

Edinburgh Postnatal Depression Scale (EPDS) in patients experiencing perinatal loss: a single center descriptive study over a 4 year period

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INTRODUCTION

- Reproductive loss affects 1-2 million US women every year ^{1,2}.
- Reproductive loss can encompass miscarriage, stillbirth, neonatal death, and termination of pregnancy.
- Approximately 15-25% of women have mood symptoms (e.g anxiety, depression) after perinatal loss ¹.
- The American College of Obstetrics and Gynecology recommends administering the Edinburgh Postnatal Depression Scale (EPDS) at the initial prenatal visit, later in pregnancy, and at postpartum visits to screen for depressive symptoms ³.

METHODS

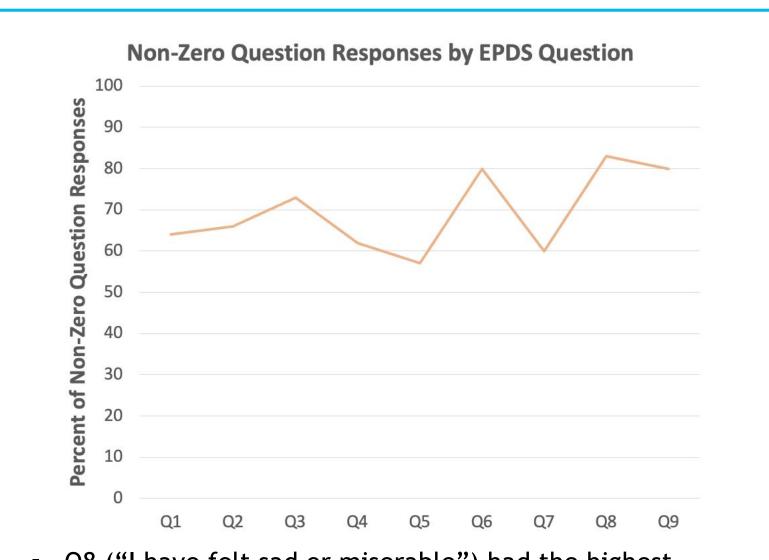
- A total of 147 patients who were admitted to Hackensack University Medical Center (HUMC) between 2021 and 2024 for management of reproductive loss after 20 weeks gestational age were included.
- Total EPDS score and individual EPDS question responses were recorded (n=73)
- Differences in EPDS scores were analyzed based on patient demographics, psychiatric and medical history, and perinatal complications.

