

# Quick Guide to Screening Tools



TOOL	USE	CUTOFF	CULTURAL CONSIDERATIONS
EPDS	Depression in perinatal period	11+	Normalize mental health conversation due to stigma. Clarify somatic questions (sleep, energy).
PHQ-9	General depression	10+	Use warm language when asking. Follow up on question 9 (suicidality).
GAD-7	Anxiety symptoms	10+	Probe for fears related to safety, systemic racism, and trauma.
PASS	Perinatal-specific anxiety	26+	Can be more sensitive for perinatal stressors. Normalize emotional highs/lows.
MDQ	Bipolar disorder	Positive = 7+ symptoms + impairment	Rule out before prescribing antidepressants. Use plain language to explain mood shifts.

## When to Screen:

- Every prenatal visit
- Postpartum: 2 weeks, 4 weeks and 6 weeks
- Anytime a concern arises

**Tip:** Always discuss the results face-to-face and with empathy. Consider language like, "These results help us understand how you've been feeling. Let's talk about next steps."

## References:

ACOG. Screening for Perinatal Depression and Anxiety. <https://acog.org>  
 Policy Center for Maternal Mental Health. Screening Tools Overview. <https://policycentermmh.org>  
 El-Den et al. (2022). Systematic Review: EPDS Validity. <https://doi.org/10.3390/jcm11195761>  
 This resource is based on evidence-informed best practices and national screening guidelines.