

Perinatal Mental Health: The Edinburgh Postnatal Depression Scale (EPDS) Manual

Second edition

John Cox, Jeni Holden and Carol Henshaw

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Acknowledgements

The Edinburgh Postnatal Depression Scale is used in many countries and we wish, therefore, to thank all those international friends who have contributed so much to its development. In particular, our thanks to Ruth Sagovsky, who co-authored the first publication. Thanks also to the health visitors, doctors and midwives who helped with the research and made many useful suggestions, and special thanks to the mothers and their partners who gave us permission to quote from their interviews recorded during the counselling study.

We are grateful also to our former colleagues, in particular to Sandra Elliott and Janice Gerrard, who developed with us the evidence base for using the scale in the community and who provided so many helpful comments over the years. We wish to acknowledge the very helpful comments from Cheryll Adams, whose familiarity with the current role of health visitors in the new National Health Service structures in England has been invaluable. Finally, special thanks to Richard Bambridge, who worked with us on the project in Edinburgh and gave us his continuing support until his untimely death.

Abbreviations

BDI	Beck Depression Inventory
CBT	cognitive-behavioural therapy
CES-D	Center for Epidemiologic Studies Depression Scale
CIS	Clinical Interview Schedule
CIS-R	revised Clinical Interview Schedule
CPHVA	Community Practitioners' and Health Visitors' Association
DALYS	disability adjusted life years
DAS	Dyadic Adjustment Scale
EPDS	Edinburgh Postnatal Depression Scale
GHQ	General Health Questionnaire
GP	general practitioner
HADS	Hospital Anxiety and Depression Scale
HADS-A	Hospital Anxiety and Depression Scale, anxiety subscale
HRSD	Hamilton Rating Scale for Depression
K10	10-item Kessler Psychological Distress Scale
MADRS	Montgomery-Åsberg Depression Rating Scale
MAQ	Maternal Attitudes Questionnaire
MAMA	Meet-A-Mum Association
MSSS	Maternity Social Support Scale
NBAS	Neonatal Behavioral Assessment Scale
NCCMH	National Collaborating Centre for Mental Health
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
PANDA	Post and Antenatal Depression Association
PDSS	Postpartum Depression Screening Scale
PDSS-SF	Postpartum Depression Screening Scale, short form
PHQ-9	9-item Patient Health Questionnaire
POMS	Profile of Mood States
RDC	Research Diagnostic Criteria
SAD	State of Anxiety and Depression scale
SCL-90-R	revised 90-item Symptom Checklist
SIGN	Scottish Intercollegiate Guidelines Network

ABBREVIATIONS

SPI	Standardised Psychiatric Interview
SRQ	Self-Reporting Questionnaire
VAS	visual analogue scales
WLFLQ	Work Leisure and Family Life Questionnaire
Zung SDS	Zung Self-Rating Depression Scale

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Foreword

The Edinburgh Postnatal Depression Scale (EPDS) has become something of a ‘national treasure’ for perinatal mental health practitioners and researchers. Since it was first developed and described in the *British Journal of Psychiatry* in 1987, it has been used internationally in many diverse settings, cited more than 3500 times and contributed to our contemporary understanding of the fundamental importance of perinatal mental health for mothers and their families.

This manual is not only what it says on the tin. It is indeed a practical manual with helpful tips on how to use the EPDS in practice and a useful resource of translated versions of the EPDS. But it also offers a research update on depression in pregnancy and the postnatal period by wise, experienced clinicians who have used their humanist, woman-centred approach to integrate insights from other researchers and practitioners, and provides space for women’s voices, with frequent use of quotes from qualitative studies to provide context and meaning to the concepts discussed.

The authors make it clear that the EPDS should not be used by health professionals as a tick-box exercise, and emphasise that health professionals who use the EPDS need to be trained in the nature, detection and treatment of perinatal depression, in understanding the experiences of women and in developing listening skills so that they can elicit and respond to psychological issues, including how to respond if women disclose suicidal ideation. There are also reminders to service managers as well as to clinicians, that health professionals including midwives and health visitors will need support to do this work.

The evidence base on interventions for perinatal depression is also provided here, including details of innovative methods such as internet-based therapy. Moreover, the authors highlight how the term ‘postnatal depression’ or ‘perinatal depression’ can be misused, sometimes with tragic consequences, such as when puerperal psychosis is mislabelled as postnatal depression, with a consequent failure of professionals to identify the high risk of psychosis in the postnatal period. Professionals caring for women in the perinatal period always need to take a proper mental health history, and

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the authors make clear that the EPDS is a complement to the history rather than a substitute.

This volume therefore provides an abundance of treasures inside, and will ensure that the EPDS is used wisely and thoughtfully for the benefit of women across the globe.

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Preface to the first edition

John Cox and Jeni Holden

The Edinburgh Postnatal Depression Scale (EPDS) is a 10-item self-report scale devised as a screening questionnaire to improve the detection of postnatal depression in the community. This book is written to provide readers in different countries with updated and accessible information on the scale and its use in primary and secondary care. Appendix 1 includes the original scale and a score sheet, and Appendix 2 shows most of the foreign-language versions we are aware of.

Depressive disorders are one of the most common causes of disability worldwide. According to the 1999 World Health Report (World Health Organization, 1999), unipolar major depression accounts for 4.2% of the world's total burden of disease as measured by 'disability adjusted life years' (DALYS) and is the fifth leading cause of disability.

Postnatal depression, which affects women at a time of maximum vulnerability and can last if untreated for many years, is one of the main contributors to this disconcerting statistic. Yet, as we show in this text, the possibility of secondary prevention through early identification is consistent with the evidence base and is being actively considered by national governments in many countries, led by primary care professionals.

