# Edinburgh Postnatal Depression Scale (EPDS)

Since you are either pregnant or have recently had a baby, we want to know how you feel. Please place a **CHECK MARK** (✔) on the blank by the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**—*not just how you feel today.* Complete all 10 items and find your score by adding each number that appears in parentheses (#) by your checked answer. This is a screening test; not a medical diagnosis. If something doesn't seem right, *call your health care provider regardless of your score.*

*Below is an example already completed.*

I have felt happy:
Yes, all of the time ____ (0)
Yes, most of the time ✔ (1)
No, not very often ____ (2)
No, not at all ____ (3)

*This would mean: "I have felt happy most of the time" in the past week. Please complete the other questions in the same way.*

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 good reason:
   Yes, quite a lot ____ (3)
   Yes, sometimes ____ (2)
   No, not much ____ (1)
   No, not at all ____ (0)

6. Things have been getting to 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)
   No, 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 YOUR SCORE HERE ▶** ____

**Regardless of your score, if you have concerns about depression or anxiety, please contact your health care provider.**

*Please note: The Edinburgh Postnatal Depression Scale (EPDS) is a screening tool that does not diagnose postpartum depression (PPD) or anxiety.*

Edinburgh Postnatal Depression Scale (EPDS). Adapted from the *British Journal of Psychiatry*, June, 1987, vol. 150 by J.L. Cox, J.M. Holden, R. Segovsky.

Version as of 30 Oct 2025

# PARENT HANDOUT

3 - 5 Days (First Week) Health Supervision

**Your child's growth:**

Weight:_____lb. Percentile:_____

Length: _____in. Percentile:_____

Head Circumference:_____cm. Percentile:_____

**Create a MHS GENESIS Patient Portal Account**

1. Scan QR Code with camera
2. Go to website
3. Sign Self-Service Consent
4. Click "Need an Account"
5. Complete the registration process

Click on me to go to the "**HealthyChildren.org**" Website! An American Academy of Pediatrics (AAP) guide to your child's milestones, growth and development. Search by age.

## Parental Well-Being

- Taking care of yourself helps you take care of your baby.
- Remember to go for your postpartum checkup.
- Call for help if you feel sad or blue.

## Infant Adjustment

- Encourage tummy time--put your baby on their tummy when awake and you are there to watch.
- Crying is normal and may increase when your baby is 6-8 weeks old.
- When your baby is crying, comfort them by talking, patting, stroking, and rocking.
- *Never shake your baby.*
- If you feel upset, put your baby in a safe place; call for help.

## Safety

- Use a rear-facing car safety seat in all vehicles.
- Never put your baby in the front seat of a vehicle with a passenger air bag.
- Keep your car and home smoke-free.
- Keep hanging cords or strings away from your baby.
- Keep a hand on your baby when changing clothes or the diaper to prevent falls.
- Avoid bed-sharing. Infants should sleep in the parents' room, on a separate, firm, flat sleep surface designed for infants—ideally for the first 6 months. Place infants on their backs, without soft objects, loose bedding, or padded sides, and use only products that meet current federal safety standards.

## Infant Care

- Wash your hands often. Ensure others wash their hands before touching your baby. Avoid large crowds.
- Read, talk and sing to your baby often. Avoid exposure to TV or digital devices.
- May wash skin with unscented soap; avoid belly button area until fully healed. Avoid sun exposure.

## Feeding

- Breastfeed or bottle-feed 8-12 times per day. Give only breastmilk or iron-fortified formula for the first 12 months.
- Feed your baby when you see signs of hunger, such as putting hand in mouth or sucking, rooting or fussing.
- End feeding when you see signs your baby is full, such as turning away, closing the mouth, or relaxed arms and hands.
- Our Lactation Consultant is here to help with any concerns about feeding your baby. Call our clinic to schedule.
- Most babies should add solid foods at 4–6 months of age. If only breastfeeding, wait until about 6 months old to start solids.

## Medications

- Vitamin D 400 IU per day while breastfeeding or until taking at least 32 ounces of infant formula per day.
- Saline nasal spray/drops as needed.
- No acetaminophen (Tylenol) until after 2 months of age; no ibuprofen (Motrin) until after 6 months of age.

**Next health supervision appointment**: 2 weeks of age.

## REASONS TO GO TO THE ER OR CALL 911:

- Rectal temperature greater than 100.4°F or 38°C
- Made less than 4 urine diapers in 24 hour period
- Significant change in behavior (not sleeping, not waking up, inconsolable crying)
- Green or bloody vomit; bloody stools

**Patient-specific guidance:**

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