

Strategies to Improve Identification of Postpartum Depression, Follow up, and Continuity of Care among Women

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Introduction

- Postpartum depression (PPD) is a serious mental health disorder, characterized by severe feelings of sadness that occurs in a significant number of women with symptoms generally appearing in the first 2 months to one-year postpartum (ACOG, 2013).
- Estimates of prevalence range from 3% to 20% (Mudahar, n.d.).
- PPD is multifactorial, including such influential factors as race, ethnicity, gender, age, social constructs and community.
- Pregnant women represent a vulnerable population and they are at an increased risk of complications from postpartum depression.
- Postpartum Support International (PSI) found over 30% of Latinas suffer from postpartum depression that continues to be the number one complication of pregnancy (Puryear, 2007).
- PPD has significant consequences for the well-being of mothers and their children including but not limited to the inability to care for themselves and/or their infants, disconnect from their infant, and worrying that she may harm the baby or herself (CDC, 2016).
- State and national legislation has addressed the importance of identifying and treating PPD.

Purpose and Objectives

- The purpose of the presentation is to explore additional measures that may improve perinatal and postpartum identification, follow-up and continuity of care among women.
- By the end of this presentation the participant will be able to list three risk factors associated with the development of PPD.
- By the end of this presentation the participant will be able to articulate three undesirable effects of PPD on the mother and infant.
- By the end of this presentation the participant will be able to identify three strategies for PPD screening, follow up, and continuity of care.

Discussion

- Postpartum depression (PPD) is a major public health issue that leads to significant negative consequences for the mother, child, family, community and broader society.
- Women in lower socioeconomic strata experience depression in higher numbers than their counterparts in upper socioeconomic groups.
- Women with lower levels of education are more prone to develop PPD.
- Increased depression rates among Hispanic women and Latinas are less likely to be identified as depressed (Chaudron, et al., 2005).
- The negative impact that PPD has on Latina's and all mothers including poor parenting behaviors, negative maternal-infant bonding and attachment, and inadequate care to their child (Demissie, 2011).
- PPD care necessitates both clinical and policy consideration (Kozhimannil, 2011).

Interprofessional Collaboration

- Employ a licensed Mental Health clinician (APN) with the language skills, cultural sensitivity, and clinical competence at New Jersey hospitals to implement a multidisciplinary approach to PPD screening and treatment.
- Incorporate an inter-collaborative PPD screening by Pediatricians and Advanced Practice Nurses (APNs) at routine newborn visits for the first year.

Implications for Practice

- All women are recommended to be screened for depression during their pregnancy and at their postpartum visit (ACOG, 2010).
- Integrate mental health screening into routine primary care for pregnant and postpartum women and to follow up this screening with treatment or referral and with follow-up care.
- Employ a licensed Mental Health clinician with the language skills, cultural sensitivity, and clinical competence at Hospitals to implement a multidisciplinary approach to PPD screening and management.
- Incorporate "MADRE SALUDABLE, FAMILIA FELIZ" DVD into the postpartum depression screening for Latina women.
- As Advanced Practice Nurses, our efforts are to educate women about PPD, deliver high-quality care, and improve continuity of care, while helping to eliminate societal disparities that exist.

Conclusion

- Despite the increased exposure and public awareness, PPD remains largely undetected, and subsequently undiagnosed, and untreated (Glasser, 2010; Kozhimannil et al., 2011).
- Environmental issues can add benefit or stress to the human system and therefore needs to be included when evaluating the mental health risk of woman.
- Social determinants of health including low income and education levels, cultural beliefs and role expectations presents an opportunity for health care providers to be active in all aspects of policy to promote women's health and advocate on this important issue.
- Inter-professional collaboration among Obstetricians, Pediatricians, APNs, and Mental Health clinicians across healthcare settings to provide education, screening and treatment for the first postpartum year.
- Depression screening and treatment is imperative to population health, is vital to improve the Nation's Health, and plays an important role in health prevention and protection of pregnant women (ACOG, 2013).

DNP Essentials

- Scientific Underpinnings for Practice (AACN, 2006).
- Organizational and Systems Leadership for Quality Improvement and Systems Thinking (AACN, 2006).
- Health Care Policy for Advocacy in Healthcare (AACN, 2006).
- Inter-professional collaboration for Improving Patient and Population Health Outcomes (AACN, 2006).
- Clinical Prevention and Population Health for Improving the Nation's Health (AACN, 2006).
- Advanced Nursing Practice (AACN, 2006).

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