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Nursing Staff Education on Depression and Screening in the Perinatal Period

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Abstract

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MSN, Walden University, 2016

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Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

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Abstract

Perinatal depression is among the most common of mental illnesses a woman experiences during pregnancy and postpartum. Currently, in the Federally Qualified Health Center, patients are only screened at the postpartum visit while the evidence-based literature recommends screening in the prenatal period as well thus creating a gap in practice. The purpose of this project was to address this gap through the planning, implementation, and evaluation of a staff education project on perinatal depression and screening. Framed within the analysis, design, development, implementation, and evaluation model of instructional design, the project was guided by two questions: (a) What evidence in the literature supports the use of screening, intervention, referral, and follow-up for postpartum depression in the perinatal period? and (b) Will there be a change in knowledge upon implementation of an education program on screening, intervention, referral, and follow-up for perinatal depression and anxiety mood disorders as evidence by a pretest/posttest situation? The educational curriculum was developed based on the Consensus Bundle on Maternal Mental Health: Perinatal Depression and Anxiety guidelines. The 10 staff nurse participants completed a 10-question pretest/posttest based on the bundle and the Edinburgh Postnatal Depression Scale. Individual pretest scores ranged from 40-70 % with posttest scores ranging from 80-100%, indicating an increase in knowledge after the education. The Scale Content Validity Index (S-CV1) =1 indicating the test was highly relevant to the curriculum content and objectives. The findings of this project indicated that nurses could use the knowledge gained for early identification and intervention of perinatal depression and positive social change.

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Dedication

I dedicate this work to my supportive family especially my mother, Jane Grant; whose strength was the driving force behind my success due to her everyday support and sacrifice from the beginning of my educational journey. I would also like to dedicate this project to my daughter Janay Woolary and son Jaden Woolary who bring me joy and love. My brother Randy Mitchell for his support and encouragement. Everything is possible through the Lord and can be accomplished even when the road is rough. To my significant other and my girlfriends who will be so happy that I never have to do homework again. This project is dedicated to my small island of Grenada, where it all began.

Acknowledgments

I want to express my gratefulness to Dr. Hubbard for her dedication and support to ensure that I completed this DNP project. Dr. Hubbard is awesome and your kind words of encouragement as an individual, mentor and professor has guided me through the years of working on this project. Dr. Hubbard your words have kept me through, and I am very thankful. I would like to thank my committee member Dr. Moon for ensuring my success with this project. Dr. Moon was influential in perfecting this project. Dr. Moon thank you for your expertise.

My children gave me the desire to finish this project and I would always be grateful for their understanding and support. I want to acknowledge the nursing administrators and nursing staff for supporting this project and appreciating the importance of providing nursing staff education on depression and screening in the perinatal period.

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Section 1: Nature of the Project

Introduction

Perinatal depression is a mood disorder which affects women during pregnancy and after childbirth and is a serious public health problem in the United States (American Psychiatric Association [APA], 2018). Perinatal depression is associated with outcomes of poor maternal and infant health (Bauman et al., 2020), which can impair one's quality of life (Sayres Van Niel & Payne, 2020). The Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5) defines major depression disorder as symptoms that begin during pregnancy or within four weeks of delivery of an infant (Narlesky et al., 2020).

The Centers for Disease Control and Prevention (CDC), as well as other organizations, have recommended universal screening for pregnant and postpartum women for depression (Bauman et al., 2020; CDC, 2019; Kang et al., 2019). The Council on Patient Safety in Women's Health Care in 2015 created an interdisciplinary team to develop a patient safety bundle that is evidence-based to address maternal mental health (Kendig et al., 2017). Using best practices from the literature, representatives from the American College of Obstetricians and Gynecologists (ACOG), the American College of Nurse-Midwives (ACNM), and the U.S. Preventive Services Task Force (USPSTF), the team developed the Consensus Bundle on Maternal Mental Health: Perinatal Depression and Anxiety (CBMMH: PDA) which delineates the need for screening of depression in the perinatal period and offers tools for consideration for screening, intervention, referral, and follow up (Kendig et al., 2017). As well, the American Academy of Pediatrics (AAP)

recommends that pregnant and postpartum women be screened for perinatal depression by clinicians with some knowledge in obstetrics for postpartum depression (National Perinatal Association, 2018).

Screening tools are diagnostically essential, and every clinical care setting must identify mental health screening tools to made available in outpatient obstetric clinics and inpatient facilities (Kendig et al., 2017). There are many screening tools for perinatal depression available, but the Edinburgh Postnatal Depression Scale (EPDS) is the one most frequently used in screening for the affliction (Martin & Redshaw, 2018).

