

Improving Nursing Practice for Postpartum Depression Screening

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Purpose/Background



Sentara Northern Virginia Medical Center’s (SNVMC) Women’s and Children’s Services sought to answer the question, “Do nurses, when educated on postpartum depression and correct use of the Edinburgh Postnatal Depression Scale (EPDS) tool demonstrate sustained change in their nursing practice?”

SNVMC’s Women’s and Children’s Services, serving a widely diverse population, is located in northern Virginia and delivers 2000 births annually. This ethnically and culturally diverse region challenges healthcare professionals with over 23 non-English dialects and even greater cultural practices represented by area residents.

Postpartum depression is a world-wide complication of pregnancy affecting more than 20% of women. Early identification of those at risk is key to accessing treatment and support services for the best outcomes for both mother and newborn. Inconsistent screening has led to underreporting and lack of proper treatment and support. To help identify at-risk patients, an in-patient early screening program was implemented system wide.

Objectives

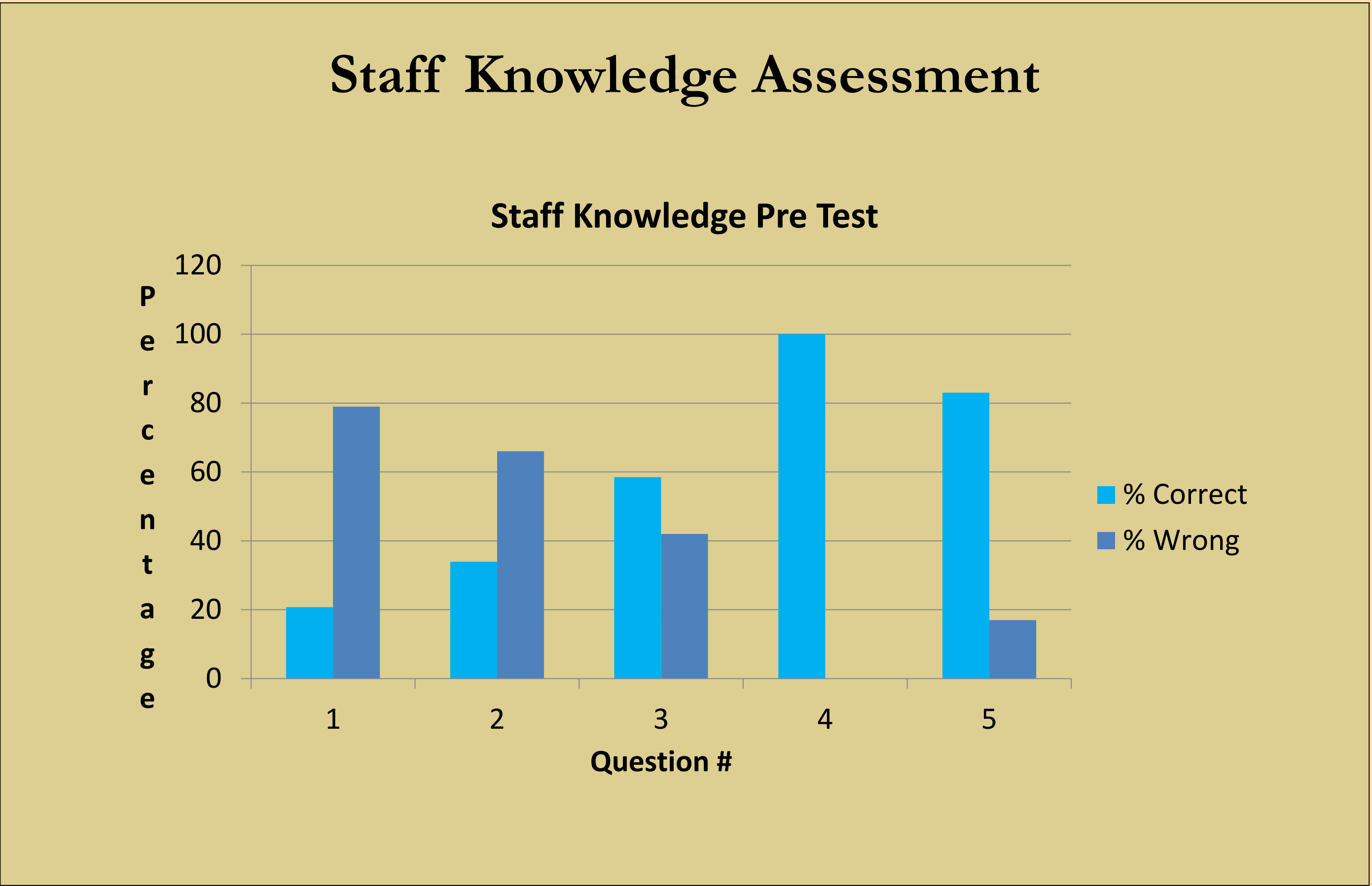
A quality improvement initiative was undertaken to create a sustained change in nursing practice as a result of an identified need for staff education regarding awareness and knowledge of postpartum depression. The initiative consisted of an assessment of staff knowledge , staff education on the correct use of the Edinburgh Postnatal Depression Scale tool, and interdisciplinary collaboration.

