

2014-2015 BIH Data Quality Reminder 3.0
Released 10/7/14

EDINBURGH POSTNATAL DEPRESSION SCALE (EPDS) @ 6-8 WEEKS POSTPARTUM

This instrument is used primarily to identify clients at risk for postpartum depression. One of the findings from the BIH Annual Report FY 2013-2014 for cases where clients were still in the program at 6-8 weeks postpartum showed that the EPDS was either:

- 1) Not being administered at all
- 2) Not being administered at the correct timeframe

While it has been acknowledged that the tool has been used at different stages from 6-8 weeks postpartum, the scale that is entered into the MCAH-BIH-MIS must be collected at 6-8 weeks postpartum.

Reporting on timely collection of the EPDS is based upon comparing the date the instrument was collected with the date of birth of the baby which should come from either the Pregnancy Outcome Form or the Postpartum Assessment 1.

Here's how the both fields should look in the form and then in the MIS:

FORM

PREGNANCY OUTCOME

Client Name:	FHA Name:
BIH ID #:	Date (MM/DD/YY):
Local ID #:	If Born Alive, Birth Certificate State File Number:

FHA: Fill in the information below based on what you know about the pregnancy outcome. Please rer that it is the client's choice to share information about her pregnancy. If she chooses to provide inform **please complete one form for each infant or fetus.** For birth weight, circle pounds and ounces (lbs/oz) (gm). For delivery codes circle C for Cesarean (C-section) or V for vaginal.

Name and city of delivery hospital: _____

Number of infants or fetuses carried in this pregnancy:

- One (Singleton) Two* (Twins) Three* (Triplets) Four or more* (Quadruple)

Infant or Fetus	Name:				
Pregnancy Outcome	Pregnancy End Date	Birth Date	Birth wt lbs/oz gm	Gestational age (weeks)	Type of delivery
Baby born alive and now living		6/15/2014	lbs/oz gm		C V

POSTPARTUM ASSESSMENT 1

Client Name:	FHA Name:
BIH ID #:	Date (MM/DD/YY): 7/15/2014
Local ID #:	Baby's Date of Birth (MM/DD/YY): 6/15/2014

MUST match baby's date of birth on Pregnancy Outcome Form for validation



EDINBURGH POSTNATAL DEPRESSION SCALE (EPDS)

Client Name:	FHA Name:
BIH ID #:	Date (MM/DD/YY): Must be between 7/27/14 and 8/16/2014
Local ID #:	Baby's Date of Birth (MM/DD/YY): 6/15/2014



MIS

Pregnancy Outcome

Case: * KDE Status: Done

Date: 6/22/2014

Fetus Number: 01

State File Number:

Local File Number:

Delivery Hospital Name:

Infant First Name:

Infant Middle Name:

Infant Last Name:

Infant Gender: Male

Pregnancy Outcome: Baby born alive and now living

Pregnancy End Date: Select a date

Birth Date: 6/15/2014

Birth Weight Pounds/Ounces: 7 / 6.0

Gestation Weeks: 39

Delivery Type: Vaginal

Death Date: Select a date

Reason for miscarriage, stillbirth, or cause of infant death:

Fields marked with an asterisk (*) are required.



Postpartum Assessment 1

Case: KDE Status: Done

Date: 7/15/2014

WIC
 Food stamps
 Emergency food assistance
 Other (Please tell us): __
 Other:

Are you receiving any of the following for your baby? (Check all that apply.)

Medi-Cal
 WIC
 Other (Please tell us): __
 Other:

TANF
 SSI/disability
 County/court support
 General relief/assistance
 Cal Works/Cal Learn
 Other (Please tell us): __
 I have no income
 Other:

What is your current employment status (including self-employment)?

Are you going to school right now?

Other:

When was your baby born?



Edinburgh Postnatal Depression Scale (EPDS)

Case: KDE Status: Done

Date: 8/6/2014

This date is within 6-8 weeks postpartum timeframe (7/27 - 8/16)