Edinburgh Postnatal Depression Scale Referral Algorithm

All postpartum patients with live births will complete the Edinburgh Postnatal Depression Scale (EPDS) at a minimum of 12 hours prior to discharge. The RN is responsible for assuring patient is provided with the screening tool and the EPDS score is documented in the medical record. All fetal demise patients will be automatically referred to SW for assessment and transition planning.

EPDS Score < 10

Normal/Negative Screen

RN

- Provide verbal and written education about risks/incidence.
- Use clinical judgment regarding need for SW referral, regardless of EPDS score.

EPDS Score 10-12

At-Risk for Depression and/or Anxiety

RN

- Discuss results and provide education.
- Make SW referral within two hours of patient completion of questionnaire.
- Notify OB provider of EPDS score & recommend follow up for re-screen within 2 weeks.

SW

- Perform face-to-face screening for additional needs, or if necessary, by phone post discharge.

EPDS Score ≥ 13

Major Risk for Depression and/or Anxiety

RN

- Make SW referral.
- Notify OB provider of EPDS score, SW referral & recommend follow up for re-screen within 2 weeks.
- Document details of above conversation in EHR.
- *Hold discharge* until SW/psychiatric assessment and discharge plan complete.
- Appointment for re-screen within 2 weeks, established prior to discharge, by OB Provider or PCP.

SW

- Complete Assessment (Maternal/Child, Reassessment, or Mental Health) and transition plan before discharge.
- If in-house SW is not immediately available, escalate to SW leader for further guidance.

> 0 on Question #10

Score of anything other than NEVER on Question #10 - Maternal Crisis, At Risk of Harm to Self or Others

RN

- Make urgent SW referral.
- Notify OB Provider immediately of EPDS score, SW referral, and need for re-screen within 2 weeks by OB provider or PCP.
- Document details of above conversation in EHR.
- *Hold discharge* until SW/psychiatric assessment and discharge plan complete.
- Appointment for re-screen within 2 weeks, established prior to discharge, by OB Provider or PCP.

SW

- Complete Assessment (Mental Health or Reassessment) and transition plan before discharge.
- If in-house SW is not immediately available, escalate to SW leader for further guidance.

A variety of community resources may be available, from support groups to psychiatric treatment for mothers suffering from a perinatal mood and anxiety disorder. Each facility should be aware of resources available to patients.

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