

Screening for Anxiety in the Birth Center Setting: A Quality Improvement Project



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Risk Factors for Postpartum Anxiety

- History of anxiety or depression
- Lack of social support
- Antenatal anxiety
- History of PPA or PMS
- Young maternal age
- Low socioeconomic status
- Low level of educational attainment (ref here)

Symptoms of Postpartum Anxiety

- Confusion
- Indecisiveness
- Tension
- Constant worry
- Insomnia
- Racing thoughts
- Feelings of impending doom
- Changes in appetite
- Inability to sit still
- Dizziness, hot flashes, nausea, heart palpitations, tingling fingers (Postpartum Support International, 2016)

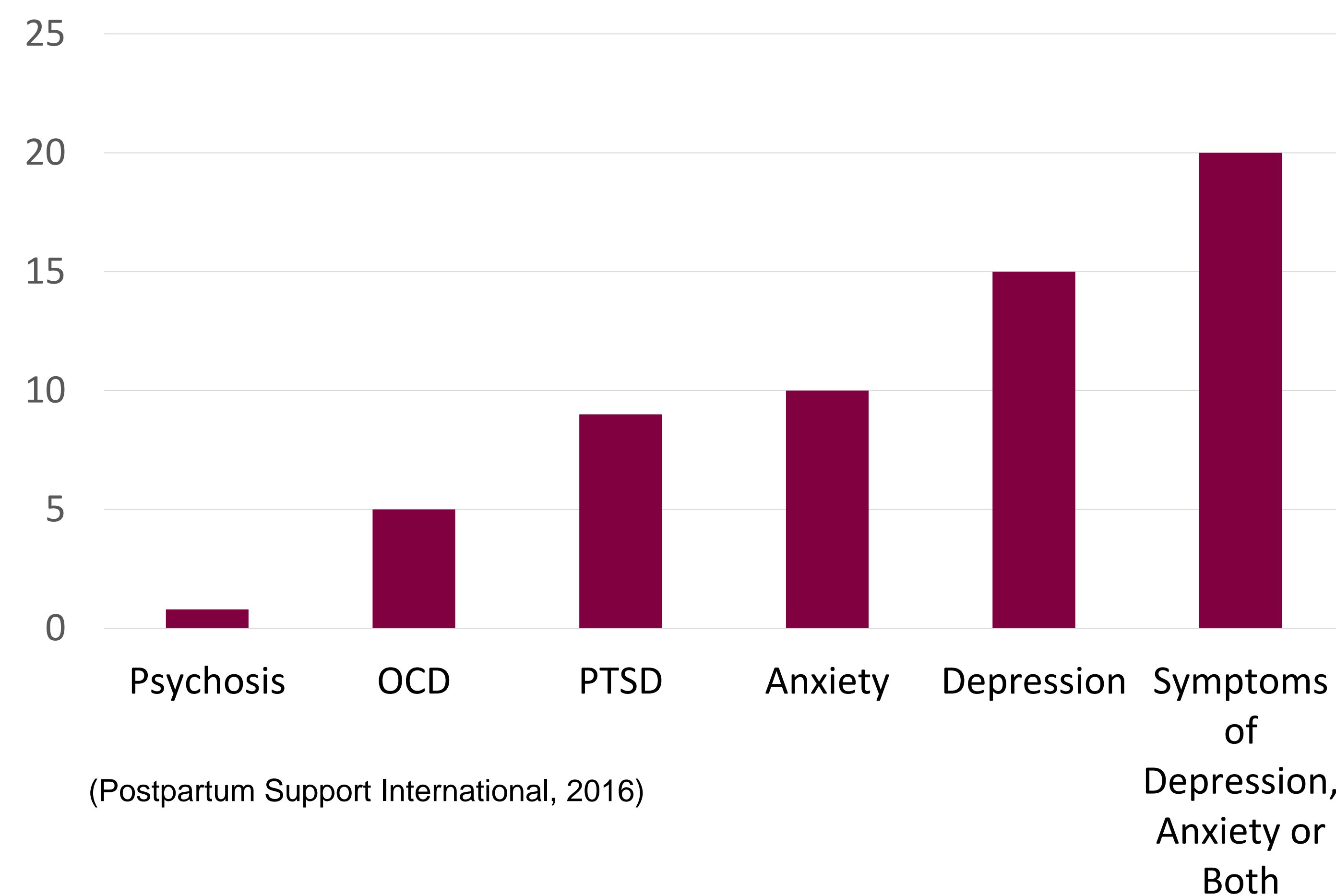
Screening for Postpartum Anxiety

- Postnatal depression receives most of clinical attention in postpartum moms who are undergoing mental health changes, leaving postpartum anxiety (PPA) largely ignored even though many perinatal women may be suffering debilitating symptoms (Miller, Pallant & Negri, 2006).
- Most of the research on postpartum mood disorders focuses on only postpartum depression (PPD); many nurses not adequately equipped to screen for or treat postpartum anxiety (Miller, Pallant & Negri, 2006).
- AWHONN declared in a position statement published in July 2015 that every woman should be screened for anxiety disorders in the postpartum period, as well as PPD, so that healthcare providers may intervene during this time of difficulty for many women (AWHONN, 2015).

A Day in the Mind of a Woman with PPA

- My thoughts are racing. I can't relax.
- I have to be doing something at every second of the day. Mopping. Sterilizing. Checking that the baby is breathing. Doing something useful for the baby.
- I am worried about everything. All the time. Will the baby die in her sleep? Will my spouse die in a car accident? Will I lose my job? Am I a bad mother? Do I love my baby enough?
- I think scary thoughts I never had before. I see visions of my baby being hurt that are very graphic. I constantly think of scenarios in which I will be killed and leave my baby without a mother.
- I am afraid to be alone with my baby because I think something bad will happen to her. If I have someone here with me, nothing bad can happen to her.
- I don't take the baby around anything dangerous like knives, stairs or traffic. I don't take her to public places where there are germs. I can't let anything bad happen to her.
