

New hospital guidelines to help mothers at risk of postpartum depression

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Although 13 percent of new mothers experience postpartum depression (PPD) in the first year after childbirth, few women recognize the symptoms and seldom discuss their feelings with a health care provider. University of Louisville Hospital (ULH) hopes to change this statistic through a new policy to guide hospital-based perinatal nurses in caring for women with risk of PPD.

M. Cynthia Logsdon, PhD, APRN, FAAN, professor, University of Louisville School of Nursing, and associate chief of nursing research, University of Louisville Hospital and the James Graham Brown Cancer Center, and her team created evidence-based practice guidelines using research recently published on-line in *The American Journal of Maternal Child Nursing*.

"The hospital policies and procedures are designed to provide perinatal nurses the tools they need to prepare new mothers so they are able to self-monitor for [symptoms of depression](#) and know what steps to take if they experience symptoms," Logsdon said.

According to Logsdon, most hospitals lack comprehensive perinatal patient PPD assessment, education and referral policies. Although professional organizations such as the Registered Nurses' Association of Ontario previously published a best practices guideline, the recommendations did not focus on the first few days following childbirth or nursing care while the new mother was hospitalized.

"Our recommendations for nursing practice of hospital-based perinatal nurses go beyond previous published guidelines," Logsdon said.

Logsdon and her team, Diane Eckert, BSN, RN, clinical manager, mother-baby unit, ULH, and Roselyn Tomasulo, RN, MSN, perinatal educator, collaborated with internationally-known researchers in the field to draft the article, Identification of Mothers at Risk for [Postpartum Depression](#) by Hospital Based Perinatal Nurses. A task force of clinical nurses was consulted to determine how to improve nursing practice at ULH. Implementation included identifying at-risk patients and referral sources; physician and staff education was another component.

"When many nurses enter the profession, they don't fully understand their critical role as patient educators," Tomasulo said. "We are helping our perinatal nurses feel more competent in their roles by offering inter-hospital on-line education and staff training."

During the obstetric patient admission process, ULH perinatal nurses now assess new mothers for PPD and suicide risk factors: low-income status, lack of social support and previous history of depression. If a patient is at risk, it is reported to the obstetrical physician. The evening before hospital discharge, all new mothers fill out a questionnaire that utilizes the Edinburgh Postnatal Depression Scale (EPDS). Mothers are asked questions such as whether they feel anxious or worried for no particular reason and whether they feel sad or miserable. The higher the score, the greater the risk for PPD.

The physician, social services worker and oncoming shift nurse are then informed. The nurse who administered the EPDS reviews the results of the depression screening with the patient and her support person. Patients also are informed about depression symptoms and what to do if they begin to feel hopeless.

New [mothers](#) go home with a list of community resources and physician referrals, so names and numbers are at their finger-tips in case they need to seek help. They're asked to retake the EPDS questionnaire about a week later after leaving the hospital to see if they're experiencing PPD symptoms.

"We hope our work will be seen as a model of good policy and can be considered by other hospitals and professional organizations," Logsdon said.

More information: The article can be found on-line, journals.lww.com/mcnjournal/toc/publishahead

Provided by University of Louisville

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