



**COMMUNITY MIDWIFERY PROGRAM  
CLINICAL PRACTICE GUIDELINE**

**Edinburgh postnatal depression scale (EPDS)  
mental health screening and referral:  
For CMP clients**

**Scope (Staff):** Community Midwifery Program staff

**Scope (Area):** Community Midwifery Program

This document should be read in conjunction with this [Disclaimer](#)

### **Aim**

- To describe use of the Edinburgh Postnatal Depression Scale (EPDS) in screening for anxiety and depression in community midwifery and to provide referral pathways.

### **Key points**

1. The EPDS should be performed at the booking visit, and at around 32 weeks gestation or at any stage there is a midwife or client concern. The scale can be used at any stage of the postnatal period where there is a midwife or client concern.
2. The screening process must also include the routine provision of information on perinatal emotional health and where to get help.
3. Regardless of the score, continue to monitor emotional wellbeing at all antenatal visits assessing level of anxiety shown, coping mechanisms, family support and social networks as well as the need for referral to any other services.
4. The referral pathway represents general principles for responding to risk and actions and should be informed by clinical judgment.

### **Use of EPDS scoring**

#### **Low risk score $\leq 9$**

- Discuss overall score and individual answers - check literacy and understanding as well as clinical symptoms not reflected in the score
- Ensure woman has access to the WNHS Pregnancy, Birth and your Baby book for relevant information on prevention of anxiety and depression
- Document results
- Care as usual



### **Moderate risk score 10-12 and/or anxiety subscale (Q3, 4 and 5) $\geq$ 4**

#### **Proceed as above and in addition:**

- Discuss and explain any high scoring items
- Refer to CMS and discuss ongoing suitability for the program
- Discuss support networks and lifestyle advice
- Refer / liaise with GP for possible plan of care
- Document results, referral and plan
- Follow-up assessment in 4-6 weeks

### **High risk score $\geq$ 13**

- Discuss and explain any high scoring items
- Refer to CMS and discuss ongoing suitability for the program
- Refer to Psychological Medicine department at supporting hospital (with client consent)
- Refer / liaise with GP for possible plan of care
- Liaise with partner and family (where appropriate)
- Discuss support networks and lifestyle advice
- Ensure woman has access to the KEMH Pregnancy, Birth and your Baby book for relevant information on prevention of anxiety and depression including crisis contact numbers
- Document results, referral and care plan
- Follow up in 1-2 weeks

**Note: A positive response to question 10 indicates that further assessment is required regardless of total score.**

### **Positive answer to question 10 (Risk of self-harm or suicide)**

- Whenever assessing a woman for the risk of self-harm/suicide, enquiry should also be made to assess the risk to the baby.
- If the woman has fleeting thoughts of self-harm or suicide but no current plan and/or means, follow the course of action for **High Risk**.
- If the woman has continual and specific thoughts, has the intent and/or a plan and means *or* a concern exists for the safety of her baby, follow the course of action for **Immediate Risk**.









## Immediate risk

- Aim to keep mother and baby safe, ensure mother is not left alone
- Immediate referral to GP, Psychological Medicine or Emergency Department
- Assess the need to call for urgent assistance (Ambulance or Police)
- Liaise with the partner/support person (where appropriate)
- Document the outcome, referral and care plan
- Inform the CMS/CMM
- It is recommended the midwife seek a debrief with a colleague/provider

## References and resources

- Australian College of Midwives. National Midwifery Guidelines for Consultation and Referral. 4<sup>th</sup> ed. 2021. Canberra: Australian College of Midwives.
- Australian Government Department of Health, Pregnancy Care Guidelines: Chapter 27 Screening for depressive and anxiety disorders. 2018. Available from <https://beta.health.gov.au/resources/pregnancy-care-guidelines/part-e-social-and-emotional-screening/screening-for-depressive-and-anxiety-disorders>
- Australian Perinatal Mental Health Guideline Evidence Review: Technical Report Part B- Psychosocial assessment and screening for depression or anxiety. 2017. Available from [https://www.cope.org.au/wp-content/uploads/2017/06/02.-PART-B\\_ASSESSMENT-SCREENING\\_Technical-Report\\_31MAY17\\_circ.pdf](https://www.cope.org.au/wp-content/uploads/2017/06/02.-PART-B_ASSESSMENT-SCREENING_Technical-Report_31MAY17_circ.pdf)

## Related WNHS policies, procedures and guidelines

Keywords:	EPDS, Edinburgh Postnatal Depression Scale, CMP, postnatal depression, perinatal anxiety, perinatal mental health, mental health referral		
Document owner:	CMP, Obstetrics and Gynaecology Directorate, WNHS		
Author / Reviewer:	CMP Clinical Midwifery Specialist		
Date first issued:	January 2014(v1)	Version	3
Last reviewed:	March 2019(v2); Dec 2022(v3)	Next review date:	Dec 2025
Endorsed by:	Obstetrics and Gynaecology Directorate Management Committee	Date:	07/12/2022
NSQHS Standards (v2) applicable:	<input checked="" type="checkbox"/>  1: Clinical Governance <input checked="" type="checkbox"/>  2: Partnering with Consumers <input type="checkbox"/>  3: Preventing and Controlling Healthcare Associated Infection <input type="checkbox"/>  4: Medication Safety	<input checked="" type="checkbox"/>  5: Comprehensive Care <input checked="" type="checkbox"/>  6: Communicating for Safety <input type="checkbox"/>  7: Blood Management <input checked="" type="checkbox"/>  8: Recognising and Responding to Acute Deterioration	
<p><b>Printed or personally saved electronic copies of this document are considered uncontrolled.</b>  <b>Access the current version from WNHS HealthPoint.</b></p>			

**Version history**

Version number	Date	Summary
1	Jan 2014	First version. Minor amendments noted June 2015.
2	Mar 2019	Routine review. Changed who to notify in some sections as some roles have changed.
3	Dec 2022	<ul style="list-style-type: none"> <li>If 'immediate risk'- included Psychological Medicine to immediate referral list</li> </ul>

This document can be made available in alternative formats on request for a person with a disability.

© North Metropolitan Health Service 2022

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the *Copyright Act 1968*, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.

[www.nmhs.health.wa.gov.au](http://www.nmhs.health.wa.gov.au)