

Women's Health

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Keywords

perinatal mood disorders
postpartum depression
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Poster Presentation

You Are Not Alone: Addressing Perinatal Mood Disorders

Purpose for the Program

To dispel the stigma surrounding mental health complications and provide compassionate care to promote healthy pregnancies, happy mothers, and safe children. Women are experiencing greater degrees of anxiety and depression, earlier in pregnancy, which results in more women developing mood and major depressive disorders. Perinatal mood disorders are an evolving blend of emotional and mental uncertainty affecting women during pregnancy and through the postpartum period. Early diagnosis and treatment can prevent a multitude of intrapartum complications from preterm labor to suicidal ideations.

Proposed Change

In response to changing patient needs, small adjustments in practice result in tremendous improvement in the wellness of mothers and infants. Conducting perinatal screening for mood disorders addresses this need.

Implementation, Outcomes, and Evaluation

A collaboration between antepartum, labor and delivery, postpartum, social work, health information systems, and maternal outreach units resulted in the Perinatal Mood Disorders Program. Upon admission to the antepartum or labor and delivery unit, patients are asked questions from the chosen screening tool. A new Social Services Consult tab and screening questions with corresponding weighted answers are part of the admission as-

essment. Any score that reflects the potential for mood disorders automatically alerts the admitting registered nurse (RN) to enter a maternal child social services or physician consult through the electronic order entry system. Further evaluation and appropriate referrals are then provided. Hospital policies reflect nomenclature changes and incorporate new processes. After discussions with the U.S. Department of Health and Human Services, which involved explaining the purpose of the program, the need for perinatal screening and educational materials, and the overall goal of the project, English and Spanish educational booklets were graciously provided each month at no charge. In addition, a *Community Resource Guide to Mental Health* was provided as a supplement for each patient. This supplement contains mental health providers, psychiatrists, psychologists, and support group/counseling resources in the region along with contact numbers.

Trending data and reporting reflects the increase in number of consults and highlights the number of patients whose conditions would have remained unrecognized and undiagnosed.

Implications for Nursing Practice

By addressing perinatal mood disorders, women are assessed, screened, and treated as needed to ensure the health of the mother and newborn. Negative connotations with mental health issues can be eliminated with compassionate care that is focused on the well-being of the family.

Creating a Comanaged Obstetric/Intensive Care Unit

Purpose for the Program

The critically ill pregnant woman presents a complex challenge to physicians and nurses in obstetric and critical care specialties. Statistics suggest the overall estimate of obstetric patients in the United States who require critical care services is 1% to 3% annually. A multidisciplinary approach was taken to review the literature and create an environment where the complicated obstetric patient can receive comanaged care in a large, university hospital birth center. The key focus was to recognize complications of pregnancy and the effect of preexisting disease on pregnancy to care for the critically ill patient who has the potential to develop a life-threatening condition.

Proposed Change

The literature shows that most intensive care admissions for obstetric patients are secondary to obstetric complications (e.g., hypertensive disorders or hemorrhage) along with complications related to preexisting conditions (e.g., respiratory failure or diabetes) warranting a higher level of care. A proposal was developed using a comanaged approach of obstetric and critical care specialties to care for critically ill obstetric patients within a six-bed licensed intensive care unit (ICU) located in the birth center.

Implementation, Outcomes, and Evaluation

A multidisciplinary team consisting of obstetric and critical care nursing; maternal-fetal medicine and critical care physicians; anesthesia, respiratory, pharmacy, and infection control was es-

tablished to improve the assessment and management of the complicated obstetric patient. A change in culture and the need for additional education was identified within the birth center, and the facility recognized this unit as the place where the complicated obstetric patient would receive care.

To implement the proposal, *OB Triggers* were developed to guide staff in identifying patients who would be transferred to the obstetric (OB)/ICU beds. A core team of nursing staff was established to take ownership of the unit and receive additional education on pregnancy complications and the effect of preexisting disease on pregnancy. Since the initiation of this project, an increase in the daily census of complicated patients per day in the six-bed OB/ICU unit has been demonstrated through cumulative statistics based on diagnosis coding. An increase in the amount of comanagement opportunities also has been demonstrated based on the admitting physician and consults.

Implications for Nursing Practice

The implementation of this project helped staff to recognize the importance of ongoing assessment of each patient by identifying complications of pregnancy that requires an increased level of care. In addition, the project has given all members of the health care team tools for recognizing the need for comanaged care and for implementing timely and well-coordinated interventions when faced with increasingly complicated patients at risk of life-threatening conditions.

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Keywords

maternal-fetal medicine
critical care medicine
comanagement

Women's Health Poster Presentation

Comadre Group Teaching in Nutrition

Purpose for the Program

The purpose of this evidence-based practice (EBP) project was to assess if a *comadre*-like group teaching approach would increase Hispanic women's knowledge of nutrition. Small cultural support groups are unique to many Hispanic women because they rely on relatives and friends within their communities. The uniqueness of this population is their high regard for family and their close social network, which makes group teaching a potentially more effective approach for health promotion and wellness.

Proposed Change

To increase knowledge of nutrition and explore the potential for other areas for group teaching in women's health.

Implementation, Outcomes, and Evaluation

Nine bilingual Hispanic women between 19 and 68 years of age participated in this project. After consent was obtained, participants were given a 10-item pretest intervention questionnaire (totaling 50 points) to assess their knowledge of nutrition. A total of four sessions on general nutrition were provided. Classes consisted of lectures, posters, handouts, and discussion. The same 10-item postintervention questionnaire (totaling 50 points) was given to assess the participants' knowledge of nutrition and feedback on the *comadre*-like group teaching approach.

Implications for Nursing Practice

The results of this evidence-based transcultural nursing project underscored the importance of

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