The EPDS was developed in the 1980s because clinical experience in both rich and poor countries showed that unipolar depression, and postnatal depression in particular, is a common disorder that causes much unnecessary misery for women and their families. We were also becoming aware that such depression can adversely affect the development and nutrition of the infant, the continuity of the marriage and the economy of the household.

Since then, worldwide communications have become almost instantaneous, women's health issues have developed a higher profile and the knowledge base of perinatal mental health and perinatal psychiatry has increased substantially. The Marcé Society (an interdisciplinary society that stimulates research and provides a forum for disseminating information about perinatal mental health) has flourished and become more truly international, and the voices of women are now more clearly heard, as qualitative research methods complement a quantitative approach and as

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voluntary patient and carer groups are influencing governments and so changing mental health priorities.

Within this context the EPDS has provided a timely stimulus to considering the prevention of postnatal depression. In the UK, primary care professionals are now more skilled in detecting such depression and providing a range of evidence-based therapies. The EPDS has also facilitated much epidemiological research by its use as a first-stage screening measure. Furthermore, because of its sensitivity to change over time, it can be used as an outcome measure in treatment studies.

Although the scale was devised to meet the needs of quantitative research as well as for clinical use, it has opened up an important qualitative debate about the meaning of symptoms, the equivalence of metaphor (e.g. ‘things have been getting on top of me’) and the cross-cultural validity of a scale developed from within a specific social context.

It is remarkable that the UK debate about the use and misuse of the EPDS should have moved on from a local consideration to a matter for a National Screening Committee, which has rightly pointed out deficiencies in the evidence base that must be addressed before national universal screening can be put firmly in place.

The response of the Community Practitioners’ and Health Visitors’ Association (CPHVA) has been equally committed. Health visitors, only too familiar with the consequences of untreated perinatal mental disorder, have already taken the lead role in screening for this common and treatable disorder. They have become familiar with the skills and consequences of conducting clinical assessment interviews and, in particular, recognise the usefulness of the EPDS when administered by a fully trained health professional. The EPDS does not screen for those at risk of becoming depressed in the future, but it will identify a mild depression, which can rapidly develop into a severe, prolonged disorder.

The evidence base for the optimum use of the EPDS must continue to be explored. We hope that its wider use will facilitate long-overdue treatment trials. Above all we hope that the EPDS will continue to encourage practitioners to listen to women, to take what they say and how they say it seriously, and also to collect data that will lead to a higher priority being given to perinatal mental health and women’s health issues in general.

The training of obstetricians, general practitioners, midwives, health visitors, psychiatrists and psychologists is still deficient in many aspects of psychosomatic obstetrics and perinatal care. We hope that this handbook will help to change things, increasing the chances for new mothers to establish a good relationship with their infants and an optimal environment in which the children may develop.

We hope that our book will encourage researchers and clinicians across the world to develop perinatal mental health strategies and to search for ways of preventing a condition that can reduce the quality of life for the parents – and for the next generation.

PREFACE TO THE FIRST EDITION

Perinatal mental health is contingent on the support of society and is difficult to maintain in the presence of mental disorder. We have seen too many families break up as a result of a mental disorder at this time for the priority of these services to be overlooked, even when resources are very limited.

The EPDS was developed from experience of clinical work in health visiting and psychiatry in the UK and East Africa. It will be for clinicians to decide how and in what way this brief self-report scale, with its simple method of scoring, will continue to be used in the treatment and secondary prevention of postnatal depression.

Preface to the second edition

John Cox, Jeni Holden and Carol Henshaw

The Edinburgh Postnatal Depression Scale (EPDS) has continued to be used throughout the world by clinicians and researchers since the first edition of this book was published in 2003. Its ten items and simple scoring method have remained unchanged for almost three decades and when used as we intended the EPDS has outlasted most of its initial criticisms.

The suggestion of a second edition of our book has therefore been warmly welcomed; it has given us the opportunity to welcome Carol Henshaw as a third author. Carol was a former academic colleague at Keele University and presently works as a consultant perinatal psychiatrist in Liverpool. As a Past President of the Marcé Society she is also well placed to ensure the book's relevance to the postmodern world in which we live, and to help us make sure that the different clinical contexts in which the EPDS is used are fully recognised.

By 2030, depression is predicted to be the leading cause of disability, with only HIV/AIDS and perinatal disorders higher for low- and middle-income countries (Mathers & Looncar, 2006). In the UK there have been striking changes in the delivery of perinatal services, with an emphasis on quality standards and agreed care pathways. It is a key advance that the National Health Service (NHS) in England has included perinatal services within the remit of a separate Specialised Services Commissioning Board which was established in April 2013. In low-income countries, perinatal mental health and the impact of perinatal mental disorder on the developing infant and on educational attainment is now a more widely acknowledged public health priority.

We have updated all the chapters and their references, included a list of the 57 languages and the EPDS translations known to us, modernised the screening sections and re-emphasised the continuity of depression before and after birth in at least a third of mothers, but have left largely unaltered the balance of the book and the preface to the first edition which drew attention to humanistic values and to the need to ensure the questionnaire's cultural validity.

PREFACE TO THE SECOND EDITION

The book's original title has been modified to *Perinatal Mental Health: The Edinburgh Postnatal Depression Scale (EPDS) Manual* to complement our original publication in the *British Journal of Psychiatry* (Cox *et al*, 1987), which is so widely quoted.

We hope, and might expect, that new EPDS users would carefully read this updated manual before using the EPDS in their clinical work or research.

We continue to welcome correspondence and much appreciate receiving information from around the world about the scale's use, and occasional misuse. The early detection and clinical management of perinatal mental disorder, and its impact on the whole family, remains a current international priority. We expect that the EPDS will continue to be of use in facilitating this important work.