



Nurses Facilitate Change in Medical Practice: Unmasking Postpartum Depression

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Keywords
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Paper Presentation

Purpose for the Program

When one considers that every year in the United States approximately six million pregnancies occur and up to 20% of women develop postpartum depression, the far-reaching implications of this devastating illness are significant. Despite the many negative consequences associated with postpartum depression, the results from multiple studies that have addressed the screening practices of nurse practitioners, obstetricians, and family physicians suggest postpartum depression screening is not routine practice. The program's purpose was to increase postpartum depression awareness and identification.

Proposed Change

In a metropolitan area, prior to starting the program, only one obstetrician in a private practice and two primary care facilities offered postpartum depression screening. The change involved implementing routine postpartum depression screening at the 4- to 6-week postpartum visit in outpatient obstetric practices. The screening instrument used was the Edinburgh Postnatal Depression Scale, a 10-item self-report scale. The training of the outpatient obstetric practices' registered nurses and office staff also was completed. The educational training focus was comprehensive and emphasized the nurse's role in patient education, screening, and Edinburgh Postnatal Depression Scale scoring. Participating obstetricians agreed to initiate routine postpartum depression screening for 3 months and logging only the

patients' Edinburgh Postnatal Depression Scale score. The goal was that by agreeing to screen for 3 months, routine screening would be so woven into the fabric of postpartum care that the obstetric providers would formally adopt this screening strategy.

Implementation, Outcomes, and Evaluation

Twenty-two obstetricians (82%) implemented routine postpartum depression screening using the Edinburgh Postnatal Depression Scale for 3 months. The percentage of women screened in each practice ranged from 39% to 100%. Five of the nine obstetric practices screened 100% of their postpartum patients. The other four fell below the targeted 90%. Over a 7-month period, a total of 415 women were screened. Of the 415 women screened, 38 (9.2%) had Edinburgh Postnatal Depression Scale scores greater than 13, suggesting postpartum depression. The highest documented Edinburgh Postnatal Depression Scale score was 26 and the lowest was 0. Twenty-one of the 22 obstetricians returned an evaluation letter and 71.4% indicated they planned to continue using the Edinburgh Postnatal Depression Scale as part of their routine postpartum care.

Implications for Nursing Practice

Nurse leaders caring for mothers and newborns should passionately advocate for care that is evidence-based and patient-centered. This project can serve as a model in which nurses can facilitate replication regionally, statewide, and nationally.

Implementing a New Initiative to Reduce Surgical Site Infections in Cesarean Birth Patients

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Purpose for the Program

The Centers for Disease Control and Prevention reports that in 2007, 32% of all deliveries were cesarean births. Along with the growing obesity and diabetic epidemic, these women have an increased risk of developing a surgical site infection. The program aim was to reduce the surgical site infection rate by developing a program to identify high-risk patients and implement a standardized risk assessment, order set, and patient education tools.

Proposed Change

Changes included the development of a high-risk assessment form, incorporating all of the best practices to reduce the surgical site infection, initiating a new order set for high-risk patients, and implementing an education process for all patients having cesarean births. A unique new order for high-risk patients included the use of nanocrystalline silver rope dressing on the cesarean incision.

Implementation, Outcomes, and Evaluation

Implementation involved forming a committee, performing a literature review, and subsequently

incorporating evidence-based practices to reduce the surgical site infections. Some of these evidence-based practices included strict adherence to chlorhexidine gluconate application and dry time, monitoring the temperature of the operating room and the patient, careful antibiotic timing, maintaining strict glucose control of the patient, and ensuring that lab orders were consistent with clinical parameters. The new forms and processes were created and the education of the implementation of the program involved all health care providers. Follow-up involved creating

a form, which needed to be reviewed and completed before discharge, to document interventions on each patient who had a cesarean birth. The committee met monthly to review and analyze program outcomes and incorporated necessary changes as needed. A year after implementation, the surgical site infection rate has consistently been reduced.

Implications for Nursing Practice

Program changes have decreased the current surgical site infection rate consistently.

Keywords

surgical site cesarean infection
silver rope dressing
nanocrystalline
SSI education
order set for SSI

Childbearing Paper Presentation

Postpartum Depression: A Multidisciplinary Initiative for Staff Education and Patient Management

Purpose for the Program

The program goal was to identify patients at risk of postpartum depression and bridge the gap between inpatient and outpatient care at Albert Einstein Medical Center. Three objectives were established to meet this goal:

- Educate multidisciplinary care providers about postpartum depression and identify patients at risk.
- Develop a management plan to link inpatient and outpatient care.
- Use advanced technology to screen and identify patients who are at risk of developing postpartum depression and provide education and appropriate follow-up care after discharge.

Implementation, Outcomes, and Evaluation

This nurse-driven program, grounded in Watson's Theory of Human Caring, involved other disciplines throughout the process: obstetric, psychiatric, and pediatric/neonatal physicians; social services; outpatient office staff; and community referral services. The Edinburgh Postnatal Depression Scale, which is the Association of Women's Health, Obstetric and Neonatal Nurses'

recommended screening tool, patient management algorithms, and staff scripts for patient screening were used to facilitate implementation that was initiated simultaneously with a new electronic medical record system. The intelligent electronic medical record was used to alert the nurses to screen all patients for postpartum depression, to track the outcomes of the program, and to audit all charts. The clinical outcomes revealed staff compliance with screening all women for postpartum depression. The education outcomes demonstrated significant participation from the multidisciplinary and multispecialty providers in the nurse-driven education program, which led to significant improvements in the identification and management of postpartum depression. The program resulted in clinical practice changes across disciplines.

Implications for Nursing Practice

Screening for postpartum depression is predominantly a nursing function. Nurses need to take the lead in screening all women for postpartum depression and to work with multidisciplinary and multispecialty providers to standardize and integrate the inpatient and outpatient management of postpartum depression.

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Keywords

multidisciplinary program for postpartum depression

Childbearing Paper Presentation

Placenta Accreta: A New Take on an Old Problem

Purpose for the Program

To disseminate information about a multidisciplinary approach to the management of patients with placenta accreta and its variants: increta and percreta. This program will define accreta and its variants and also identify the incidence of accreta in the population. The development of preoperative and intraoperative checklists will be presented along with an in-depth educational plan.

The use of erythropoietin and iron sucrose injection also will be discussed.

Proposed Change

To develop a multidisciplinary team, including physicians from the following specialties: obstetrics and gynecology, maternal-fetal medicine, gynecologic oncology, interventional radiology, and urology. Nursing specialties include

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