Pt Name: _____

DOB: _____

Patient #: _____

Date of Service: _____

NOTE: Not a permanent part of the chart – Enter Total score into Intergy – Shred Document

Edinburgh Postnatal Depression Scale (EPDS)

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

Here is an example, already completed.

I have felt happy:
☐Yes, all the time
☒Yes, most of the time
☐No, not very often
☐No, not all

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

In the past 7 days:

1. I have been able to laugh and see the funny side of things
   - ☐ As much as I always could
   - ☐ Not quite so much now
   - ☐ Definitely not so much now
   - ☐ Not at all
2. I have looked forward with enjoyment to things
   - ☐ As much as I ever did
   - ☐ Rather less than I used to
   - ☐ Definitely less than I used to
   - ☐ Hardly at all

*3. I have blamed myself unnecessarily when things went wrong
   - ☐ Yes, most of the time
   - ☐ Yes, some of the time
   - ☐ Not very often
   - ☐ No, never

4. I have been anxious or worried for no good reason
   - ☐ No, not at all
   - ☐ Hardly ever
   - ☐ Yes, sometimes
   - ☐ Yes, very often

*5. I have felt scared or panicky for no very good reason
   - ☐ Yes, quite a lot
   - ☐ Yes, sometimes
   - ☐ No, not much
   - ☐ No, not at all

*6. Things have been getting on top of me
   - ☐ Yes, most of the time I haven't been able to cope at all
   - ☐ Yes, sometimes I haven't been coping as well as usual
   - ☐ No, most of the time I have coped quite well
   - ☐ No, I have been coping as well as ever

*7. I have been so unhappy that I have had difficulty sleeping
   - ☐ Yes, most of the time
   - ☐ Yes, sometimes
   - ☐ Not very often
   - ☐ No, not at all

*8. I have felt sad or miserable
   - ☐ Yes, most of the time
   - ☐ Yes, quite often
   - ☐ Not very often
   - ☐ No, not at all

*9. I have been so unhappy that I have been crying
   - ☐ Yes, most of the time
   - ☐ Yes, quite often
   - ☐ Only occasionally
   - ☐ No, never

*10. The thought of harming myself has occurred to me
   - ☐ Yes, quite often
   - ☐ Sometimes
   - ☐ Hardly ever
   - ☐ Never

Administered/Reviewed by: _____

[1]Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale Britisch Journal of Psychiatry 150:782-786.
[2]Source: K.L. Wisner, B.L. parry, C.M. Piontek, Postparteum Depression N Engl J Med vol. 347, No 3, July 18,2002.

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BRIGHT FUTURES HANDOUT ▶ **PARENT**

FIRST WEEK VISIT (3 TO 5 DAYS)

Here are some suggestions from Bright Futures experts that may be of value to your family.

HOW YOUR FAMILY IS DOING

- If you are worried about your living or food situation, talk with us. Community agencies and programs such as WIC and SNAP can also provide information and assistance.
- Tobacco-free spaces keep children healthy. Don't smoke or use e-cigarettes. Keep your home and car smoke-free.
- Take help from family and friends.

FEEDING YOUR BABY

- Feed your baby only breast milk or iron-fortified formula until he is about 6 months old.
- Feed your baby when he is hungry. Look for him to
  - Put his hand to his mouth.
  - Suck or root.
  - Fuss.
- Stop feeding when you see your baby is full. You can tell when he
  - Turns away
  - Closes his mouth
  - Relaxes his arms and hands
- Know that your baby is getting enough to eat if he has more than 5 wet diapers and at least 3 soft stools per day and is gaining weight appropriately.
- Hold your baby so you can look at each other while you feed him.
- Always hold the bottle. Never prop it.

If Breastfeeding

- Feed your baby on demand. Expect at least 8 to 12 feedings per day.
- A lactation consultant can give you information and support on how to breastfeed your baby and make you more comfortable.
- Begin giving your baby vitamin D drops (400 IU a day).
- Continue your prenatal vitamin with iron.
- Eat a healthy diet; avoid fish high in mercury.

If Formula Feeding

- Offer your baby 2 oz of formula every 2 to 3 hours. If he is still hungry, offer him more.

HOW YOU ARE FEELING

- Try to sleep or rest when your baby sleeps.
- Spend time with your other children.
- Keep up routines to help your family adjust to the new baby.

BABY CARE

- Sing, talk, and read to your baby; avoid TV and digital media.
- Help your baby wake for feeding by patting her, changing her diaper, and undressing her.
- Calm your baby by stroking her head or gently rocking her.
- *Never hit or shake your baby.*
- Take your baby's temperature with a rectal thermometer, not by ear or skin; a fever is a rectal temperature of 100.4°F/38.0°C or higher. Call us anytime if you have questions or concerns.
- Plan for emergencies: have a first aid kit, take first aid and infant CPR classes, and make a list of phone numbers.
- Wash your hands often.
- Avoid crowds and keep others from touching your baby without clean hands.
- Avoid sun exposure.

