Postpartum Nurses Influence Through Action: Empowering patients to identify Perinatal Mood and Anxiety Disorders

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Employer: Sharp Mary Birch Hospital for Women & Newborns – San Diego, CA
Objectives

At the end of the module, the participant will be able to:

1. Review the prevalence, signs and symptoms, and resources available for Perinatal Mood and Anxiety Disorders in the United States
2. Describe how the eight-step Evidence Based Practice Institute Model was used to guide this project
3. Apply the knowledge gained through this project to their practice
PMAD: What is it?

PMAD stands for Perinatal Mood & Anxiety Disorders. These include:

- Depression
- Anxiety
- Obsessive-Compulsive Disorder
- Post-traumatic Stress Disorder
- Psychosis
Prevalence

- Perinatal mood and anxiety disorders affect 1 in 7 new moms.
- That is 10-20% of patients our patients, but it may be higher due to under-reporting and misdiagnosis of cases.

Do you know the #1 complication of pregnancy and childbirth? ANXIETY and DEPRESSION
Postpartum Depression

• Approximately 15% of women experience significant depression following childbirth.

• The percentages are even higher for women who are also dealing with poverty, and can be twice as high for teen parents.
Signs and Symptoms of Postpartum Depression

- Feelings of anger or irritability
- Appetite and sleep disturbance (not being able to sleep when infant is sleeping)
- Crying, sadness, feelings of guilt, shame or hopelessness
- Loss of interest, joy or pleasure in things that used to be enjoyable
- Lack of interest in the baby or possible thoughts of harming baby
Anxiety Disorders

- Approximately 6% of pregnant women and 10% of postpartum women develop anxiety.
Signs and Symptoms of Postpartum Anxiety

- Constant worry
- Feeling that something bad is going to happen
- Racing thoughts
- Disturbances of sleep and appetite
- Inability to sit still
- Physical symptoms like dizziness, hot flashes, and nausea
Postpartum Obsessive-Compulsive Disorder (OCD)

- Is the most misunderstood and misdiagnosed of the perinatal disorders.
- It is estimated that as many as 3-5% of new mothers will experience these symptoms.
Signs and Symptoms of Postpartum OCD

- Obsessions
- Compulsions
- Fear of being left alone with the infant
- Hypervigilance in protecting the infant
Post-Traumatic Stress Disorder (PTSD)

- Approximately 9% of women experience postpartum PTSD following childbirth.
- Most often, this illness is caused by a real or perceived trauma during delivery or postpartum.
Signs and Symptoms of Postpartum PTSD

- Flashbacks or nightmares of event
- Avoidance of stimuli
- Persistent increased arousal
- Anxiety and panic attacks
- Feeling a sense of unreality and detachment
Postpartum Psychosis

- It occurs in approximately 1 - 2 out of every 1,000 deliveries, or approximately 0.1 - 0.2% of births.
- The onset is usually sudden, most often within the first 2 weeks postpartum.
Why is this education important?

- It can be hard to differentiate between normal adjustment to motherhood and symptoms of depression or anxiety.
- Women who don’t receive treatment can continue to have symptoms past the first year postpartum.
What resources are available for patients?

Postpartum Support International
- [www.postpartum.net/](http://www.postpartum.net/)
- 1-800-944-4773 warm-line (English and Spanish)

Postpartum Health Alliance
- [www.postpartumhealthalliance.org](http://www.postpartumhealthalliance.org)
- 619-254-0023
Evidence-based Practice Project

Bringing Evidence to Practice: A Clinician’s Guide

**Advancing & Adopting**
Share your results within the organization & beyond. Consider adopting new practice in the organization.

**THE CATALYST**
A problem, issue, or concern is identified in clinical practice.

**Analyzing**
- Did you accomplish what you planned?
  - Compare your results pre and post change and to the evidence.
  - Were there any unintended consequences of your project?

**Assessing**
- Why is this problem important?
  - How do others perceive the issue?
  - Who may help solve the problem?
  - Are there regulatory requirements?
  - What are the national and local standards?

**Applying**
- Outline the practice to be changed.
  - Consider costs, resources, risks and benefits & human subject protection (IRB)
  - Incorporate patient perspective
  - Develop materials needed
  - Identify outcomes to be attained
  - Create tools for data collection
  - Collect baseline data
  - Implement change in practice
  - Collect post implementation data

**Asking**
- Develop a focused question using:
  - P = Patient population
  - I = Intervention / Interest Area
  - C = Comparison Intervention
  - O = Outcome

In___ does___ or ___ effect ______.

