



# Maternal Mental Health

UNIVERSITY OF  
SASKATCHEWAN

saskatchewan  
**preventioninstitute**  
our goal is **healthy** children

Saskatchewan  
Ministry of  
Health

**SPHA**  
SASKATCHEWAN  
Public Health Association

CIHR  
IRSC  
Canadian Institutes of Health Research  
en sortie du Canada

RBC  
Foundation

Saskatchewan  
Psychiatric  
Association

## EPDS SCREENING & CARE GUIDE

EPDS SCORE <10=  
UNLIKELY TO BE  
DEPRESSED

*Confirm absence of  
depression/anxiety, or  
harm thoughts*

Promote Positive  
Mental Health:

- Nurture emotional, mental, physical, and spiritual health
- Promote confidence

Encourage her to:

- Find joy and relaxation in life
- Exercise 20-30 min. each day
- Sleep 6 hrs in 24
- Eat healthy and regularly, drink plenty of fluids
- Avoid alcohol, tobacco, drugs
- Reach out for support and join mothers' groups

QUESTIONS 3, 4, 5  
SCORE >4=

**PROBABLE ANXIETY**  
*Confirm score and ask  
about harm thoughts*

Promote Positive  
Mental Health:

- Encourage relaxation
- Discuss any concerns
- Offer referral and share concerns with health care team
  - Mental Health
  - Community supports
  - Family Dr/Nurse Practitioner
- Increase contact with visits or phone calls
- Repeat EPDS in 2 weeks
- Encourage family involvement

EPDS SCORE 10-11=  
**POSSIBLE  
DEPRESSION**

*Confirm score and ask  
about harm thoughts*

Promote Positive  
Mental Health:

- Discuss any concerns
- Offer referral and share concerns with health care team
  - Mental Health
  - Community supports
  - Family Dr/ Nurse Practitioner
- Increase contact with visits or phone calls
- Repeat EPDS in 2 weeks
- Encourage family involvement

EPDS SCORE >12=  
**PROBABLE  
DEPRESSION**

*Confirm score and  
ask about harm  
thoughts*

Take Action:

- Offer Referral to a Family Doctor or Nurse Practitioner to initiate **Medical Management** (see below) also
- Share concerns with health care team
- Encourage family involvement
- Promote Positive Mental Health
- Increase contact – visits

Offer EPDS to partner to  
screen for depression

**POSITIVE QUESTION**  
**10 = POTENTIAL  
HARM**

*Assess harm intentions  
and for psychosis*

**Assess Harm Intention:**

- Has she had previous harm attempts or harmful behaviours?
- Does she have a plan to harm self or others (baby, children)?

**Assess for Psychosis**

1. *Is she seeing or hearing things that aren't there?*
2. *Is she having strange experiences/sensations?*
3. *Are her speech or thoughts disorganized?*
4. *Are things that she describes realistic or not?*

**If concerned about  
harm or psychosis:**

- Do not leave alone
- Notify next of kin and if woman agrees, family/friends

**Contact or take to:**

- Family Doctor, Crisis services, and/or Emergency room

**Arrange for emergency  
medical assessment:**

- Share situation with health care team and child services if necessary

### MEDICAL MANAGEMENT

- **Assess mental health:** e.g. depression, anxiety, anger, psychosis, racing, intrusive or harm thoughts, substance use, stressors, and support.
- **Assess perinatal health:** e.g. hypertension, fetal wellbeing, breastfeeding.
- **Assess physical health:** e.g. sleep, appetite, nausea & vomiting, activity levels. Ensure thyroid and hemoglobin levels are within normal range.
- **Maintain existing effective psychotropic medications:** plan any medication changes 3 months before pregnancy to ensure mood stability.
- **Consider medication:** especially if EPDS score remains high and there is a history of psychiatric problems. For questions about medications call **medSask** health care professional line at **1-800-665-DIAL (3425) (Saskatchewan only)** or **306-966-6340 (Saskatoon)** or text **306-260-3554**.
- **Use adequate dose of medication to manage symptoms:** may need to increase dose as pregnancy progresses.
- **Assess for bipolar disorder before ordering an antidepressant**
- **If mood-stabilizing medication is used:** increase Folic Acid to 5 mg.
- **Do not taper off dose before delivery:** increases risk for PPD.
- **If a prenatal antidepressant is used, monitor for Neonatal Adaptation Syndrome:** this is transient in first few days; notify pediatrician if available.
- **Refer to local community supports.**