Helpful Resources: Smoking Quit Line: 800-784-8669 | Poison Help Line: 800-222-1222
Information About Car Safety Seats: www.safercar.gov/parents | Toll-free Auto Safety Hotline: 888-327-4236

FIRST WEEK VISIT (3 TO 5 DAYS)—PARENT

SAFETY

- Use a rear-facing–only car safety seat in the back seat of all vehicles.
- Make sure your baby always stays in his car safety seat during travel. If he becomes fussy or needs to feed, stop the vehicle and take him out of his seat.
- Your baby's safety depends on you. Always wear your lap and shoulder seat belt. Never drive after drinking alcohol or using drugs. Never text or use a cell phone while driving.
- Never leave your baby in the car alone. Start habits that prevent you from ever forgetting your baby in the car, such as putting your cell phone in the back seat.
- Always put your baby to sleep on his back in his own crib, not your bed.
  - Your baby should sleep in your room until he is at least 6 months old.
  - Make sure your baby's crib or sleep surface meets the most recent safety guidelines.
- If you choose to use a mesh playpen, get one made after February 28, 2013.
- Swaddling should be used only with babies younger than 2 months.
- Prevent scalds or burns. Don't drink hot liquids while holding your baby.
- Prevent tap water burns. Set the water heater so the temperature at the faucet is at or below 120°F /49°C.

WHAT TO EXPECT AT YOUR BABY'S 1 MONTH VISIT

We will talk about

- Taking care of your baby, your family, and yourself
- Promoting your health and recovery
- Feeding your baby and watching her grow
- Caring for and protecting your baby
- Keeping your baby safe at home and in the car

Consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents,* 4th Edition

For more information, go to https://brightfutures.aap.org.

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Immunizations for Babies

A Guide for Parents

These are the vaccinations your baby needs!

At birth[1,2]	**HepB**		**RSV-mAb[1]** 0–7 mos																
2 months[1,2]	**HepB** 1–2 mos[2]	+	**DTaP**	+	**PCV**	+	**Hib**	+	**Polio**	+	**RV**								
4 months[1,2]	**HepB[3]**	+	**DTaP**	+	**PCV**	+	**Hib**	+	**Polio**	+	**RV**								
6 months[1,2]	**HepB** 6–18 mos[2]	+	**DTaP**	+	**PCV**	+	**Hib[4]**	+	**Polio** 6–18 mos[2]	+	**RV[5]**	+	**Influenza[6]**	+	**COVID[7]**				
12 months and older[1,2]	**MMR** 12–15 mos[2]	+	**DTaP** 15–18 mos[2]	+	**PCV** 12–15 mos[2]	+	**Hib** 6–18 mos[2]	+	**Chickenpox** 12–15 mos[2]	+	**HepA[8]** 12–23 mos[2]	+	**Influenza[6]**						

Check with your doctor or nurse to make sure your baby is receiving all vaccinations on schedule. Many times vaccines are combined to reduce the number of injections. Be sure you ask for a record card with the dates of your baby's vaccinations; bring this with you to every visit.

Here's a list of the diseases your baby will be protected against:

HepB: hepatitis B, a serious liver disease

DTaP: diphtheria, tetanus (lockjaw), and pertussis (whooping cough)

PCV: pneumococcal conjugate vaccine protects against a serious blood, lung, and brain infection

Hib: *Haemophilus influenzae* type b, a serious brain, throat, and blood infection

Polio: polio, a serious paralyzing disease

RSV: respiratory syncytial virus, a serious lung infection

RV: rotavirus infection, a serious diarrheal disease

Influenza: a serious lung infection

MMR: measles, mumps, and rubella

COVID-19: a serious and highly infectious disease

HepA: hepatitis A, a serious liver disease

Chickenpox: also called varicella

Notes to above chart:

1. From October through March, infants age birth through 7 months may need RSV preventive antibody (RSV-mAb) if RSV vaccine was not given during pregnancy. Certain older infants age 8 through 19 months may need RSV-mAb during their second RSV season.
2. This is the age range in which this vaccine should be given.
3. Your baby may not need a dose of Hep B vaccine at age 4 months, depending on the vaccine used. Check with your doctor or nurse.
4. Your baby may not need a dose of Hib vaccine at age 6 months, depending on the vaccine used. Check with your doctor or nurse.
5. Your baby may not need a dose of RV vaccine at age 6 months, depending on the vaccine used. Check with your doctor or nurse.
6. All children age 6 months and older should be vaccinated against influenza in the fall or winter of each year.
7. Your child will need 2 or 3 doses, depending on the brand of COVID-19 vaccine given.
8. Your child will need 2 doses of HepA vaccine, given at least 6 months apart.

Immunize.org

FOR PROFESSIONALS www.immunize.org / **FOR THE PUBLIC** www.vaccineinformation.org

www.immunize.org/catg.d/p4010.pdf

Item #P4010 (12/8/2023)

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