

Creation of a National Policy on Perinatal Depression: Role of the Advanced Practice Nurse

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ABSTRACT

Advanced practice nurses (APNs) have unique knowledge, skills, and experiences that are essential for health policy creation. Involvement in policy creation is an essential component in APN education, yet few APNs are involved in this essential nursing role. The national policy case study outlines the steps needed to utilize these professional skills and offers a call to action for APNs to make a difference in shaping health policy for patients, communities, and the nursing profession at local, state, and national levels.

Keywords: advocacy, evidence based practice, justice, policy, role, translational science

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Advanced practice nurses (APNs) are experts at clinical assessment, evaluation, diagnosis, treatment, management, and referral of patients with complex health care needs. As experts in patient care who view the patient in a holistic manner, they must consider the impact that health care policy creation has on patients and the nursing profession. APNs have a unique approach to health care within a nursing framework that must be included in policies created. In addition, APNs must take an active role in the formulation of policies that directly affect professional practice so that nurses are at the table when new legislation is debated rather than abdicating this responsibility and leaving it to other professionals or lobbyists who may not share the same values as APNs.

The American Association of Colleges of Nursing describes education in the roles of advocacy and political engagement as essential components in APN education.¹ Although the exact number of APNs involved in health care policy creation is unknown, becoming involved is an APN's responsibility to patients, the community, and the profession. According to a survey conducted in 2010 by the Health Resources

and Services Administration, there are 250,527 APNs in the United States.² By sheer numbers alone, APNs can make a sizable contribution to health care policy if they become engaged at local, state, and federal levels.

Professional nursing goals embody broad concepts of health promotion, increasing access to care, illness reduction, minimizing injury, and advocating for changes that advance these goals and provide the basis for providing nursing care to individuals and populations.³ Deontologic ethics are closely linked to nursing goals and include beneficence, non-maleficence, justice, respect for human dignity, and social responsibility and are integrated throughout the American Nurses Association's *Guide to the Code of Ethics for Nurses*.⁴ These ethical principles serve as the basis for practice for all APNs regardless of clinical specialty, practice setting, or service population. Failure to provide screening, treatment or referral, and education on the causative and protective factors for reducing the incidence of postpartum depression is in direct opposition to nursing goals of health promotion, illness reduction, and alleviation of suffering for individuals and populations.⁴

The role of the APN is to serve as an advocate for distributive justice, reducing health care disparities, eliminating stigmatization, and reducing exploitation of vulnerable populations.³ By providing education

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to individuals, employers, and policymakers on the harmful effects of postpartum depression for mothers, infants, and fathers, the APN can accomplish nursing goals of health promotion, minimization of injury, and reduction of illness. Equally important are the roles of advocate and change agent in creating awareness so that employers can modify workplace policies to reduce the burgeoning problem of perinatal depression. Ethical principles of beneficence, non-maleficence, and justice are threads that are woven into the efforts of advocacy and education of all stakeholders involved.

BACKGROUND

Perinatal depression is the most common postpartum complication, affecting approximately 15% of all mothers at some point during the first year after childbirth.⁵ Women with perinatal depression that is untreated suffer greater physical illnesses for themselves and their infants.⁶⁻⁸ Untreated depression may affect the woman's performance at work and her relationship with her partner.^{9,10} Long-term effects on children of parents with untreated depression include increased incidence of chronic disease, such as asthma, poor school performance, and behavioral problems.¹¹

The issue of untreated perinatal depression has a lasting effect on the woman, her child, and the family, yet it has been largely ignored by the larger mental health organizations in the US at the policy level. Specialized screening, referral, treatment, and coordination of services are needed to address the needs of this underserved population, and policies surrounding these issues are nonexistent at the national level. By recognizing this gap and the impact that an evidence-based practice policy may have for this underserved population, the APN can make a difference in the health of mothers, children, and fathers across the US.

The impact of this problem is that the mental health of the mother affects the physical health of both her and the child, the child's cognitive and physical development, the mental health of the father or the woman's partner, the stability of the relationship, and workplace productivity.⁶⁻¹² The Mental Health America's Perinatal Mental Health Policy #49 addresses the following issues: mental

health; gynecologic and obstetric health; pediatric physical and developmental health; occupational health; and family systems health.¹³ This policy has far-reaching implications for health of individuals, families, and the workplace. MHA Policy #49 represents the intersection of mental health and physical health of the mother, child, and father and the social health of the family, as well as the health of the worker, and it references the need for colocation of mental health services within the primary care setting.

LITERATURE REVIEW

The mental health of the mother has a ripple effect on the mental health of the father and the cognitive, developmental, and physical health of the child. Fathers or partners of a mother with untreated postpartum depression are likely to have depression themselves and may also have relationship and workplace difficulties.¹⁴ The mental health status of the mother and father greatly affect the mental health status of their children.^{8,14,15} Children of mothers who have untreated postpartum depression may also experience long-lasting anxiety and depression, learning difficulties, and behavioral problems.^{7,8,16} Early identification and treatment have a positive effect on the physical, social, and emotional health of mothers, fathers, and children.^{8,11,17}

Physical health and mental health are interrelated and each influences the other.¹⁸⁻²¹ Perinatal depression may have long-term effects on the physical health status of women and their children.^{7,8} Mothers who are depressed have an increased risk for preterm labor and birth, pre-eclampsia, low birthweight infants, impaired mother-infant child bonding, and cognitive or affective problems in their children.^{16,17,22} Women with depression are much more likely to be victims of violent crimes, interpersonal violence, and have severe impairment of daily life functioning, all of which negatively impact the family structure.²³

Working mothers represent a growing trend among the American workforce. Information gathered by the Bureau of Labor Statistics indicates that, in 2007, approximately 59% of US mothers with young children were employed, as compared with 34% in the 1970s.²⁴ Women of childbearing age represent 48% of the US workforce and the majority

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