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Mental Health Screening Tools & Treatments for Postpartum Depression

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Mental Health Screening Tools & Treatments for Postpartum Depression

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University of Maine, School of Nursing

Introduction

- Perinatal depression is a complication of pregnancy that can result in adverse maternal and infant outcomes.
- Mental health conditions in postpartum mothers account for approximately 9% of pregnancy-related deaths.
- Postpartum depression (PPD) is associated with lower rates of breastfeeding initiation, poorer maternal and infant bonding, and has shown increased likelihood of infants showing developmental delays.
- Untreated, PPD can adversely affect the mother’s health and may cause sleeping, eating, and behavioral problems for the infant; when adequately diagnosed, treated and managed, both mother and child benefit.
- Risk Factors include: history of mental illness, a negative attitude towards the baby, a high risk pregnancy with complications, a lack of support, a history of abuse, a lack of sleep or exercise, a low socioeconomic status, or having a low education level.

PICOT

(P) = Do mothers aged 22-42 with newborns
(I) = benefit from depression screenings and associated interventions
(C) = as compared to mothers who do not receive screenings and interventions
(O) = reduced feelings of depression, anxiety, and psychosis
(T) = within the first year postpartum

Search Methods

- Search of CINAHL, google search, and Nursing Reference Center
- Keywords: postpartum, mental health, postpartum depression, postpartum psychosis and depression screenings
- Inclusion criteria: peer-reviewed, published between 2018 and 2023, containing 2 keywords
- Exclusion criteria: articles lacking use of mental health screenings or mothers outside the age range
- Thirteen articles were chosen based on the criteria

Figure 1

Percentage of women with symptoms of depression after birth varies by state

Search of CINAHML google search, and Nursing Reference Center
Day 1: 9% Day 2: 13% Day 3: 7% Day 4: 10% Day 5: 4% Day 6: 2% Day 7: 5%

Table 1

<table>
<thead>
<tr>
<th>Postpartum Depression is more serious than baby blues.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helps babies and parents establish a positive relationship with their baby.</td>
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</tbody>
</table>

Table 2

<table>
<thead>
<tr>
<th>Postpartum Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Typically starts 1-3 weeks after birth.</td>
</tr>
<tr>
<td>Typically starts 2-3 months after birth.</td>
</tr>
<tr>
<td>Typically starts 2-3 months after birth.</td>
</tr>
<tr>
<td>Usually gets better within 6-12 weeks.</td>
</tr>
</tbody>
</table>

Conclusions

New mothers are at risk for developing mental health issues such as anxiety, postpartum depression or postpartum psychosis.

Risk Factors contributing to postpartum depression: history of mental illness, negative attitude towards the baby, high risk pregnancy with complications, lack of support, a history of abuse, lack of sleep or exercise, low socioeconomic status, or a low education level.

Effective techniques in reducing anxiety-depression-psychosis include screening using Edinburgh Depression Scale, patient teaching on symptom awareness, offering community resources and pharmacological interventions.

Screenings are a secondary prevention strategy that identifies at risk patients, provides resources during the postpartum period.

Mental health screenings should be conducted periodically, including maternal mental health check-ins at prenatal, OB/GYN, labor and delivery, NICU and pediatrician appointments.

References


References


References