Researchers have stated that clinic staff must be educated on the use of the tool selected and the importance of screening during the perinatal period because education aids inconsistent application of practice (Kendig et al., 2019). Perinatal nurses should demonstrate evidence-informed knowledge, assertiveness, skills, and judgment when studying conditions that can have severe impact on women and their babies. A lack of concrete, continuing education and development approaches can create barriers for nurses to detect symptoms and deliver evidence-based care to perinatal mothers who are experiencing perinatal depression (Higgins et al., 2018). Staff education about the tool selected and the importance of screening during the perinatal period is essential and aids in consistent application of practice (Kendig et al., 2019). However, while nurses can facilitate health promotion and aid in the reduction of distress caused by perinatal depression (Selix, 2015), researchers have suggested that nurses are hesitant to discuss mental health problems with women during pregnancy or in the postpartum period due to lack of education (Higgins et al., 2018).

State of Maryland survey results indicated approximately 14.5% of women develop depression during pregnancy, and 14% of women develop depression during the first three months following birth (Maryland Department of Health [MDH], 2014). The MDHs recommendation is screening using the EPDS during pregnancy and by six weeks postpartum (MDH, 2014). However, although the clinical setting where this doctor of nursing practice (DNP) project took place uses the EPDS at the postpartum checkup, components of the CBMMH: PDA have not been put into practice which would provide screening, intervention, referral, and follow up throughout the perinatal period. In the electronic chart that was implemented a few years ago, the EPDS or screening for depression was not included in the workflow. The protocol for screening was based on the answer to the one question that is noted "do you have suicidal ideation?"

Therefore, the gap in practice for the clinic was the lack of using recommendations by the CBMMH: PDA including screening for perinatal depression in the antepartum period. To address the gap in practice of perinatal depression, education and development of proficient strategies need a coordinated effort of all clinicians for continuing development of knowledge (Legere et al., 2017). Educating nurses on the CBMMH: PDA regarding depression in pregnancy and the use of the self-administered EPDS can positively impact social change as screening can help with early treatment for perinatal depression, thereby facilitating better outcomes for the mother and newborn.

Problem Statement

The problem identified in this DNP project was the need to educate staff at a Federally Qualified Health Center (FQHC) on the CBMMH: PDA, including screening in

both the antepartum and postpartum periods, intervention, referral, and follow up for perinatal depression and anxiety mood disorders. The CBMMH: PDA aided in implementing best practices for clinicians to use readiness, recognition, prevention, response, and systems learning in different care settings (Kendig et al., 2017). Currently, in the FQHC, patients are only screened at the postpartum visit. This project held significance for the field of nursing practice by helping nurses acquire the knowledge and skills to promote patient wellbeing and strengthens their role in advocating for the patient. The nurses' lack of knowledge on depression and screening created a gap in nursing practice leading to substandard care of patients, while evidence-based literature showed that the gap can be filled when the nurses receive education that is related to perinatal depression and anxiety (Kendig et al., 2017). Education helps with the identification of signs and symptoms that is associated with pregnancy and postpartum depression (Kendig et al., 2017).

Purpose Statement

A gap in practice exists of nurses' lack of understanding and use of the CBMMH: PDA guidelines for screening in the antepartum period as well as the postpartum period, intervention, referral, and follow-up for perinatal depression and anxiety mood disorders which could result in the patients being underdiagnosed and not treated for the condition. Delivering education using a systematic approach to perinatal depression and resources can decrease variability and destigmatize the disorder through a perinatal depression care bundle (Gillis et al., 2019). Therefore, the purpose of this DNP project was to plan,

implement, and evaluate a staff education program (SEPPD) on the CBMMH: PDA to include the EPDS screening tool for the FQHC staff thus alleviating the gap in practice.

Practice-Focused Questions

The SEPPD project was be guided by the following practice-focused questions:

- What evidence in the literature supports the use of the screening, intervention, referral, and follow up for postpartum depression in the perinatal period?
- Will there be a change in knowledge upon implementation of an education program on screening, intervention, referral, and follow up for perinatal depression and anxiety mood disorders as evidence by a pretest/posttest situation?

This project's intended outcome was to close the practice gap of the nurses' lack of knowledge and use of the CBMMH: PDA, including screening in the antepartum period, thus providing best practices in the care of perinatal patients.