**Appraising**
- How good is your evidence?
  - What are the results?
  - Are they reliable and valid?
  - Do the results apply to your patients?
  - Are there themes in the literature?
  - Is there enough reliable evidence to change practice?
  - Summarize key evidence.

**Acquiring**
- Your PICO question will guide your search for the best evidence.
  - Start with SumSearch or Tripdatabase, (the “Google” for EBP)
  - First look for systematic reviews, meta-analyses & clinical practice guidelines.
  - Next search CINAHL & PubMed.
  - Consult a librarian.

Evidence-Based Practice Institute Model ©2007 Caroline E. Brown & Laurie Ecost
In collaboration with the Consortium for Nursing Excellence, San Diego - adapted from Hayward’s (2007) Evidence-based Information cycle; Rosewarne & Larabee’s (1999) five model for change.
Catalyst for Change

• Presentations at various conferences in 2016 sparked an interest in PMAD

• Lack of knowledge among staff was discovered
Among Maternal Infant Services (MIS) nurses and patients, does providing education related to Perinatal Mood and Anxiety Disorders, as compared to current practice, improve the nurses' knowledge, attitudes, and practice and patients' knowledge about signs, symptoms, and resources for these disorders?
The EBP project was guided by “Self-Efficacy and Postpartum Depression Teaching Behaviors of Hospital-Based Perinatal Nurses” published in *The Journal of Perinatal Education* (Logsdon, M.C., Pinto Foltz, M., Scheetz, J., & Myers, J.A., 2010).
Interventions Developed

A department-wide evidence-based nurse educational intervention was implemented, using in-services and educational posters.
Interventions Developed

Postpartum Support Information

1 in 7 women will get a Perinatal Mood or Anxiety Disorder
Symptoms can occur in pregnancy or as early as 2 weeks postpartum and anytime within the first year.

- Are you crying unexpectedly or are frequently near tears?
- Do little things excessively irritate you?
- Do you get anxious or panicky at times?
- Do you have trouble sleeping, even when your baby is sleeping?
- Are you feeling distant or removed from your baby or partner? Or having difficulty bonding with your baby?
- Has your appetite changed (eating more or less)?
- Having obsessive or recurrent thoughts that are frightening?
- Having thoughts of harming yourself or your newborn?

If you answered “Yes” to one or more of these questions, you may be experiencing a perinatal mood or anxiety disorder.

You are not alone * You are not to blame * With help, you will get better

Sharp Healthcare offers two FREE postpartum support groups. Led by professional facilitators, the groups offer education and support for mothers. Babies newborn to 12 months are welcome to attend. Registration not necessary.

**Sharp Mary Birch Hospital**
Tuesdays from 9:30 - 11:00am
Sharp Memorial Outpatient Pavilion
(next door to Sharp Mary Birch Hospital)
Call 858-939-4141 with any questions
or visit www.sharp.com

**Sharp Grossmont**
Mondays from 9 - 10am
Sharp Grossmont Women’s Center
Call 619-740-3483 or email lori.alford@sharp.com with any questions

Additional resources on Perinatal Mood & Anxiety Disorders:
San Diego Postpartum Health Alliance  619-354-0023
www.postpartumhealthalliance.org
Postpartum Support International  1-800-944-4773
www.postpartum.net
## Nurse Survey Results

### Knowledge, Attitudes, and Practices of MIS nurses related to PMAD

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<th>Pre-education</th>
<th>Post Education</th>
<th>30 days Post</th>
<th>7 months Post</th>
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<td>Knowledge of PMAD</td>
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<td>I teach about PMAD</td>
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<td>Believe PMAD education to all Patients</td>
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<td>4.8929</td>
<td>4.8333</td>
<td>4.7959</td>
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Mean Score
Patient Survey Results

Nearly all patients (n = 29/30) responding received the PMAD handouts from their nurses and rated their knowledge of PMAD at a Mean of 4.27 (SD = .60) on a 5 point Likert scale.
Implications for Practice and Recommendations

• Clinical nurses play a critical role in empowering patients with information about Perinatal Mood and Anxiety Disorders.

• It is recommended that all nurses working with obstetric patients receive education on Perinatal Mood and Anxiety Disorders.
References