RESULTS

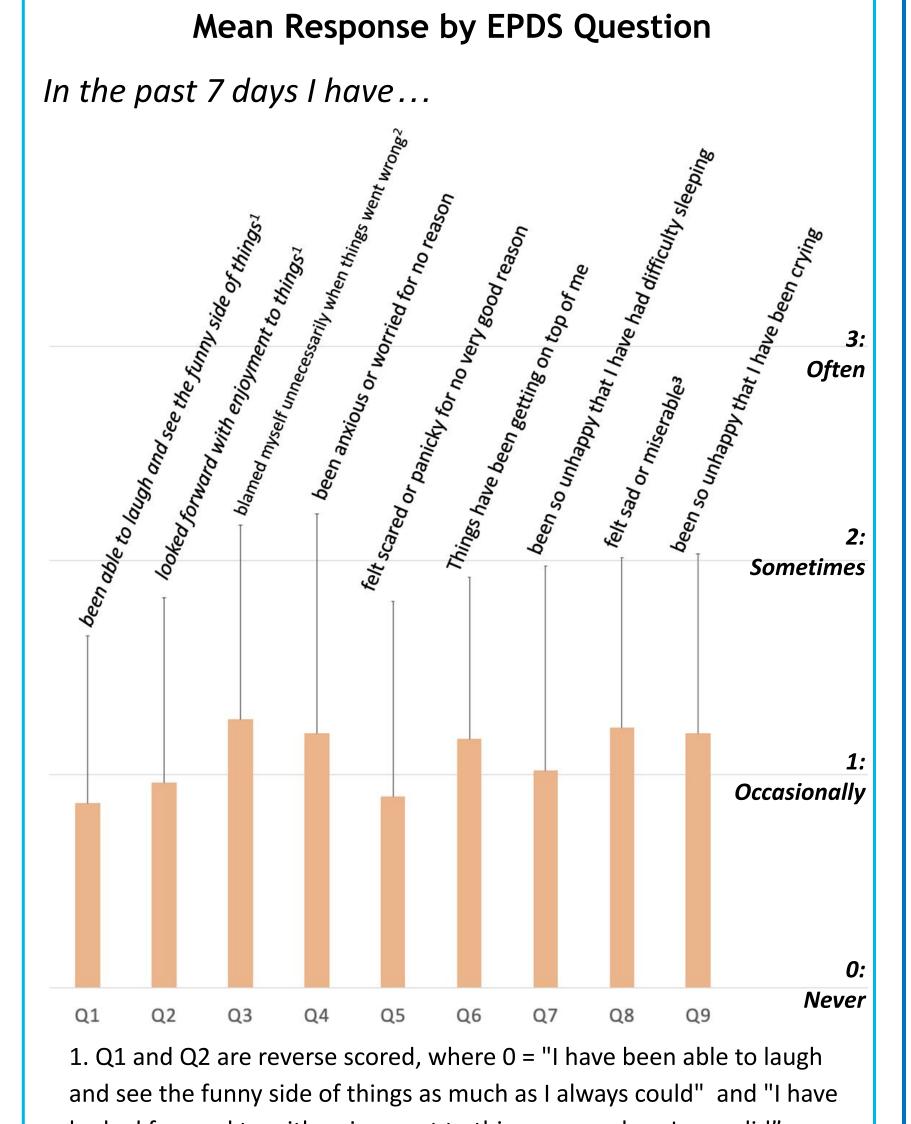
Overview of the Reproductive Loss Population at HUMC

- Patients were an average of 33.5 years old and 27.4 weeks gestational age at the time of loss.
- The average EPDS score was **9.78** with 44% of patients (n=32) scoring 11 or higher.
- EPDS scores did not significantly differ with prior loss, psychiatric history, mode of delivery, insurance status, race, and perinatal complications (e.g., premature rupture of membranes, pre-eclampsia spectrum).
- However, across the sample, responses differed by EPDS question (F(8, 657) =2.18, p = 0.03); some questions were responded to **more frequently** and/or with **higher scores**.

Maternal Demographics	Mean	S	SD .
Maternal Age		33.49	5.55
Gravidity		2.57	1.61
Gestational Age (weeks)		27.38	6.27
Duration of Admission (days)		4.03	4.85
EBL (mL)		357.72	339.16
EPDS Score		9.72	5.21
Hospitalization Characteristics	N	9	6
Prior Reproductive Loss History		19	27.90%
Vaginal Delivery		58	85.30%
Psychiatric Consult Received		18	26.50%
Nulliparous		20	29.40%
Primary Language Spanish		14	20.60%



- Q8 ("I have felt sad or miserable") had the highest proportion of non-zero responses (n=64, 85%)
- Only 1 patient in this sample answered 'Yes' to Q10 ("The thought of harming myself has occured to me")



Q1 and Q2 are reverse scored, where 0 = "I have been able to laugh and see the funny side of things as much as I always could" and "I have looked forward to with enjoyment to things as much as I ever did"
 Q3 ("I have blamed myself unnecessarily when things went wrong") had the highest overall average score (M=1.25, SD=0.91)

DISCUSSION

- A combined EPDS score of 11 maximizes combined sensitivity and specificity in screening for symptom severity requiring further evaluation and treatment ⁴.
- In this study, nearly half of women who experienced perinatal loss had an EPDS score of 11 or higher, but a minority received psychiatric evaluation prior to discharge.
- Higher scores on questions assessing self-blame or guilt are consistent with the emotions more specific to perinatal loss such as grief, guilt and social isolation.
- Further studies should explore alternative or adjunctive screening tools to improve psychological support.

References

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