Nature of the Doctoral Project

Sources of Evidence

To support this project's need, I identified sources of evidence by searching the following databases, including The Cumulative Index to Nursing and Allied Health Literature (CINAHL), Medline, PubMed, UpToDate, Proquest, Ovid Nursing Journals, and Allied Health, ScienceDirect. Peer review and public websites, including US Preventive Service Task Force, Center for Disease Control and Prevention (CDC), which was included but not limited to reference, focusing on the last five years other than

pivotal landmark studies that have great influence. This data was needed to recognize, organize, and appraise the current and critically analyze current ad primary evidence available to answer the question: The evidence from the literature was placed on the Literature Review Matrix (see Appendix B) and graded using the Bernadette Mazurek Melnyk, and Ellen Fineout-Overholt's Tool (see Appendix C). The keywords that were used in the database search was consisted of perinatal depression, postpartum depression, Edinburgh Postnatal Depression Scale, screening tools, perinatal nursing education. Practice guidelines from different healthcare association such as the Association of Women's Health, Obstetrics and Neonatal Nurses (AWHONN) (2015), the CDC (2017), and the Consensus Bundle on Maternal Mental Health: Perinatal Depression and Anxiety (CBMMH: PDA) (2017) were utilized.

Approach

Following and incorporating the analysis, design, development, implementation, and evaluation (ADDIE) model (2019) to guide with the steps found in the Walden University Manual for Staff Education (WUSEM), were utilized. The project was framed using the phases of the analysis, design, development, implementation, and evaluation in the (ADDIE) model of instructional design (see Appendix A). These phases offer learning strategies to effectively identify maternal issues with timely education about warning signs of perinatal mood and anxiety disorders (Kendig et al., 2017). The ADDIE model is an educational tool that is valuable, adaptable, logical, and instructional with best practice (CDC, 2019).

Phases of the ADDIE Model

Analysis

The analysis phase defines the practice issue. Evidence was gathered from literature review that is based on evidence, practice guidelines, education needs based on assessment. In the ADDIE model analysis phase, I identified the need for education to the nurses during my practicum and completing chart reviews with my preceptor, we noted only one question was asked related to depression which is, "do you have suicidal ideation?" which was asked during the postpartum visit. The facility was not following the recommendations of ACOG for screening on depression during the perinatal period. We agreed that this project would be appropriate. The facility confirmed the practice gap and the need for an educational program. The site agreed to the project, and a site agreement was obtained. I obtained IRB approval (# 11-15-21-0520610) per the Walden University Staff Education Manual (WUSEM).

Design and Development

The next phase in the ADDIE model is design and development, which occurred after the approval of my proposal. In this phase the development of the learning objectives, outlined activities and needs identified were addressed (Patel et al., 2018). The literature review consisted of searching for the information curriculum pretest/posttest or developing a curriculum template for staff education. Developing learning materials and the means of delivery of the educational materials to the participants and collaborating with the CEs for content review and validation of content was involved in this phase.

Implementation

The implementation phase of the ADDIE model followed formative evaluation and revisions during the planning step and approval of the CEs (one of whom is also the clinic director). In the implementation phase learning materials was delivered to the program participants by methods identified in the design and development phase. All nursing staff participated. The pretest was administered followed by the educational content and then the posttest. Impact evaluation was conducted during this time as provided by the participants.

Evaluation

The objective of the evaluation phase of the ADDIE model was obtaining feedback from the participants in relation to the development of the program and the outcome of the educational program (Kettner et al., 2017). Evidence produced by the project came from the formative evaluation of the curriculum by the CEs and the pretest and posttest content validity index scoring from the CEs in the planning step while the impact evaluation provided evidence from the evaluation of the staff education program by the participants and the change in knowledge from pretest to posttest by the participants in the implementation step.

Significance

This project's stakeholders included registered nurses, nursing administration leadership, and the patients who will be taken care of based on evidence-based practice. The nursing staff may benefit from the education program because they can be proactive in identifying women who need to be further assessed and treated for depression.

Providing education to nurses will lead optimal improvement of care for women, and patient satisfaction due to the new knowledge obtained from the educational program into practice. A patient that is satisfied and educated, would adhere to the plan of care, which leads to patient condition that is improved, and to the patients, their families, and the organization The transferability of the staff educational program on perinatal depression (SEPPD) may be useful to other healthcare practices such as pediatrician offices, and the Women, Infants & Children (WIC) clinic, because often they may see the patient before the clinic visit.

