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# Improving Nursing Practice for Perinatal Mood Disorders

by

Tonya May

A project submitted to the faculty of  
Gardner-Webb University Hunt School of Nursing  
in partial fulfillment of the requirements for the  
Master of Science in Nursing Degree

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### **Abstract**

Perinatal mood disorder can affect mothers in the antepartum and post-partum phase of pregnancy. Nurses need to be educated on the risk factors, signs, screening tools, and management methods to provide excellent patient care. The purpose of this project was to implement education used to improve nursing practice for patients that experience perinatal mood disorders. Early recognition and management is essential for patient care. Patients that experience perinatal mood disorder do not always report symptoms. This is often out of fear their ability to care for the child or children at home will be questioned if signs of perinatal mood disorder are reported to the nurse. Patients need to feel comfortable in sharing their feelings. Educating nurses to effectively screen patients is key. Educating nurses on the Edinburgh Postnatal Depression Scale (EPDS) and Patient Health Questionnaire 9 (PHQ-9) would assist in recognizing risk factors and signs of perinatal mood disorder. The EPDS and PHQ-9 screening tools are recommended for screening antepartum and postpartum mothers. Managing patients experiencing perinatal mood disorder is crucial in their care. There are resources that can be provided to the patient to assist in managing their symptoms. Creating education for nurses that focus on perinatal mood disorder is important in delivering high-quality patient care.

*Keywords:* perinatal mood disorder, education, screening tools, pregnancy

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## **CHAPTER I**

### **Introduction**

Perinatal mood disorders (PMD) are prevalent throughout communities around the globe. The complexity of perinatal mood disorders is an increasing concern for nurses at the bedside. Nurses are expected to deliver high-quality care to patients with perinatal mood disorders. Nurses often lack the education to manage patients with perinatal mood disorder. Furthermore, nurses may lack the confidence to provide adequate care for women with PMD. Nurse performance is a significant factor in the patient's outcomes.

### **Problem Statement**

Nurses need knowledge and insight on perinatal mood disorders to deliver high quality patient care. The emotional status of these patients can complicate the care provided for both mother and baby.

### **Significance**

North Carolina Institute of Medicine (NCIOM) (2020) created the "Perinatal Systems of Care" model. This model focuses on improving the health care outcomes for maternal health. Data has revealed poor health outcomes for mothers and their infants in North Carolina (NCIOM, 2020). Addressing gaps in nursing education and professional development is critical for improving the health outcomes for mother and infant. Ten to 20% of women are affected with depression in their perinatal phase (NCIOM, 2020). Many women that experience perinatal mood disorder are not identified and fail to receive treatment (NCIOM, 2020). Nurses need to gain the knowledge and confidence to recognize symptoms of perinatal mood disorders, to close the gaps, and deliver high-quality care to the patient. Legere et al. (2017) noted that: A lack of concrete, continuing

education and professional development strategies being implemented consistently and strategically can create barriers to nurses, midwives, and all health-care providers possessing the necessary skills and competencies to effectively detect symptoms and deliver high-quality, evidence-based care to perinatal women experiencing depression. (p.2) Nurses play a significant role in recognizing and supporting patients who suffer with perinatal mood disorders. As mental health issues increase across the United States, education must continually adapt to the needs of patients to improve patient outcomes.

### **Purpose**

The purpose of this project was to implement education used to improve nursing practice for patients that experience perinatal mood disorders.

### **Theoretical Framework**

Imogene King's Theory of Goal Attainment is the theoretical framework used to guide this project. The Goal Attainment Theory is a comprehensive approach to setting and obtaining goals in the healthcare setting. McQueen et al. (2017) stated "King's theory of goal achievement can be applicable and useful to millennial students and educators as it relates to the importance of communication, transaction, self, stress, growth and development, personal space, and time in both their work and personal lives" (p. 223). Ideally nurses are able to set and attain educational goals in regard to caring for patients that suffer from perinatal mood disorders. Educating nurses to recognize perinatal mood disorders and the effects it may have on a patient is essential for goal attainment. According to McQueen et al. (2017) "King's nurse educators can work within the framework of King's goal achievement to guide and strengthen these future colleagues and pioneers into practice" (p. 223). Additionally, educating nurses on effective methods



of care for patients with perinatal mood disorders is key to patients meeting their own goals.

### **Definition of Terms**

For the purpose of this project the following definitions of terms will apply.

Laguna Treatment Hospital (2020) defined perinatal mood disorder as “specific conditions that occur during pregnancy or up to one year after the birth of a child”. Taber Medical Dictionary defined pregnancy as “the condition of having a developing embryo or fetus in the body after successful conception”. Merriam Webster Dictionary defined education as “the knowledge and development resulting from the process of being educated”.

