

Treatment of Postpartum Depression: Quality Improvement

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Quality improvement uses data to improve our healthcare systems to increase patient satisfaction, patient safety, and nurse safety. The overall goal of the Quality and Safety Education for Nurses (QSEN) project is to meet the challenge of preparing future nurses who will have the knowledge, skills, and attitudes (KSAs) necessary to continuously improve the quality and safety of the healthcare systems (QSEN Institute, 2020). Postpartum depression is a mental illness that affects one in seven women. O'Hare and Engeldinger (2018) write in their article that careful assessment of risk factors for postpartum depression and monitoring depressive symptoms during pregnancy and postpartum will lead to better outcomes for women and their families.

Article Summary

The research article describes the different interventions in the treatment of postpartum depression. O'Hare and Engeldinger (2018) state that several evidence-based psychotherapies and medical treatments exist for significant depression and postpartum depression. The obstetrical team has many opportunities to identify high-risk and depressed women and refer them to mental health professionals or begin treatment with antidepressant medication. The authors detail the effects different treatments may have on the patients.

Introduction

Postpartum depression is a phenomenon that affects women more than we know. O'Hara and Engeldinger (2018) address treatment for postpartum depression. Postpartum depression is a

significant public health problem affecting almost 600,000 US women annually. It may arise de novo in the postpartum period or continue from pregnancy. Several evidence-based psychotherapies and medical treatments exist for significant depression and postpartum depression (O'Hara & Engeldinger, 2018). Women who have had a mental illness in their adolescent years are susceptible to postpartum depression. Touching base with patients about their past mental illness history could help determine whether or not postpartum depression is in their future. As nurses, it is a vital part of the nursing practice. Ensuring mothers obtain education about the postpartum period may decrease the chances of postpartum depression and allow them access to treatment before it starts.

Overview

The QSEN Institute (2020) has three quality improvement competencies: knowledge, skills, and attitudes. Knowledge recognizes that nursing and other health professions students are parts of systems of care and care processes that affect outcomes for patients and families. O'Hare and Engeldinger (2018) mention the obstetric team. By the time a woman delivers, the obstetrical team should already have a good idea of her vulnerability to depression. For women who have significant risk factors, the obstetrical team could work out a plan in advance to address the development of significant depression symptoms.

The skills competency seeks information about care outcomes for populations served in the care setting (QSEN Institute, 2020). O'Hare and Engeldinger (2018) analyze the different therapeutic interventions that may help with postpartum depression in patients and what might be more effective. Psychological, physiological, and pharmacological interventions are in the research article. Each subtopic shows the different outcomes of patients utilizing the therapy. For

example, in a review in cognitive behavior therapy across 26 reviewed studies, 16 showed a significant effect for the CBT condition relative to the control condition.

Lastly, the final competency is the attitude that appreciates that continuous quality improvement is an essential part of the daily work of all health professionals (QSEN Institute, 2020). O'Hare and Engeldinger (2018) mention the importance of the collaboration of specific individuals to improve the quality of healthcare for postpartum patients. As the demands on the obstetrician-gynecologist grow concerning the comprehensive care of patients, the need for collaboration with colleagues, especially across the spectrum of mental health professionals, is a critical one that should be in the healthcare system (O'Hare & Engeldinger, 2018). Overall, the research article meets all the requirements for each QSEN competency.

Quality Improvement

The type of care setting implemented in the quality improvement effort would be hospitals, clinics, birth centers, and mental health centers. If the change happens, the type of resources that would be beneficial would be educational pamphlets that include different types of interventions that could potentially help with postpartum depression. In the pre-implementation stage creating the pamphlets would be the first step. Educating our nurses in this stage is essential to ensure that the information in the pamphlet is taught and implemented into practice. In the intra-implementation stage, the nurses will utilize these pamphlets and provide them to the patients. Finally, in the post-implementation plan, nurses can determine whether or not the pamphlets are being utilized well in their practice and if the patients benefit from them. The interprofessional team could also ask questions about their well-being, past mental health history, and current living situation within their appointments to mitigate risk factors for postpartum depression.

Financially, this would not necessarily take money to implement these changes. The interprofessional team could implement tools already in place in the healthcare industry, such as the Edinburgh Postnatal Depression Scale or the patient health questionnaire-9 (O'Hare & Engeldinger, 2018). Patient satisfaction would improve because the healthcare system ensures that women giving birth are emotionally and physically healthy, leaving the hospital with their baby. Nursing satisfaction would also improve because being able to help out a patient with their care is always a plus. Communication with patients is part of the job, and being able to help them emotionally comes with it. Regarding patient safety, this would probably decrease the chances of postpartum suicide and may prevent patients from not getting the help that they need. Nurse safety is not something that is changed.

Application to Nursing

Interventions in the nursing practice to better care for our postpartum patients may not be as effective as we think. O'Hare and Engeldinger (2018) state that most women receive no treatment despite effective screening, diagnosis, and treatment for postpartum depression. Interventions are still essential to utilize despite the statistics. Non-pharmacological interventions are the preferred choice because of the decisional conflict about using medication. Besides concerns about short and long-term adverse effects on the developing infant, women also worry about stigma, shame, and the risk of addiction to the antidepressant (O'Hare & Engeldinger, 2018). That is why education and informing the patients of the different interventions is essential, which will be discussed in the paper later.

Practice

O'Hare and Engeldinger (2018) state that many women suffer from mental health disorders during their childbearing years. Most of the time, the obstetrician-gynecologist is their primary care provider. Collaborating with nurses and others in the interprofessional can be used to put precautions in place and expand their care.

As mentioned, women are not receiving the necessary treatment, no matter the resources. However, it is essential to utilize these interventions still. Screening patients for depression is an integral part of nursing practice. O'Hare and Engeldinger (2018) explain that a system for screening for depression should be in place, ideally during pregnancy and after delivery; screening can also be accomplished during pregnancy with one or more prenatal visits. After delivery, the nurse can perform screening on the mother and baby unit, at the 6-week follow-up appointment, or over the phone.

Education

The nursing staff and others on the interprofessional team should be utilizing screening mothers before and after birth, which is essential in practice. Nurses should also be educated on the signs and symptoms of depression and postpartum depression to utilize interventions discussed earlier. Nurses should be taught about non-pharmacological and pharmacological interventions to teach the patients. As mentioned earlier, patients fear the use of antidepressants. Proper education on these medications can make a big difference in the patient's care.

Research

O'Hare and Engeldinger (2018) reviewed the meta-analysis of the different types of interventions mentioned earlier. The topics included psychological and psychosocial

interventions, internet-based, and pharmacological interventions. The authors utilized outside research statistics to enhance their statistics to prove a point. In each category, the authors define the intervention, back it up with statistics, the importance of using that specific intervention, how it could benefit a variety of patients, and the accessibility.

Conclusion

QSEN faculty and a National Advisory Board have defined quality and safety competencies for nursing and proposed targets for the knowledge, skills, and attitudes developed in pre-licensure programs for each competency (QSEN Institute, 2020). Utilizing each competency in research allows the nursing profession to use evidence-based research to the best of their ability. The competencies can improve their practice, and patients can benefit from it. O'Hare and Engeldinger (2018) implemented each competency into their research, letting readers utilize their knowledge and potentially improve nursing skills and behaviors. Postpartum depression is a common mental illness that different facilities should address. The interventions mentioned in the evidence-based research article will hopefully be known to the healthcare system and become utilized to get positive outcomes in postpartum care.

References

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