The contribution to nursing practice can happen by nurses providing education on depression and screening during the perinatal period can provide insight into intricacies with depression before delivery and during the postpartum period. The educational program was planned, implemented, and analyzed to the staff and patients need in context of the project site.

Walden University (2019) defines positive social change as a deliberate process of creating and applying ideas, strategies, and actions to promote the worth, dignity, and development of individuals, communities, organizations, institutions, cultures, and societies. Positive social change results in the improvement of human and social conditions (Walden University, 2019). This project has implications for positive social change since it can reduce depression and promote mental health. According to researchers, social support has a strong safeguarding effect that stresses social support's importance when relationships are strained (Coburn et al., 2016). Having an infant can impact many social, psychological, and biological changes for mothers. The use of the

CBMMH: PDA by perinatal nurses can better screen and educate the patients about depression and aid in diagnosis and treatment for the given population. Providing education will increase nurses' knowledge with assessment, evaluation, and the needed treatment required for the patient. The project will improve understanding of screening and education and eventually promote the best health outcomes for women and children.

Summary

Perinatal depression is a population health problem that can be alleviated by incorporating the CBMMH: PDA guidelines. The safety bundle can help address maternal perinatal depression in the clinic by incorporating screening, intervention, referral, and follow-up. This doctoral project has the potential to address the gap in practice as nurses are educated on the CBMMH: PDA including the EPDS because patients will be screened appropriately and follow up care provided. The phases of the ADDIE model analysis, design, development, implementation, and evaluation guided the planning, implementation, and evaluation steps for the project. Evidence from the literature supported the need for this project with evidence produced by the project coming from the work of the content experts and clinic staff participants. Section 2 of this project will introduce the ADDIE model more fully, present related literature to describe the relevance of providing education to the perinatal nurses on the CBMMH: PDA, depression screening, and the EPDS tool. As well, the background for the project, my role and the role of the CEs will be described.

Section 2: Background and Context

Introduction

The problem identified in this DNP project was the need to educate staff at the FQHC on the CBMMH: PDA including screening, intervention, referral, and follow up for perinatal depression and anxiety mood disorders. The practice-focused questions were: (a) What evidence in the literature supports the use of the screening, intervention, referral, and follow up for postpartum depression in the perinatal period? and (b) Will there be a change in knowledge upon implementation of an education program on screening, intervention, referral, and follow up for perinatal depression and anxiety mood disorders as evidence by a pretest/posttest situation? The purpose of this DNP project was to plan, implement, and evaluate a staff education program on the CBMMH: PDA to include the EPDS screening tool for the FQHC staff thus alleviating the gap in practice.

Analysis, Design, Development, Implementation, and Evaluation (ADDIE) Model

The SEPPD followed the WUSEM with incorporation of the ADDIE model to guide the steps in the project. The ADDIE model's foundation goes back to World War II when the US military came up with strategies for training workforce in performing compound technical functions (Patel et al., 2018). The ADDIE model is an evidence-based instructional stepwise method and structure for educating nurses (Jeffery & Longo, 2016). The ADDIE model is consistent with instructional best practice flexible, useful, and has a systematic education tool for educating and training learner (CDC, 2019). The ADDIE model has five phases; analysis, design, development, and evaluation, which will be used as an instructional design model for the project (Cheung, 2016). The ADDIE

model phases provide a gateway to the different level and are correlated and cyclic. The ADDIE model was used in simulation in nursing education to assist with improvement of clinical performance in new graduate nurses (Robinson & Dearamon, 2013). Yu et al., 2017 developed and need-base pediatric acute care training curriculum utilizing the ADDIE model, which was implemented over a two-course period and followed a train-the-trainer model. The ADDIE model offers evidence-based practice for learning strategies for supporting workforce development in practice settings (Patel et al., 2018).

Relevance to Nursing Practice

Nurses are well-positioned to perform screening, identify at-risk mothers, and provide interventions for perinatal depression from recognized sources (International Affairs and Best Practice Guidelines, 2018; Van Valkenburg, 2019). A brief overview of perinatal depression and nurses' knowledge about perinatal depression will be presented in this section followed by information on the Consensus Bundle on Maternal Mental Health: Perinatal Depression and Anxiety, perinatal screening for depression, and the use of the Edinburgh Postnatal Depression Scale that will be used to fill the gap in practice. Developing an algorithm for women that has positive screening result, along with facilitation of appropriate intervention and needed referral to identified resources with women who has positive screen for perinatal mood and anxiety disorder is used to address the gap-in-practice (Kendig et al., 2018).