IF NO IMPROVEMENT, CONSIDER PSYCHIATRIC REFERRAL

### LOCAL COMMUNITY SUPPORTS

Mental Health Phone \_\_\_\_\_

Public Health Phone \_\_\_\_\_

**Maternal-Home Visiting Programs:**  
(*KidsFirst, Canada Prenatal Nutrition Program (CPNP), Parent Mentoring, Maternal Child Health*)

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

**Healthline (anytime): Phone 811**  
Available for everyone 24hrs/day

**For information about medications during pregnancy or breastfeeding call medSask 1-800-665-DRUG (3784)**  
(Saskatchewan only) or **306-966-6378** (Saskatoon)

**Other supports** \_\_\_\_\_

**Supports and groups** also listed on:  
[www.skmaternalmentalhealth.ca](http://www.skmaternalmentalhealth.ca)

Endorsed for use by:



**EPDS OVER→**

# EPDS SCREENING & CARE GUIDE

OFFER all pregnant women the Maternal Mental Health print materials.

Download or order screening and print materials from the Saskatchewan Prevention Institute at [www.skprevention.ca](http://www.skprevention.ca)

**Maternal Depression** - which includes Antenatal Depression (AD) and Postpartum Depression (PPD) and **Maternal Anxiety** affect 1 in 5 women. There are potential effects to the whole family, as 10% of partners experience depression and anxiety, more if the mother is depressed. Parental mental health issues can affect child health and development. Treating anxiety may help to prevent depression.

## Signs of anxiety and depression include:

- Irritability or anger	- Excessive worry and guilt	- Inability to relax	- Hypervigilence
- Sleep problems	- Sadness	- Panic attacks	- Repetitive thoughts
- Lack of bonding with baby	- Crying	- Fearfulness	- Obsessive intrusive thoughts
- Indecisiveness	- Thoughts of harm to self or others		

**UNIVERSAL SCREENING** is a quick and easy way to **determine women at risk** as well as helping to **reduce stigma** of mental health problems. The Edinburgh Postnatal Depression Scale – EPDS – can be done in-person or over the phone. The EPDS is also valid for use with partners.

## MINIMAL TIMES TO SCREEN

### Pregnancy

- 1<sup>st</sup> prenatal visit and at 28-34 weeks gestation

### Postpartum

- 2-3 weeks postpartum and at 2-month (or 4 if not done at 2) and 6-month well child visits

*Or as deemed necessary by the practitioner*

## EPDS Screen

### 1. I have been able to laugh and see the funny side of things:

As much as I always could	0
Not quite so much now	1
Definitely not so much now	2
Not at all	3

### 2. I have looked forward with enjoyment to things:

As much as I ever did	0
Rather less than I used to	1
Definitely less than I used to	2
Hardly at all	3

### 3. I have blamed myself unnecessarily when things went wrong:

Yes, most of the time	3
Yes, some of the time	2
Not very often	1
No, never	0

### 4. I have been anxious or worried for no good reason:

No, not at all	0
Hardly ever	1
Yes, sometimes	2
Yes, very often	3

### 5. I have felt scared or panicky for no very good reason:

Yes, quite a lot	3
Yes, sometimes	2
No, not much	1
No, not at all	0

### 6. Things have been getting on top of me:

Yes, most of the time I haven't been able to cope at all	3
Yes, sometimes I haven't been coping as well as usual	2
No, most of the time I have coped quite well	1
No, I have been coping as well as ever	0

### 7. I have been so unhappy that I have had difficulty sleeping:

Yes, most of the time	3
Yes, sometimes	2
Not very often	1
No, not at all	0

### 8. I have felt sad or miserable:

Yes, most of the time	3
Yes, quite often	2
Not very often	1
No, not at all	0

### 9. I have been so unhappy that I have been crying:

Yes, most of the time	3
Yes, quite often	2
Only occasionally	1
No, never	0

### 10. The thought of harming myself has occurred to me:

Yes, quite often	3
Sometimes	2
Hardly ever	1
Never	0

TOTAL SCORE: \_\_\_\_\_

See Score Interpretation and Care OVER

Anxiety Subscale