

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/

– 1-800-944-4773 warm-line (English and Spanish)

Postpartum Health Alliance

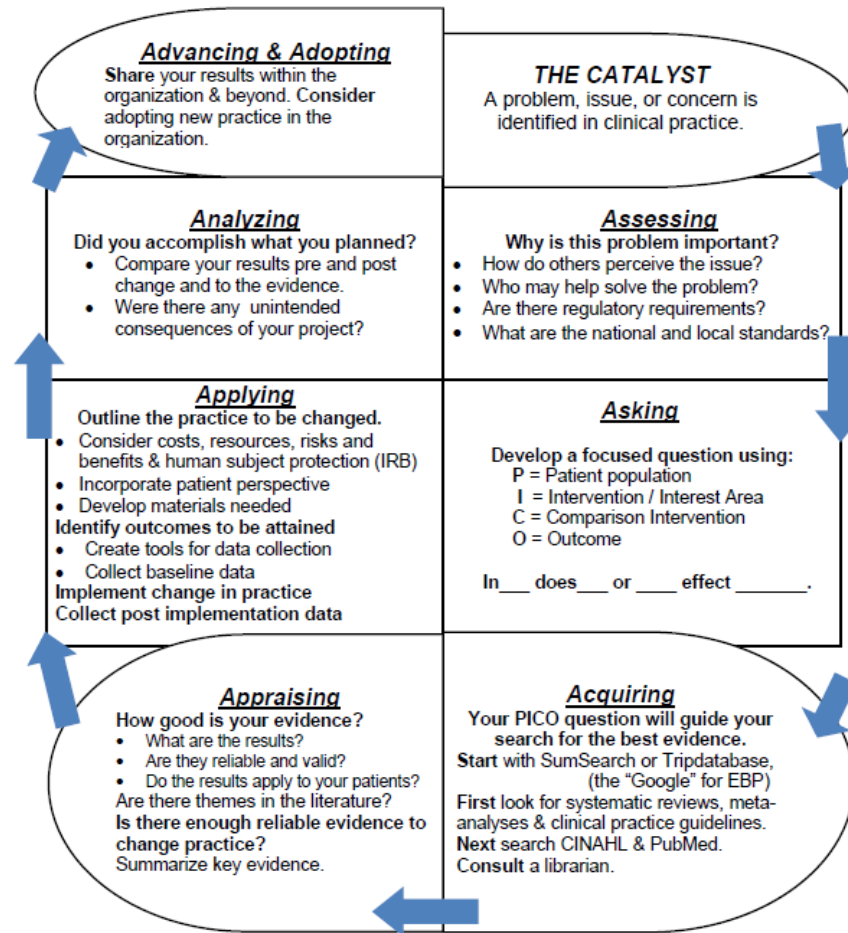
– www.postpartumhealthalliance.org

– 619-254-0023



Evidence-based Practice Project

Bringing Evidence to Practice: A Clinician's Guide



Evidence-Based Practice Institute Model ©2007 Caroline E. Brown & Laurie Ecoff
 In collaboration with the Consortium for Nursing Excellence, San Diego - adapted from Hayward's (2007) *Evidence-based information Cycle*; Rosswurm & Larrabee's (1999) EBP Model for Change.

Catalyst for Change

- Presentations at various conferences in 2016 sparked an interest in PMAD
- Lack of knowledge among staff was discovered



PICO Question

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?

