

Are we using the Edinburgh Postnatal Depression Scale for detection of perinatal depression and anxiety? An audit of EPDS compliance in a regional hospital

R O'Dwyer¹, B Sampson¹
¹Women's and Children's Services, Western Health

Discussion

Introduction

In 2012 RANZCOG endorsed a recommendation for universal antenatal mental health screening (1). This audit analysed antenatal records of women receiving care at a regional hospital to determine what proportion had the Edinburgh Postnatal Depression Scale (EPDS) completed. The study hypothesized that 50% of women completed the EPDS during their pregnancy.

Aims

To audit the utilization of the EPDS during antenatal clinic at a regional hospital.

Methods

This retrospective audit included 215 women who birthed at a regional hospital over a 6-month period (1st January-1st July 2023). The antenatal records for these women were reviewed to identify if and when the EPDS was completed. If the EPDS was completed, the score was recorded. For those women who did not have an EPDS completed, it was because it was declined, not assessed or results unknown.

References

- (1) Royal Australian and New Zealand College of Obstetricians and Gynaecologists. Mental health care in the perinatal period (College Statement: C-Obs-48). Mar 2012; revised July 2018.
- (2) Howard LM, Molyneux E, Dennis CL, Rochat T, Stein A, Milgrom J. Non-psychotic mental disorders in the perinatal period. Lancet. 2014 Nov 15;384(9956):1775-88.
- (3) Boyd RC, Le HN, Somberg R. Review of screening instruments for postpartum depression. Archives of women's mental health. 2005 Sep;8:141-53.
- (4) Austin M-P, Hight N and the Expert Working Group (2017) Mental Health Care in the Perinatal Period: Australian Clinical Practice Guideline. Melbourne: Centre of Perinatal Excellence.

Results

Of the 215 women who birthed during this period, 133 (62%) had an EPDS score recorded, 19 (9%) declined to complete the EPDS, and 63 (29%) were not completed. Of the women who had an EPDS completed, 117 (88%) had a score less than 10, 5 (4%) had a score of 10-12, and 11 (8%) had a score of 13 or above. Less than a third of women (26%) who birthed in this period had their EPDS recorded at less than 20 weeks gestation. Of those women who did not have the EPDS completed, a greater proportion (70%) were multiparous.

FIG 1: PROPORTION OF WOMEN WHO HAD EPDS COMPLETED DURING THEIR PREGNANCY

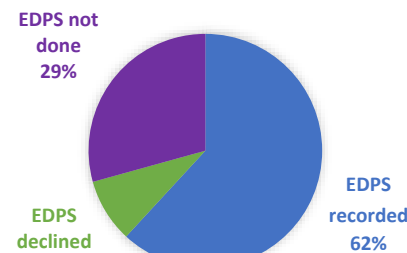


FIG 3: GESTATION AT WHICH EPDS WAS COMPLETED

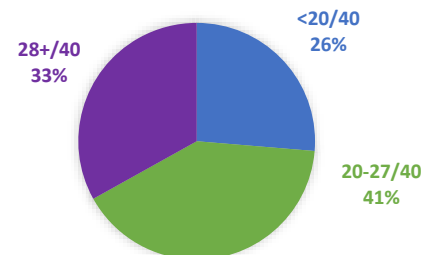


FIG 2: RESULTS OF EPDS

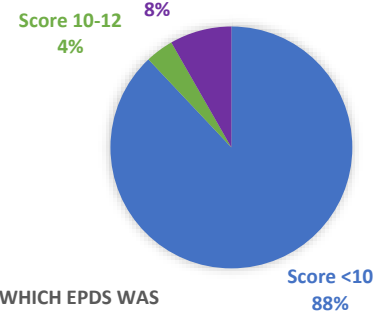
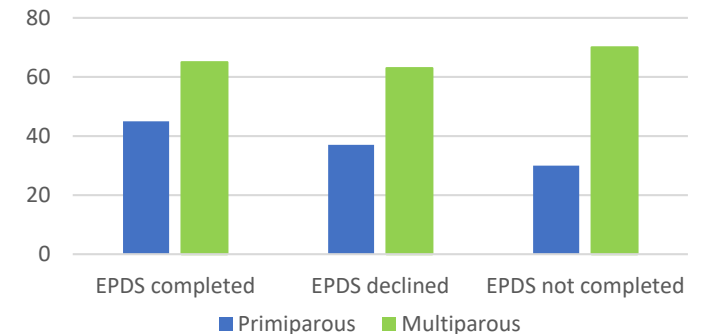


FIG 4: PERCENTAGE OF EPDS COMPLETION IN PRIMIPAROUS AND MULTIPAROUS WOMEN



Depression and anxiety are important mental health concerns facing pregnant women and have adverse outcomes for the woman, child and their families (2). The EPDS is the most extensively studied and widely used screening tool for detection of postpartum depression (3). The EPDS has also been found to be easy to administer and implement, has a high acceptability by the population, and is validated in multiple languages (4).

Despite the fact that this audit found a higher rate of EPDS completion than hypothesized, we are still under utilizing this important tool to help detect depression and anxiety in a large number of our patients. Our hospital guideline recommends performing the EPDS at the maternity booking visit, to allow for prompt recognition and timely referral and management. This audit highlights the need for further education to improve compliance with vital mental health screening during pregnancy for all women.