The initiative documented over time the evidence-based practice change of postpartum nurses following the implementation of the EPDS tool. The tool provided early identification of at-risk patients in need of care coordination and support services prior to discharge.

Process Improvement

- Staff Knowledge Assessment
- Mandatory Staff Education
- Collaboration with Physician Partners
- Collaboration with Psychiatric Services

Knowledge Assessment



- Question1: Most commonly used PPD screening tool?
- Question 2: Percent of women who experience PPD?
- Question 3: Medication is used to treat PPD: T/F
- Question 4: Case scenario/Screen this mother: T/F
- Question 5: Fathers may complete the screen: T/F

Education focused on awareness of and information about PPD, strategies for delivering culturally competent care, correct use of the EPDS tool, and pathways for accessing treatment and support services.

Pathway for Screening Using EPDS

- All postpartum mothers on day of discharge following live birth
- Tool explained by RN and completed by mother privately
- Screening tool available in multiple languages
- Form collected, assessed, documented by RN
- Intervention based on summative score
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Pathway for Treatment

Pathway for Treatment & Accessing Support Services

EPDS score <11:

- Routine Postpartum discharge
- Discharge teaching to include printed reference material

EPDS score 11-13:

- Notify MD & consider SW Consult
- Discharge teaching to include printed reference material and support services
- Follow-up phone call within 72 hours
- Confirm follow-up appointments

EPDS score 14-30:

- Notify MD & consider SW Consult
- Consider In-patient Psych Consult
- All evals & orders completed prior to discharge
- Discharge teaching to include printed reference material and support services
- Follow-up phone call within 72 hours
- Confirm follow-up appointments
- Use of Immediate Risk algorithm with positive response to thoughts of harming self or others

Conclusions/Implications

As a result of this initiative, interprofessional dialog occurred between healthcare providers and consumers. Postpartum depression is a disease that requires a therapeutic response from all providers who communicate with each other over the continuum of care. Nurses are in key positions to ensure this continuity occurs. An evidence-based change in nursing practice will be demonstrated with 3-month & 6-month survey results identifying improved identification of at-risk patients and timely access to treatment and support services .

References

- Adler, J., Fink, N., Bitzer, J., Hosli, I., & Holzgrene, W. (2007). Depression and anxiety during pregnancy: A risk factor for obstetric, fetal, and neonatal outcome? A critical review of literature. *Journal of Maternal-Fetal Medicine*, 20(3), 189-209.
- Beck, C. T. (2006). Postpartum depression- It isn't just the blues. *American Journal of Nursing*, 106(5), 40-50.
- Cox, J.L., Holden, J.M., & Sagovsky, R. (1987). Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry*, 150, 782-786.
- Coyle, B., Adams, C. (2002). The EPDS: Guidelines for its use as part of maternal mood assessment. *Community Practitioner*, 75: 394-395.
- Dennis, C._L., & McQueen, K. (2009). The relationship between infant outcomes and postpartum depression: A qualitative systematic review. *Pediatrics*, 123, e736-e751.