- I check things a lot. Is the oven off? Is the baby breathing? Did I leave the door unlocked? Is the baby breathing?
- I am restless. I can never be happy. When I'm with the baby I want to get away from her and when I'm away from her I want to get back to her.
- I am so incredibly tired but I just can't sleep.
- I have gone crazy. Really crazy. If anyone finds out they will take my baby from me.

Percentage of Post-Partum Women Experiencing Mental Illness



Screening for PPA: Edinburgh Postpartum Depression Scale (EPDS)

EPDS (Cox, Holden & Sagovsky, 1987)

- Most used screening tool for PPD
 - Can also screen for PPA
 - Eliminates need for two separate tools
 - Reduces patient time and effort
 - Tool easy to use, open access, available online in multiple languages.
- Project utilizes EPDS-3: a subscale of the EPDS targeting anxiety
- Comprised of 3 questions:
 - I have blamed myself unnecessarily when things went wrong.
 - I have been anxious or worried for no good reason.
 - I have felt scared or panicky for no very good reason.
 - Subscale score: 0 to 9 possible; score > 3 screening positive for PPA
 - Subscale sensitivity 95%; negative predictive value 98%

The NURSE-Plan

- N – Nutrition
 - Food, multivitamin and fluids.
- U – Understanding
 - Support from family, friends and professionals.
- R – Rest and relaxation
 - Sleep is critical for health and healing.
- S – Spirituality
 - Finding a sense of wellbeing.
- E – Exercise
 - Increase activity for better brain function.
- P – Psychological and pharmaceutical strategies
 - Cognitive behavioral therapy and SSRIs.

The Project

- Six birth centers accredited by the American Association of Birth Centers (AABC) will be regionally chosen for implementation of this practice change project.
- Birth Center midwives will be educated on PPA, use of the EPDS-3 for universal anxiety screening and use of the NURSE-Plan for treatment.
- Data will be collected upon project completion to determine sustainability of the change.

Acknowledgements

Appreciation is extended to Dean Shelley F. Conroy, EdD, RN, and Eta Gamma Chapter (Baylor University Louise Herrington School of Nursing) of Sigma Theta Tau International, who made presentation at this conference possible. Thanks also to Susan Stapleton, CNM, DNP, FACNM, AABC Research Committee Chair, and Marie Hastings-Tolsma, PhD, CNM, FACNM, DNP project chair.