

Optimizing Maternal Mental Healthcare: Educating Healthcare Professionals and Enhancing Utilization of the Healthy Beginnings Program for Pregnant & Postpartum Women

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Problem Statement

Postpartum depression (PPD) is a common and serious condition that affects 13–20% of women within the first year after childbirth (Manso-Cordoba et al., 2020). Although common, it often goes undiagnosed and untreated due to inconsistent screening, provider knowledge gaps, societal stigma, and confusion with postpartum blues. Many healthcare providers are not adequately trained to identify or respond to signs of PPD, and current screening practices are often inconsistent or not tailored to individual patient needs (Shorey et al., 2018; Sidebottom et al., 2021).

The consequences of untreated PPD are severe. It can negatively affect a mother's mental health, disrupt mother-infant bonding, delay child development, and strain family relationships. Although tools like the Edinburgh Postnatal Depression Scale and Patient Health Questionnaire-9 are recommended, they are underused or misapplied in practice. Patients often lack education about what PPD is or how to seek help, and providers often lack confidence or time to offer thorough education and follow-up (Faisal-Cury et al., 2020; Liu et al., 2022).

There is a clear need to implement a consistent, evidence-based process for screening, educating, and following up with postpartum patients to improve outcomes. This project addresses these needs by providing targeted education to healthcare professionals to improve the identification and treatment of postpartum depression.

PICO Question

Among healthcare professionals who provide care for pregnant and postpartum patients at a small Midwest women's clinic, how does implementation of an innovative postpartum depression education session impact the knowledge, attitudes, and practices of the healthcare staff on the topic of maternal mental healthcare compared to current practice?

Literature Review

A systematic review of literature was conducted using databases such as PubMed, MEDLINE, and CINAHL with keywords including "postpartum depression," "screening," "barriers," "bonding," and "telehealth." Eighteen high-quality articles published within the last 10 years were appraised using the Johns Hopkins Evidence-Based Practice Model and CRAAP test.

Literature Synthesis

Key Findings from the Literature Synthesis include:

- **Prevalence:** PPD affects up to 1 in 5 postpartum women but is under-identified and under-treated (Shorey et al., 2018).
- **Screening Gaps:** Although ACOG recommends screening during the perinatal and postpartum period, screening times are inconsistent and not personalized to the patient's needs (Sidebottom et al., 2021).
- **Stigma:** Mothers are often reluctant to disclose symptoms due to stigma or lack of awareness of what PPD is (Manso-Cordoba et al., 2020).
- **Practice Gaps:** Providers often lack time or adequate training in recognizing, addressing, and following up on PPD symptoms (Modest et al., 2022).
- **Consequences:** PPD can lead to chronic depression, impaired mother-infant bonding, developmental delays in children, and even maternal suicide without proper identification and treatment (Liu et al., 2022; Mughal et al., 2022).
- **Solutions:** The literature supports education throughout the perinatal period for better postpartum outcomes, as well as standardization of screening and addressing stigma. Timely follow-up is also key, which is highlighted within the American College of Obstetricians and Gynecologists (ACOG) guidelines, where they recommend postpartum follow-up within the first three weeks after delivery.

Project Recommendations

1. Collaborate with the Healthy Beginnings Program

Collaborate with the coordinator of the Healthy Beginnings program to comprehensively understand the program, enabling its utilization for educating healthcare staff, subsequently empowering them to educate pregnant and postpartum mothers effectively.

2. Educate Healthcare Providers & Nurses at the Clinic Setting

Share the developed educational initiative with healthcare professionals in the project setting to enhance identification and care of postpartum depression throughout the perinatal to postpartum period.

3. Educate Postpartum Nurses

Share the developed educational initiative with postpartum floor nurses in the project setting to enhance identification and care of postpartum depression throughout the perinatal to postpartum period.

The educational initiative included adherence to current ACOG screening guidelines (which recommends screening for PPD at or before three weeks and again at or before 12 weeks postpartum), Cheryl Beck's Theory on PPD to reduce stigma and better understand how to support women throughout this transition, and the Healthy Beginnings program which enhances education and identification of PPD. The initiative included a care pathway to better integrate evidence into practice.

Project Evaluation

The project was evaluated using both qualitative and quantitative data from healthcare professional surveys and postpartum follow-up tracking through EPIC. SurveyMonkey and Microsoft Excel were used to analyze the data. Post-implementation data was collected over 11 weeks following the educational initiative.

Key Strengths

- Interprofessional collaboration with strong stakeholder support
- 100% agreement to use the Healthy Beginnings pathway
- Measurable improvements in provider knowledge and follow-up practices
- Floor nurses developed a new EPIC discharge phrase for sustainability

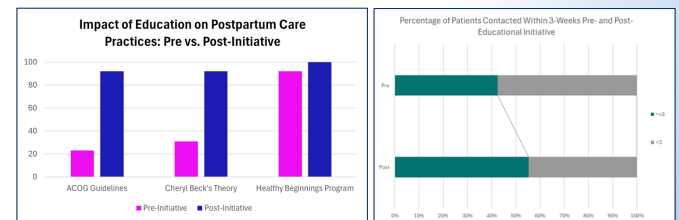
Key Limitations

- Limited provider attendance due to time constraints
- Over-reliance on the Healthy Beginnings Coordinator for follow-up
- Systemic barriers such as staffing shortages and lack of reimbursement

Project Impact

Impact on Practice

- 13% increase in overall follow-up within 3 weeks postpartum
- 46.7% increase in Healthy Beginnings Program engagement
- Surveys showed increased empathy and confidence in addressing postpartum depression



Dissemination & Implications for Practice

Dissemination Plans

- Oral presentation at project site with stakeholders and staff
- University of Mary Research Colloquium
- Integration into each DNP student's professional portfolio

Implications for Practice

- Standardize earlier postpartum follow-up in line with ACOG guidelines
- Adopt the Healthy Beginnings care pathway across clinics
- Integrate Cheryl Beck's theory into routine care for maternal mental health
- Incorporate routine staff education on postpartum depression with ongoing refreshers

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