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Universal Postpartum Mental Health Screening for Parents of Newborns With Prenatally Diagnosed Birth Defects

Joanna C. M. Cole, Michelle Olkkola, Haley Zarrin, Kelsey Berger, and Julie S. Moldenhauer Q11

Correspondence
Joanna C.M. Cole, PhD, Center for Fetal Diagnosis and Treatment, The Children's Hospital of Philadelphia, 34th Street and Civic Center Blvd., 5th Floor Wood Center, Philadelphia, PA 19104.
colej3@email.chop.edu

Keywords
fetal anomalies
maternal mental health
neonatal intensive care unit
postpartum mental health screening
postpartum mood and anxiety disorders
prenatal diagnosis

ABSTRACT

Objective: To describe the implementation of a nurse-led project to screen parents for depression and traumatic stress in the postpartum period after visiting their newborns in the NICU.

Design: A standardized universal mental health postpartum screening and referral protocol was developed for parents of high-risk neonates.

Setting/Local Problem: The project occurred at the Garbose Family Special Delivery Unit, the first high-risk obstetrics unit serving healthy women who give birth to newborns with prenatally diagnosed fetal anomalies. Q1 Q2 Parents of neonates admitted to the NICU are at greater risk to develop postpartum psychological distress; therefore, early identification is critical.

Patients: A total of 1,327 participants were screened, including 725 women who gave birth to live newborns at the Garbose Family Special Delivery Unit and 602 partners.

Intervention/Measurements: Obstetric nurses asked parents to complete a screening tool that assessed their psychological risk in the postpartum period. A system for mental health triage and referral was available for parents with elevated scores.

Results: Overall monthly screening procedure compliance rates were high (96.5% mothers and 79.6% partners). Women (5.5%, $n = 40$) and men (5.5%, $n = 33$) showed high risk for traumatic stress, and 35.9% ($n = 260$) of women and 9.5% ($n = 57$) of men showed elevated risk for major depression in the immediate postpartum period.

Conclusion: Incorporating the screening process into routine nursing practice with immediate mental health triage and referral made the program feasible. The risk factors identified add to the growing knowledge about parents of newborns in the NICU.

JOGNN, ■, ■–■; 2017. http://dx.doi.org/10.1016/j.jogn.2017.04.131

Accepted April 2017

Joanna C.M. Cole, PhD, is an assistant professor in the Perelman School of Medicine, University of Pennsylvania and a clinical psychologist and Manager in the Center for Fetal Diagnosis and Treatment, Children's Hospital of Philadelphia, Philadelphia, PA.

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The authors report no conflict of interest or relevant financial relationships.

One out of every 33 neonates is born with a birth defect (Centers for Disease Control and Prevention, 2016). Congenital anomalies are the leading cause of infant mortality and account for approximately 20% of neonatal deaths (Matthews, MacDorman, & Thoma, 2015; Wool, Repke, & Woods, 2016). Expectant parents are at heightened risk for perinatal depression, anxiety, and traumatic stress after diagnosis of an abnormality (Cole et al., 2016; Kaasen et al., 2013; Kingston et al., 2015). A newborn admission to the NICU further elevates the risk for psychological distress in parents after birth (Titapant & Chuenwattana, 2015). Compared with the 13% to 19% of mothers of healthy, full term newborns who develop postpartum depression (O'Hara & McCabe, 2013), this rate varies from 28% to 70% for mothers of newborns admitted to the NICU (Cherry et al., 2016; Kong et al., 2013).

Researchers found that 11% of women who gave birth to healthy term newborns developed postpartum depression symptoms within 72 hours (Elisei, Lucarini, Murgia, Ferranti, & Attademo, 2013). Women are typically screened for depression, anxiety, and/or traumatic stress at their 6-week postpartum visits; however, this may be too late to prevent an exacerbation of symptoms (Cherry et al., 2016). It is critical to recognize that an increased risk for postpartum distress exists among women with fetuses with confirmed anomalies for which they will be hospitalized after birth; therefore, identification of psychological

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Few researchers have shown effective implementation of postpartum mental health screening and referral in obstetric nursing.

distress in the early postpartum period and effective referral to mental health care providers within the obstetric setting are essential.