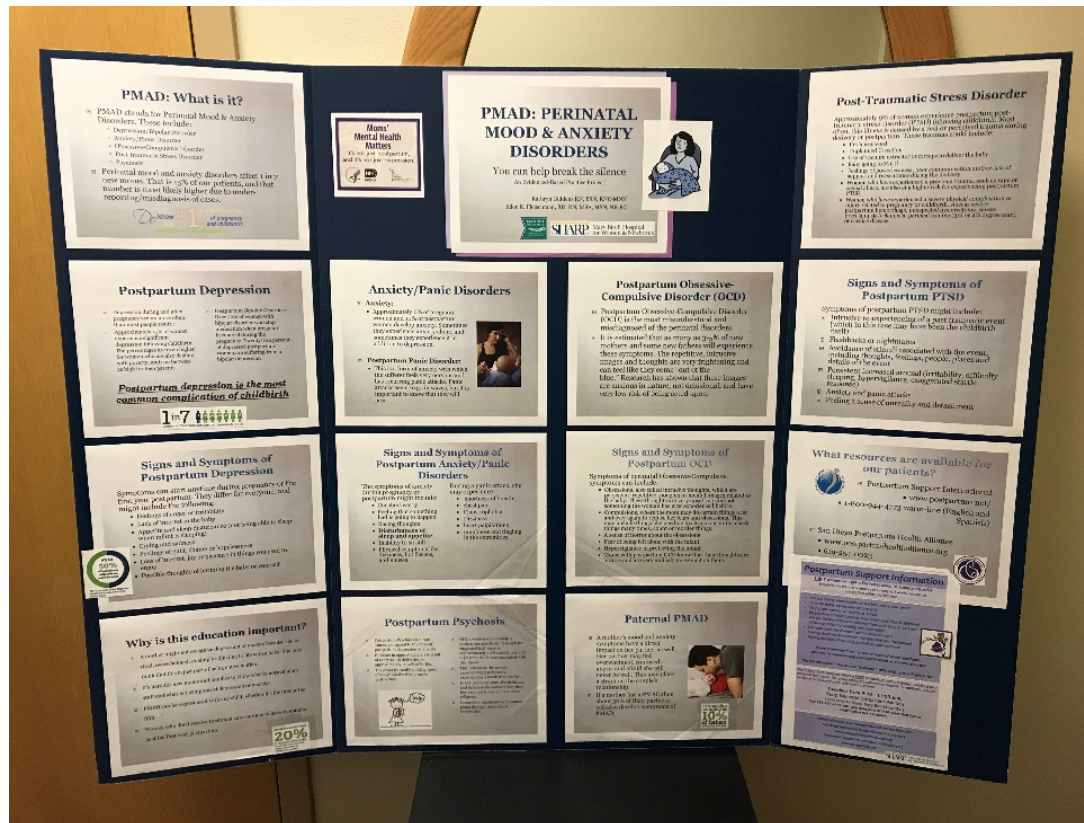


Literature Search

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 offers 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 619-254-0023