## **CHAPTER II**

### **Literature Review**

Literature suggests nurses are not receiving the educational training to effectively care for patients with perinatal mood disorder. It has been noted that there have been gaps in literature in relation to perinatal mood disorder (McKeever et al., 2005). Educational training for perinatal mood disorder should start within the academic setting. Nurses need to receive education on recognizing, screening, and intervening for mood disorders which are key elements in providing adequate care for the patient.

A literature review was conducted by searching a variety of database search engines. These databases include the Cumulative Index to Nursing and Allied Health Literature (CINAHL), ProQuest, Medline, and the search engine Google Scholar. Key terms for the search of the literature included education, perinatal mood disorder, training.

#### **Literature Related to Perinatal Mood Disorder**

Perinatal mood disorder is associated with depression and anxiety in antepartum patients. Perinatal mood disorder is categorized as a psychiatric condition (Kendig et al., 2017). The number of women experiencing perinatal mood disorder has begun to increase over the past few years (McKeever et al., 2005). There are 11% of women affected by post-partum depression and 40-60% affected are low-income or teenage mothers (Long et al., 2018). The perinatal phase of pregnancy is not protected against psychiatric illness. One study of perinatal cohort found that up to 50% of patients had unmet psychological needs (Kruper & Wichman, 2017).

Physiological changes during pregnancy gives opportunity for perinatal mood disorder to present (McKeever et al., 2005). Women that experience perinatal mood disorder are inclined to experience anxiety, fear, and frustration. Many women do not like to report that they have a history of psychological disorders (McKeever et al., 2005). Women are fearful to report symptoms of mental health because of concern it will affect their parental rights (Kruper & Wichman, 2017). Mothers that suffer from post-partum depression tend to have negative attitudes towards their children (Long et al., 2018). Nurses must focus on understanding the attitudes and behaviors of the patient. Patients may lack the support needed to discuss their issues (Evans et al., 2017). Nurses need to build relationships with their patients to develop an environment of trust. Patients need to know they can openly discuss their feelings.

### **Literature Related to Problem**

There is a lack of education in regard to nurses caring for patients that suffer with mental health issues. This creates a barrier in healthcare which prevents nurses from delivering high-quality care (Noonan et al., 2019). It is expected that perinatal nursing is identified as an area of growth and predicted to expand by 250% in the field of nursing (Morton & Rylance, 2019). Nurses may not accurately identify mood disorder symptoms (Phoosuwan & Lundberg, 2020).

Nurses need to receive education in regard to risk factors, symptoms, screening tools, treatment, and management to effectively care for patients with perinatal mood disorder. Legere et al. (2017) discussed “in one study nurses indicated their preference for face to face training in a classroom environment and over 50% of nursing respondents felt that they needed training regarding maternal mental health” (p. 8). There

needs to be opportunities for continuing education for health care providers to gain competency and confidence to promote safe and quality care to patients that experience perinatal mood disorder (Legere et al., 2017). Miller et al. (2020) discussed “it is critical to assess readiness to change” (p. 2). Noonan et al. (2019) reported 63.8% of public health nurses reported the need for additional skills. Education and training have been shown to effectively increase the confidence level of health care professionals caring for patients with perinatal mood disorder (Noonan et al., 2019). Precise educational training is essential for nurses to learn effective management of care for patients with perinatal mood disorder. Competence levels have increased for nurses that received educational training in regard to perinatal mood disorder (Noonan et al., 2019).

### **Literature Related to Screening**

Early recognition is key to intervening and providing safe care for the patient (Legere et al., 2017). It would be ideal to test women during their antepartum phase to ensure this is not just a post-partum issue (McKeever et al., 2005). American College of Obstetrics and Gynecologist (ACOG) (2018) recommend for patients to be tested for mood disorders during the perinatal period. Risk factors and symptoms are often disregarded by nurses and other healthcare professional. Without screening, nurses may attribute symptoms to normal changes in pregnancy. Nurses may lack knowledge of screening tools used to identify patients with perinatal mood disorder which may lead to a decrease in screening patients that are experiencing perinatal mood disorder symptoms. Nurses need to have knowledge, assessment skills, and the right attitude to effectively recognize patients who are experiencing perinatal mood disorder (Legere et al., 2017). Nurses need to be educated on screening tools that identify symptoms and behaviors

related to perinatal mood disorder. The Edinburgh Postnatal Depression Scale and Patient Health Questionnaire 9 (PHQ-9) screening tools have been used in clinical settings for antepartum and postpartum patients. It is important to understand the strengths and weakness of each tool.

Edinburgh Postnatal Depression Scale (EPDS) is designed to screen patients for symptoms of depression (Littlewood et al., 2016). The EPDS is designed to evaluate the patient's emotional experiences over the past week (Sumitra et al., 2016). EPDS can be found in various languages which makes this screening tool universal and valuable in the clinical setting. The screening tool has 10 self-report questions. It would take a patient approximately 5 minutes or less to complete. EPDS has a sensitivity of 59-100% and specificity of 49-100% (ACOG, 2018).