Universal screening for depression, anxiety, and traumatic stress in the postpartum period is a recognized need, particularly for parents of infants in the NICU (American College of Obstetricians and Gynecologists [ACOG], 2015; Yawn et al., 2012). Screening tools are available to identify individuals who might benefit from further evaluation and treatment in the postpartum period, but universal implementation poses many challenges. Despite recommendations from ACOG, only a few states have successfully implemented statewide postpartum screening programs to identify psychological distress. These programs rely heavily on physicians, nurses, and midwives to administer the screening tools and refer people to community mental health providers when warranted (Rowan, Duckett, & Wang, 2015).

Obstetric nurses can be trained to recognize symptoms of postpartum distress (Horowitz & Goodman, 2005) and are ideally suited to provide mental health referral early in the postpartum period (Segre, Pollack, Brock, Andrew, & O'Hara, 2014). Screening is important for the detection of perinatal and postpartum mood and anxiety disorders; however, screening alone is insufficient to improve clinical outcomes and must be coupled with appropriate follow-up assessment and treatment by a mental health care provider when indicated (ACOG, 2015).

Few researchers have shown effective implementation of postpartum mental health screening and referral in obstetric nursing (ACOG, 2015; Farr, Denk, Dahms, & Dietz, 2014; Segre et al., 2014; Yawn et al., 2012); thus, we saw the need for the current project. The primary aim of the project was to assess all parents for psychological distress within 24 to 72 hours after birth on the Garbose Family Special Delivery Unit (SDU) to triage and refer those at heightened risk to mental health services before the woman's discharge. We describe the development and implementation of this screening protocol in a maternity unit that specializes in births complicated by fetal anomalies.

Michelle Olkkola, MSN, RN, is Assistant Nurse Manager at Christiana Care Health System, Wilmington, DE.

Haley Zarrin, BA, CD(DONA), is a clinical research assistant for the Birth Defects Outcomes team in the Center for Fetal Diagnosis and Treatment, Children's Hospital of Philadelphia, Philadelphia, PA.

Kelsey Berger, BS, is a medical student at Drexel University College of Medicine, Philadelphia, PA.

Julie S. Moldenhauer, MD, FACOG, FACMG, is an associate professor in the Perelman School of Medicine, University of Pennsylvania; Medical Director of the Garbose Family Special Delivery Unit; and an attending maternal fetal medicine physician in the Center for Fetal Diagnosis and Treatment, Children's Hospital of Philadelphia, Philadelphia, PA.

Methods

Setting

The project occurred on the SDU at The Children's Hospital of Philadelphia. The SDU serves healthy women giving birth to neonates with prenatally diagnosed anomalies. Women received a confirmed fetal abnormality diagnosis in pregnancy and received prenatal care in the Center for Fetal Diagnosis and Treatment (CFDT) before giving birth on the SDU. Each year, approximately 400 to 450 women carrying fetuses with birth defects and/or complex medical and genetic conditions give birth on the SDU. More information about the specialized maternity unit is described elsewhere (Howell, 2013).

Obstetric care is provided by five maternal–fetal medicine specialists, five obstetricians, seven certified nurse–midwives, and 30 obstetric nurses, as well as dedicated pediatric surgery, neonatology, and anesthesia teams. Obstetric nursing care staffing assignments are formulated based on recommendations found in the Guidelines for Professional Registered Nurse Staffing for Perinatal Units (Association of Women's Health, Obstetric and Neonatal Nurses, 2010), with significant consideration given to the psychosocial needs of women and families. Interdisciplinary teams are tailored throughout the pregnancy based on the needs of the maternal–fetal dyad. Team members are present to carry out the plan of care at birth and within the immediate neonatal period. A NICU team is present at every birth on the SDU and facilitates the transition of care, which can include the NICU or operating room.

Because the SDU is physically located within the same building as the NICU, parents may visit their newborns at any time after birth through discharge. This collaboration between maternal and neonatal health providers working within a specialized pediatric setting allows for minimal disruption in clinical services and maintains a family-centered care approach (Howell, 2013). Because of the small staff and low census for annual births, we saw that a program to implement universal postpartum mental health screening for parents was not only necessary but also logistically manageable by the SDU team and key stakeholders.

Planning Stage

One year before program implementation, the clinical psychologist developed a prenatal

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