TOOL KIT
FOR THE
MANAGEMENT OF
ADULT
POSTPARTUM
DEPRESSION
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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.**
Depression

Danger to Self or Others

- **YES**: Refer to RBHA
- **NO**: Refer to RBHA or Treatment By PCP

*Sole usage of Algorithms is not a substitute for a comprehensive clinical assessment*
Edinburgh Postnatal Depression Scale\(^1\) (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
- No, not at all

In the past 7 days:

1. I have been able to laugh and see the funny side of things
   - As much as I always could
   - Not quite so much now
   - Definitely not so much now
   - Not at all

2. I have looked forward with enjoyment to things
   - As much as I ever did
   - Rather less than I used to
   - Definitely less than I used to
   - Hardly at all

3. I have blamed myself unnecessarily when things went wrong
   - Yes, most of the time
   - Yes, some of the time
   - Not very often
   - No, never

4. I have been anxious or worried for no good reason
   - No, not at all
   - Hardly ever
   - Yes, sometimes
   - Yes, very often

5. I have felt scared or panicly for no very good reason
   - Yes, quite a lot
   - Yes, sometimes
   - No, not much
   - No, not at all

6. Things have been getting on top of me
   - Yes, most of the time I haven’t been able to cope at all
   - Yes, sometimes I haven’t been coping as well as usual
   - No, most of the time I have coped quite well
   - No, I have been coping as well as ever

7. I have been so unhappy that I have had difficulty sleeping
   - Yes, most of the time
   - Yes, sometimes
   - Not very often
   - No, not at all

8. I have felt sad or miserable
   - Yes, most of the time
   - Yes, quite often
   - Not very often
   - No, not at all

9. I have been so unhappy that I have been crying
   - Yes, most of the time
   - Yes, quite often
   - Only occasionally
   - No, never

10. The thought of harming myself has occurred to me
    - Yes, quite often
    - Sometimes
    - Hardly ever
    - Never

Administered/Reviewed by ______________________________    Date ______________________________


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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.


**Postpartum Safety Screening**

1. **The PCP, Mother and/or her family is concerned about the new mother’s mood or behaviors or the new mother has a score of 10 or greater on the Edinburgh (EPDS)**
   - yes → Assess and refer to Emergency Department – If no other responsible parent/caregiver is available; refer to Child Protective Services (1-888-767-2445)
   - no → no

2. **Is she exhibiting suicidal or infanticidal thoughts or thoughts of wanting to run away with infant?**
   - yes → Yes
   - no → no

3. **Do the symptoms impair the new mother’s ability to care for herself, the infant, other children (e.g. she is unable to out of bed)?**
   - yes → yes
   - no → yes

4. **Have symptoms (mood or behavior changes) been present for two or more weeks?**
   - yes → yes
   - no → yes

5. **Have symptoms resulted in significant disruptions to appetite or sleep pattern, or physical symptoms such as racing heart, shortness of breath, dizziness, or GI upset**
   - yes → yes
   - no → yes

6. **1) Refer to community supports, including new homes groups or post-partum groups in the area
2) Educate the parent on Arizona’s *Safe Haven Law
3) Evaluate chronic stressors (e.g. inadequate or unsafe housing, social isolation) and refer to social services or to the RBHA for psychotherapy
4) Provide the local RBHAs crisis helpline
5) Follow up as clinically indicated
6) Continue to Evaluate**

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*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 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***

<table>
<thead>
<tr>
<th><strong>SELECTIVE SEROTONIN REUPTAKE INHIBITOR</strong></th>
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<tbody>
<tr>
<td>Fluoxetine (Prozac)</td>
</tr>
<tr>
<td>Citalopram (Celexa)</td>
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<tr>
<td>Paroxetine (Paxil)</td>
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<tr>
<td>Sertraline (Zoloft)</td>
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<tr>
<th><strong>SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITOR</strong></th>
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<tbody>
<tr>
<td>Venlafaxine (Effexor)</td>
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<tr>
<th><strong>NOREPINEPHRINE DOPAMINE REUPTAKE INHIBITOR</strong></th>
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<tbody>
<tr>
<td>Bupropion (Wellbutrin)</td>
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**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.