Patient Health Questionnaire 9 (PHQ-9) screening tool that consist of nine questions for the patient to answer. PHQ-9 takes approximately 5 minutes or less to complete. PHQ-9 has a sensitivity of 75% and specificity of 90% (ACOG, 2018). Educating nurses on screening tools and the benefit of early screening is critical in patient care. There are benefits associated with screening patients in their perinatal phase. Ideally, nurses may inform the patient about screening protocols (Kendig et al., 2017).

### **Literature Related to Symptoms**

Educating nurses to recognize symptoms associated with perinatal mood disorder is a significant factor in providing quality care for the patient. Patients that have low literacy levels may disregard the symptoms they are experiencing and fail to report them to the nurse. Essentially, improving the literacy level of patients in the perinatal phase is significant for their care. Patients may experience symptoms of anger, feeling

overwhelmed, and irritability (Evans et al., 2017). Additionally, crying, withdrawing, disconnect, guilt, low energy, and hopelessness were identified (Long et al., 2018). World Health Organization (WHO) (2016) reports that symptoms of depression and anxiety may be associated with intimate partner violence. One study implemented by (Evans et al., 2017) revealed patients do not want to report symptoms to lessen the burden on their family members. Nurses need to communicate and stress the importance of sharing symptoms of perinatal mood disorder to promote understanding of the symptoms and support of their patient. Nurses that effectively recognize symptoms of perinatal mood disorder promote quality patient care.

### **Literature Related to Risk Factors**

Nurses need to be educated on risk factors that are associated with perinatal mood disorder. Knowing risk factors will assist nurses in providing screening, referrals, and management needed to ensure the patient is receiving adequate care. There needs to be a multi-disciplinary approach to caring for these patients and identifying risk factors (Krupe & Wichman, 2017). Risk factors have been reported as childhood abuse, low education, intimate partner violence, unwanted pregnancy, and history of complicated childbirth and labor (McKeever et al., 2005). Additionally, low socioeconomic status, history of mental illness, history of preterm baby, and lack of social support have been identified as risk factors that may contribute to perinatal mood disorder (Byrnes, 2019). It is imperative that nurses understand the need to assess for perinatal mood disorder risk factors. Nurses that know risk factors of perinatal mood disorder can advocate and support the patient and meet their needs.

## **Literature Related to Management**

Screening patients with the EPDS and PHQ-9 tools are essential for understanding the treatment needed for the patient. Educating nurses on methods of management for perinatal mood disorder is crucial in providing quality care for the patient. Knowing risk factors and symptoms is another factor in understanding the management needed for each specific patient. Understanding the severity of the patients' symptoms is critical for their care. Unfortunately, symptoms may be more severe for some patients. Early recognition and intervention is essential for patients that experience perinatal mood symptoms. Nurses need to know available resources for patients.

Cognitive behavioral therapy is one form of management for perinatal mood disorder. Another form of management is pharmacology. One study found that antidepressants were primarily given for management of symptoms (Robakis et al., 2017). However, non-pharmacological methods should be first choice in management. Nurses need to collaborate with physicians to ensure patients are receiving proper management of care to meet their need.

## **CHAPTER III**

### **Needs Assessment**

#### **Target Population**

This project presented education regarding perinatal mood disorders to nurses who are providing care to perinatal patients. The participants of this project included nurses who have different levels of nursing degrees. The various nurse degrees included: Associate of Science in Nursing (ASN), Bachelor of Science in Nursing (BSN), and Master of Science in Nursing (MSN).

#### **Target Setting**

The target setting for this project was a High-Risk Antepartum unit within a hospital setting. The unit had a 13-bed capacity where care was provided for mothers dealing with high-risk issues during their pregnancy. This unit had a great deal of patients that exhibit symptoms of perinatal mood disorder.

#### **Sponsors and Stakeholders**

Sponsors included educators, physicians, nurse supervisors, and nursing administration. Stakeholders were the nurses and patients on the unit. Sponsors and stakeholders were affiliated with a large health care organization.

#### **SWOT Analysis**

A strength that was noted in this project was that educating nurses helped provide quality patient-care. Weaknesses observed were undereducated nurses and education methods adequate for each learner. Educating nurses to effectively recognize, screen, and manage patients with perinatal mood disorder provided opportunity for improved patient



care. Threats perceived were that nurses might not be willing to comply with educational requirements.

### **Available Resources**

Available resources included classroom settings within the hospital setting. Microsoft® PowerPoint® program was used as an educational tool to educate and train nurses. Microsoft® OneNote® was another program used as a tool to educate nurses. This specific program allowed multi-users to write notes, upload clippings, and audio recordings for everyone to view.

