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Lessening maternal depression with a three-week emotional wellness visit

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Postpartum depression is the number one complication of pregnancy and can cause long-term morbidity to the mother, infant, family and society. Increasing identification of cases of maternal depression detected at the six-week postpartum visit led to a quality improvement project to test if a three-week postpartum emotional wellness visit would identify depressed mothers earlier than the traditional six-week visit, leading to earlier treatment and less morbidity for mother and baby. A twenty-minute psycho-educational session on managing depression and a postpartum depression resource toolkit including resources were given to a group of women at the three-week emotional wellness visit. The Edinburgh Postnatal Depression Scale (EPDS) tool was used to determine if depression was present at three weeks and administered to 31 participants. The depression screening was repeated at six weeks postpartum. A random sample (n=31) who did not participate in the QI project was used as a comparison to determine success. Results indicated that those who participated in the project had significantly decreased depression scores ($p < 0.01$) at six-weeks postpartum (Mdn=5, SD=3.6) than those from the control group (Mdn=8, SD=5.1). This pilot project suggests that a three-week postpartum emotional wellness intervention may increase early identification and intervention for depression in postnatal women. Limitations of the project included a woman's honesty answering the EPDS and the lack of three-week EPDS scores for the control group. Maternal depression's profound impact on the entire family, including the development of the infant, demands proactive attention such as earlier assessment beginning a trajectory toward the prevention of PPD. This presentation explains the theory behind the success of this program and the implementation process for all practices..

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