www.postpartumhealthalliance.org

Postpartum Support International 1-800-944-4773

www.postpartum.net

SHARP Mary Birch Hospital
for Women & Newborns

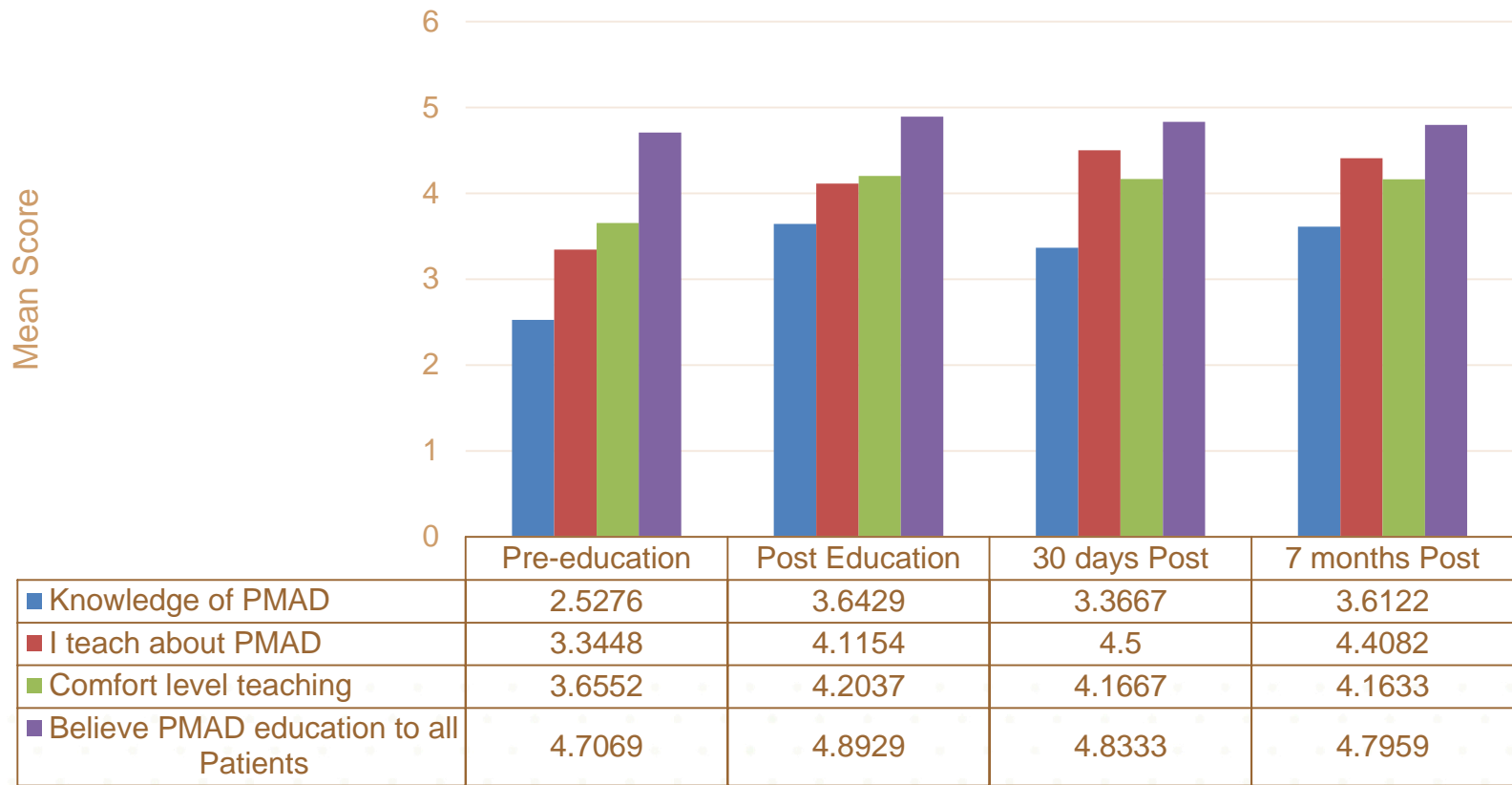
Patient
education flier



SHARP Mary Birch Hospital
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Nurse Survey Results

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



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

- Corrigan, P. (2004, October). How stigma interferes with mental health care. *American Psychologist*, 59(7), 614-625.
<http://dx.doi.org/10.1037/0003-066X.59.7.614>
- Garg, A., Morton, S., Heneghan, A.(2005). A Hospital Survey of Postpartum Depression Education at the Time of Delivery. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 34(5) , pg. 587 – 594 DOI:
<http://dx.doi.org/10.1177/0884217505280005>
- Gjerdingen, D., & Yawn, B. (2007, May-June). Postpartum depression screening: importance methods barriers and recommendations for practice. *Journal of American Board of Family Medicine*, 20(3), 280-288.
<http://dx.doi.org/10.3122/jabfm.2007.03.060171>
- Logsdon, M.C., Pinto Foltz, M., Scheetz, J., & Myers, J.A. (2010). Self-Efficacy and Postpartum Depression Teaching Behaviors of Hospital-Based Perinatal Nurses. *The Journal of Perinatal Education*, 19(4), 10-16.
doi:10.1624/105812410X530884
- Logsdon MC, Eckert D, Tomasulo R, Myers J. (2013). Self-efficacy and postpartum teaching: a replication study. *Journal of Perinatal Education*, 22(3), pg. 166-170 DOI: 10.1891/1058-1243.22.3.166
- Mental Health: A Report of the Surgeon General. (1999). Retrieved from
<https://profiles.nlm.nih.gov/ps/retrieve/ResourceMetadata/NNBBHS>
- O'Hara, M., & Swain, A. (1996). Rates and risk of postpartum depression: A meta-analysis. *International Review of Psychiatry*, 8, 37-54
- O'Hara, M., & Wisner, K. (2014). Perinatal Mental Illness: Definition, description and etiology. *Best Practice & Research Clinical Obstetrics and Gynaecology*, 28, 3-12.