### **Desired and Expected Outcomes**

Nurses will learn to effectively manage the care for patients that are experiencing perinatal mood disorder. Patients will remain calm and be educated on methods to manage the perinatal mood disorder symptoms. Current and future nurses caring for patients with perinatal mood disorder will complete educational training.

### **Team Members**

Team members of the project consisted of the following:

- Project Leader (Master of Science in Nursing student),
- Nursing Administration for Women's Health Division, and
- Unit Educator for High-Risk Antepartum unit.

### **Cost and Benefit Analysis**

The average compensation of nurses on obstetric unit's ranges, based on the nurse's years of experience. Nurses will be educated during their routinely scheduled work-day. Benefits of educating nurses on their scheduled work day would decrease the accrual of over-time pay. Nurses could participate in educational training during down

time on the unit. Because of the availability of classrooms, Microsoft® PowerPoint®, and Microsoft® OneNote® program, no additional cost would be accrued.

## **CHAPTER IV**

### **Project Design**

It is critical for nurses to know how to recognize, screen, and manage patients with perinatal mood disorder. A Microsoft® PowerPoint® presentation about perinatal mood disorder was created to deliver educational training to nurses. Educating nurses about perinatal mood disorder will increase their knowledge and understanding and promote more positive outcomes for perinatal patients. A PowerPoint® presentation will allow nurses to review educational content at their convenience during their scheduled workday.

#### **Goal**

The goal of the Microsoft® PowerPoint® educational presentation was to provide critical education that will assist nurses in caring for patients that experience perinatal mood disorder. Educating nurses to identify key factors associated with perinatal mood disorder is essential for nurses and patients. Implementing an educational tool to train nurses to recognize, screen, and manage patients with perinatal mood disorder shall improve the nurse's ability to care for the patient.

#### **Objectives**

Nurses will appropriately identify risk factors and signs of perinatal mood disorder. Nurses will also effectively screen patients for perinatal mood disorder and implement proper management of care.

#### **Material Development and Plan**

The Microsoft® PowerPoint® presentation was designed to deliver effective up-to-date educational information on perinatal mood disorder. There are seven key points of

education that were addressed during the presentation. The PowerPoint® presentation addressed education training regarding perinatal mood disorder, risk factors, signs, screening, and management of perinatal mood disorder.

A focus group was held to discuss nurse's educational goals in regard to perinatal mood disorder. During the discussion, nurses indicated a need for additional education and training to properly care for patients with perinatal mood disorder. Nurses voiced discomfort in caring for patients that experience perinatal mood disorder.

### **Evaluation Plan**

Nurses on the unit participated in a focus group following the delivery of education. Nurses should be able to openly discuss risk factors, signs, and management of perinatal mood disorder to provide quality patient care. Feedback from nurses will guide future changes and improvement of the educational presentation.

## **CHAPTER V**

### **Dissemination**

#### **Dissemination Activity**

A focus group was held with sponsors to discuss the need for training on perinatal mood disorder. Educational material was reviewed with sponsors. Educational requirements, screening tools, management, and resources were addressed as part of the educational material. The goal of this focus group was to bring awareness of the need for perinatal mood disorder training.

#### **Limitations**

Several limitations were discussed in regard to this project. One limitation was nurses unwilling to participate with an in-service on new educational material due to work schedules. However, nurse educators could take responsibility to ensure nurses were properly trained on the educational material. Using nurse educators would provide flexibility in educating the nurses. Another limitation was geographical location. Lack of technology may exist depending on the location of the educational training. Providing educational material in paper format would combat this issue of lacking technology.

#### **Implications for Nursing**

Nurses need to be educated on perinatal mood disorder to ensure quality patient care. Patients with symptoms of perinatal mood disorder often go unrecognized. This can lead to further mental health issues for the patient. Early recognition is key. Educating nurses on perinatal mood disorder will ensure early recognition and proper management of symptoms for the patient.

### **Recommendations**

Sponsors recommended that education for perinatal mood disorder should begin in the office setting. Patients need to be educated prior to entering the hospital setting. Education regarding perinatal mood disorder should continue in the hospital setting. Educating nurse educators on perinatal mood disorder training material is key. Nurse educators may present material in the quarterly educator meeting. Presenting the material for educators would ensure training for the office and hospital setting.

### **Conclusion**

The goal of this project was to properly educate nurses on perinatal mood disorder. A focus group held with nurses indicated there is a need for training on perinatal mood disorder. Inability to recognize patient's experiencing perinatal mood disorder leads to further mental health issues. Providing educational material will increase the nurse's ability to recognize and manage patients that are experiencing perinatal mood symptoms. Education should be initiated to support and encourage nurses to provide quality patient care.

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