



Postpartum Assessment Form (Staywell Only)

Patient Info

First Name: _____

Last Name: _____

DOB: _____

Provider: _____

DOS: _____

HEDIS® Postpartum Care

The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery (Please fill in any that are applicable) Suggested HEDIS Codes: 0503F, Z39.2

Delivery Date: ____/____/____ Delivery Type (Vag/C-Sec): _____ GA at delivery: _____

Patient is here for postpartum exam: Y or N How many weeks PP is the patient? _____

BP: _____ Weight: _____

Breast Evaluation: Normal or Abnormal Comments: _____

Breastfeeding: Y or N Comments: _____

Abdominal Evaluation: Normal or Abnormal Comments: _____

Perineal or cesarean incision wound check: Normal or Abnormal Comments: _____

Pelvic Exam/Pap completed today? Y or N Comments: _____

Birth Control: OCP Depo Patch IUD Condoms Foam None Other _____

Screened for depression, anxiety, tobacco use, substance use disorder, or pre-existing mental health disorders: Y or N Comments/Findings: _____

Postpartum Depression Screening

Please complete full EPDS questionnaire on the next page:



Scoring

Questions 1, 2 & 4 (without an *)

Are scored 0, 1, 2 or 3 with top box scored as 0 and the bottom box scored as 3.

Questions 3, 5-10 (marked with an *)

Are reversed scored, with the top box scored as a 3 and the bottom box scored as 0.

Maximum score: 30

Possible Depression: 10 or greater

Always look at item 10 (suicidal thoughts)



As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please choose the answer that comes closest to how you have felt **IN THE PAST 7 DAYS** and not just how you feel today.

In the past 7 days

- | | |
|--|---|
| <p>1. I have been able to laugh and see the funny side of things</p> <p><input type="checkbox"/> As much as I always could</p> <p><input type="checkbox"/> Not quite so much now</p> <p><input type="checkbox"/> Definitely not so much now</p> <p><input type="checkbox"/> Not at all</p> | <p>*6. Things have been getting on top of me</p> <p><input type="checkbox"/> Yes, most of the time I haven't been able to cope at all</p> <p><input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual</p> <p><input type="checkbox"/> No, most of the time I have coped quite well</p> <p><input type="checkbox"/> No, I have been coping as well as ever</p> |
| <p>2. I have looked forward with enjoyment to things</p> <p><input type="checkbox"/> As much as I ever did</p> <p><input type="checkbox"/> Rather less than I used to</p> <p><input type="checkbox"/> Definitely less than I used to</p> <p><input type="checkbox"/> Hardly at all</p> | <p>*7. I have been so happy that I have had difficulty sleeping</p> <p><input type="checkbox"/> Yes, most of the time</p> <p><input type="checkbox"/> Yes, sometimes</p> <p><input type="checkbox"/> Not very often</p> <p><input type="checkbox"/> No, not at all</p> |
| <p>*3. I have blamed myself unnecessarily when things went wrong</p> <p><input type="checkbox"/> As much as I always could</p> <p><input type="checkbox"/> Not quite so much now</p> <p><input type="checkbox"/> Definitely not so much now</p> <p><input type="checkbox"/> Not at all</p> | <p>*8. I have felt sad or miserable</p> <p><input type="checkbox"/> Yes, most of the time</p> <p><input type="checkbox"/> Yes, quite often</p> <p><input type="checkbox"/> Not very often</p> <p><input type="checkbox"/> No, not at all</p> |
| <p>4. I have been anxious or worried for no good reason</p> <p><input type="checkbox"/> No, not at all</p> <p><input type="checkbox"/> Hardly ever</p> <p><input type="checkbox"/> Yes, sometimes</p> <p><input type="checkbox"/> Yes, very often</p> | <p>*9. I have been so unhappy that I have been crying</p> <p><input type="checkbox"/> Yes, most of the time</p> <p><input type="checkbox"/> Yes, quite often</p> <p><input type="checkbox"/> Not very often</p> <p><input type="checkbox"/> No, not at all</p> |
| <p>*5. I have felt scared or panicky for no very good reason</p> <p><input type="checkbox"/> Yes, quite a lot</p> <p><input type="checkbox"/> Yes, sometimes</p> <p><input type="checkbox"/> No, not much</p> <p><input type="checkbox"/> No, not at all</p> | <p>*10. The thought of harming myself has occurred to me</p> <p><input type="checkbox"/> Yes, quite a lot</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Hardly ever</p> <p><input type="checkbox"/> Never</p> |

Administered/Reviewed by: _____ Date: ____/____/____

Mothers who score above 13 are likely to be suffering from a depressive illness of varying severity. The EPDS score should not override clinical judgment. A careful clinical assessment should be carried out to confirm the diagnosis. The scale indicates how the mother has felt **during the previous week**. In doubtful cases, it may be useful to repeat the tool after 2 weeks. The scale will not detect mothers with anxiety neuroses, phobias or personality disorders. Women with postpartum depression need **not** feel alone. They may find useful information on the web sites of the National Women's Health Information Center <www.4women.gov> and from groups such as Postpartum Support International <www.chss.iup.edu/postpartum> and Depression after Delivery <www.depressionafterdelivery.com>.

Provider Signature: _____ Date: ____/____/____

OBGYN CNM PCP ARNP PA

¹Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786.

²Source: K.L Wisner, B.L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

