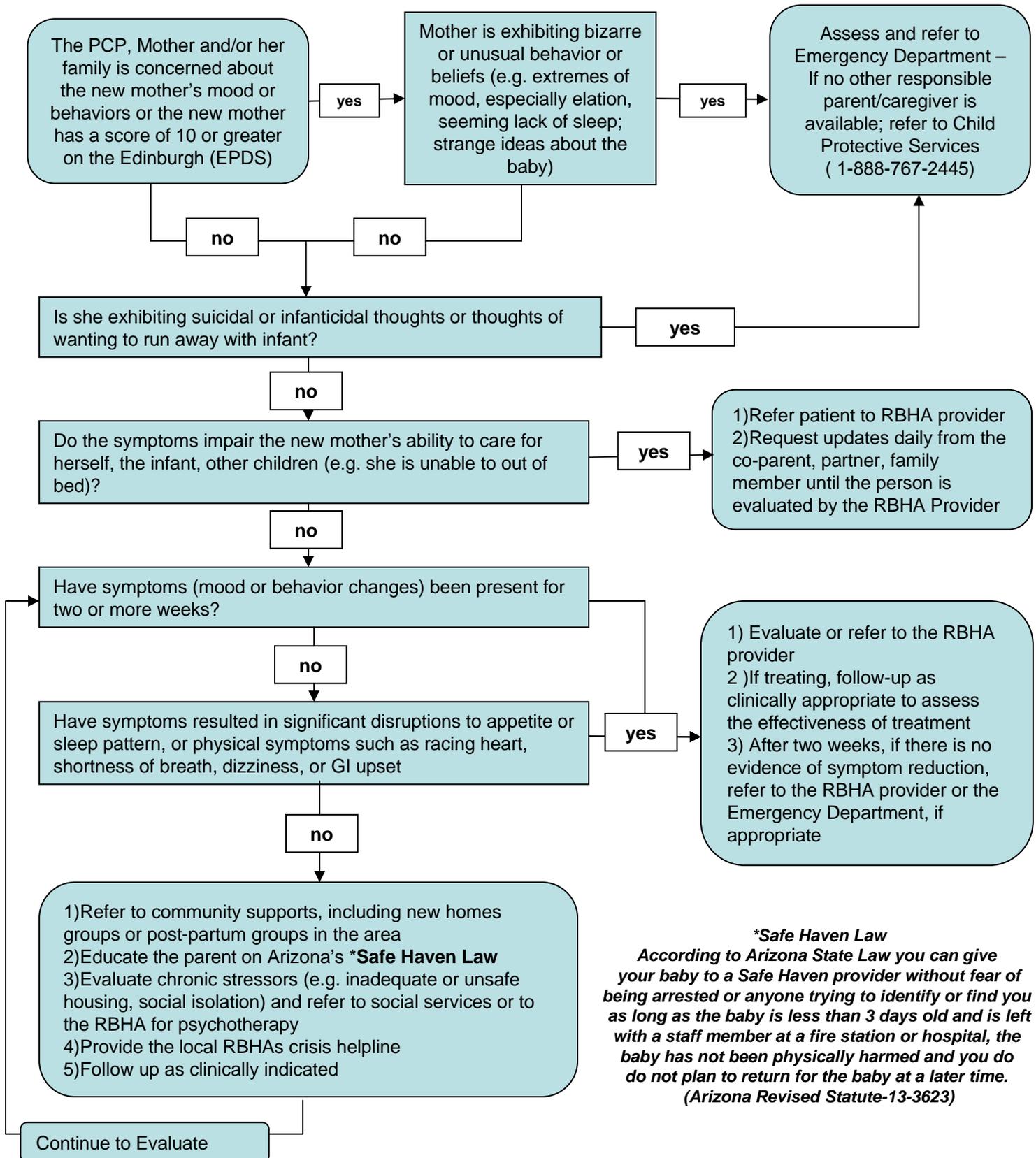
## Instructions for using the Edinburgh Postnatal Depression Scale:

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.

<sup>1</sup>Source: 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.

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

# Postpartum 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)

# POSTPARTUM DEPRESSION

UNIVERSALLY AVAILABLE MEDICATIONS THROUGH  
AHCCCS HEALTH PLANS AND RBHA PROVIDERS\*

## SELECTIVE SEROTONIN REUPTAKE INHIBITOR

Fluoxetine (Prozac)

Citalopram (Celexa)

Paroxetine (Paxil)

Sertraline (Zoloft)

## SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITOR

Venlafaxine (Effexor)

## NOREPINEPHRINE DOPAMINE REUPTAKE INHIBITOR

Bupropion (Wellbutrin)

### Note for Use by Lactating Women:

- For lactating mothers who have no history of antidepressant treatment, an antidepressant, such as paroxetine or sertraline should be first choice due to the evidence that these drugs produce very low drug levels in breast milk and infant serum and have few side effects.
- For lactating mothers who have been successfully treated with a particular SSRI, TCA, or SNRI in the past, the data and information for the previous specific antidepressant should be reviewed and carefully considered for first-line treatment if there are no contraindications.
- There are insufficient reports to support the use of venlafaxine, bupropion and duloxetine, however if a member was stable on one of these medications previously then the specific medication should be evaluated and considered for first-line treatment.
- Strategies to decrease infant exposure to the drug include administering the drug after feedings or pumping and discarding breast milk obtained during expected peak infant serum levels.

\*Refer to health plan for prior authorization requirements.