Title:

Early Detection of Postpartum Depression: Evidence Based Risk Assessment Guidelines

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Session Title:

Rising Stars of Nursing Invited Posters - Group 2

Slot (superslotted):

RSG STR 2: Friday, September 26, 2014: 10:00 AM-10:30 AM

Slot (superslotted):

RSG STR 2: Friday, September 26, 2014: 11:45 AM-1:00 PM

Slot (superslotted):

RSG STR 2: Friday, September 26, 2014: 3:00 PM-3:30 PM

Keywords:

Postpartum depression, Predicators of postpartum depression and Risk assessment guidelines, Edinburgh Postnatal Depression Scale (EPDS).

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Learning Activity:

LEARNI NG OBJECTI VES	EXPAN DED CONTE NT OUTLIN E	TIME ALLOT TED	FACULTY/SPE AKER	TEACHING/LEA RNING METHOD	EVALUATION/FE EDBACK
Example	Example	Example	Example	Example	Example
Critique selected definition of the term, "curriculu m"	Definitions of "curriculum" Course of study Arrange ments of instructional materials The subject matter that is taught Cultural "training" Planned engagement of learners	20 minutes	Name, Credentials	Lecture PowerPoint presentation Participant feedback	Group discussion: What does cultural training mean to you?
1.List the common risk factors of postpartu m depression	List of common risk factors of postpartu m depressio n from literature review. Explain the	15 minutes	Beena Joseph, MSN, RNC- MNN	Poster presentation and Discussion	What are the common psotpartum depression risk factors identified from your practice? Have you noticed one more of these risk factors listed with your patients? If so how often and what did you do to address those risk factors?

	evidence supportin g the common risk factors of postpartu m depressio n.				
2.Identify the evidence based postpartu m risk assessment guidelines for early detection of postpartu m depression (PPD).	risk assessme nt guideline s for early	15 minutes	Beena Joseph, MSN, RNC- MNN	Poster presentation and Discussion	Are you using any postpartum risk assessment guidelines or tools at your facility to identify high risk postpartum mothers? Do you think implementing an evidence based guideline/tool will allow early detection of postpartum depression? if so, how?

Abstract Text:

Early detection of postpartum depression (PPD) is vital in improving maternal and newborn health. PPD affects 10-20% of the postpartum women (Caple & Schub, 2011). This project proposes guidelines for early identification of PPD by using evidence based risk assessment tools. The needs assessment was performed in a postpartum unit of a suburban hospital, serving the community of Greater Houston. Texas. Based on the Mental Health America (MHA) of Greater Houston 2007-2009 report, depression hits women in their childbearing age, especially between 25-44 years of age. The children of mothers who had PPD are 4-times at risk for developing psychiatric illness compared to the children of mothers who did not have PPD (Neiman, Carter, Van Sell, & Kindred, 2010). PPD is a global issue. The international rate of PPD is consistent with the reported rate of 10-20 % in United States. Examples of international reported rates are; Zimbabwe (16%), India (23%), Japan (17%), Italy (15%) (Becks et al., 2006). The literature review provided an important look at risk factors for PPD. Antenatal depression, antenatal anxiety, history of depressive illness, presence of any existing life stress, and level of selfesteem, the amount of social support available, marital or partner status, satisfaction with the marital relationship, undesirable or unintended pregnancy, socioeconomic stability, newborn characters and temper, child care stress, and presence of motherhood blues were recognized as the predictors of PPD (Beck, 2001; Beck et al., 2006). In addition to the 13 substantial PPD risk factors identified by Beck (2001), current or history of drug abuse (Ross & Dennis, 2009), and delivery of a premature or low birth

weight baby (Vigod, Villegas, Dennis, & Ross, 2010) are significant with the target population. A close follow up patterns for those who are potential candidates for developing PPD is imperative (Beck et al., 2006). Universal testing and evaluation of PPD is a standard of care in England, but not in United States (Caple & Schub, 2011). Health care workers can support the mission of early assessment and screening for PPD, by learning and sharing information about PPD assessment and screening, educating the patient and asking about history of PPD or other risk factors, and administering a PPD screening tool for review (Caple & Schub, 2011). Health care workers need to be more active in educating patients, and community about PPD that affects marked number of women in the society (Schanie, Pinto-Foltz, & Logsdon, 2008). Several researchers emphasized the need for early identification of women who are more likely to develop PPD after childbirth (Anderson, 2010; Neiman et al., Austin et al., 2008; Beck et al.,2006). A routine antenatal psychosocial review may increase the provider's consciousness of psychosocial risk (Austin et al., 2008; Neiman et al., 2010). An integrated approach with screening and intervention program in the obstetric settings will improve the help-seeking activities in PPD (Chen, Wang, Ch'ng, Mingoo, Lee, & Ong, 2011). The review of literature supports the key role nurses play in assessing, and counseling women about PPD. In addition, research supports the need to identify at risk groups early to initiate teaching, and therapy. A checklist based on the PPD risk factors and EPDS may be helpful in identifying the women at risk for PPD. The literature review done for this project shows Edinburgh Postnatal Depression Scale (EPDS) is the valuable and a simple assessment tool for PPD risk assessment. The primary investigator based on the literature review developed the part-1 (PPD Risk Factor Assessment Checklist) and part-2 (EPDS and PPD Screening) EBP guidelines for the proposal of in-patient PPD risk assessment guidelines. The Beck's Postpartum Depression Theory guided the preparation of Evidence Based Practice (EBP) guidelines. The Rogers' Diffusion of Innovations Theory will guide the implementation and evaluation process.