Nurses are well-positioned to perform screening, identify at-risk mothers, and provide interventions for perinatal depression from recognized sources (International Affairs and Best Practice Guidelines, 2018; Van Valkenburg, 2019). A brief overview of

perinatal depression and nurses' knowledge about perinatal depression will be presented in this section followed by information on the Consensus Bundle on Maternal Mental Health: Perinatal Depression and Anxiety, perinatal screening for depression, and the use of the Edinburgh Postnatal Depression Scale that will be used to fill the gap in practice. Developing an algorithm for women that has positive screening result, along with referrals and interventions will address the gap in practice.

Perinatal Depression

Perinatal disorders are recognized as a significant patient safety issue (Kendig et al., 2017). Perinatal depression is an illness that affects any woman in the perinatal period regardless of race, culture, age, income, or educational background (NIMH, 2017). One in seven women can be affected by pregnancy complications and during the postpartum period, resulting in adverse short- and long-term effects on women and children (USPSTF, 2019). In a study of 4,000 women researchers found that at four to six weeks postpartum, only sixty-three percent of the women reported being asked by clinicians about their emotional state during their visit (Clevesy et al., 2019).

Nurse Knowledge of Perinatal Depression

Elshatarat et al. (2018) found that nurses lacked knowledge about perinatal depression, including prevalence, symptoms, definition screening tools, risk factors, and treatment and the authors also determined that nurses' self-confidence to educate mothers about depression was considerably associated with the level of knowledge about the assessment and management of perinatal depression (Elshatarat et al., 2018). Supple et al. (2016) stated that nurses were not knowledgeable of common warning signs for

postpartum depression and suggested that education and guidance were needed for nurses to teach mothers about the symptoms of depression. In a descriptive design, research has noted that nurses lack the knowledge and skills to address all aspects of mental health, which includes having an open discussion with women about psychosis and other complex issues (Higgins et al., 2017).

Consensus Bundle on Maternal Mental Health: Perinatal Depression and Anxiety

Consensus Bundles were created by the National Partnership for Maternal Safety, a coalition of organizations which works with the Council on Patient Safety in Women's Health Care (National Partnership for Maternal Safety Consensus Bundles [NPMSCB] 2019). The Council approves all Consensus Bundles and gets support from the Alliance for Innovation in Maternal Health (AIM) program (NPMSCB, 2019). In 2015, the Council developed the evidence based CBMMH: PDA that addresses perinatal mood and anxiety disorders. The bundle incorporates intervention, screening, referral, and follow-up into maternity care practice settings throughout health care settings (Kendig et al., 2017). The CBMMH: PDA use will permit women to feel endowed to seek help before depression symptoms become severe and provide education (Gillis et al., 2019).

The CBMMH: PDA was implemented in a Certified Nurse -Midwives CNM) practice to educate pregnant women between 24 to 29 weeks gestation about perinatal depression (Gillis et al., 2019). The education consisted of an educational handout, a brief provider driven discussion about perinatal depression and local and online mental health services. Results showed that the education was brief, easy to integrate into

routine care, and well acknowledge by women during their prenatal care (Gillis et al., 2019).

Screening for Perinatal Depression

In Maryland, the health department recommends screening using the EPDS during pregnancy or in the postpartum period, with best practices recommending women to be screened by six weeks of postpartum. Screening for perinatal depression will provide better aid in the encountering of women experiencing depression. Single women, low socioeconomic status, first child, minorities, and mothers with medical complications are at a greater risk for postpartum depression (Hansotte et al., 2017). Researchers have noted the importance of nurses determining how to screen this population for mental illness (Maurer et al., 2018). Screening for perinatal and PPD is the foundation of early recognition, diagnosis, and treatment (Maurer et al., 2018).

The Maryland General Assembly enacted legislation in 2016 establishing the Task Force to Study Maternal Health into law by Governor Hogan. The Task Force must identify vulnerable populations and risk factors for maternal and mental health disorders. Maryland recommends screening, prevention, identification, and treatment strategies for mothers with depression. The Maryland Department of Health (2014) stated women must be screened during pregnancy or in the postpartum period and ideally at six weeks postpartum. The ACOG (2017) stressed that perinatal depression, if unrecognized and untreated, will cause pregnancy complications, which can be overwhelming. In addition to ACOG recommendation, many states have mandated perinatal depression screening (Kendig et al., 2017).

AWHONN issued a position statement with recommendations to screen postpartum women for perinatal mood and anxiety disorders (NWH, 2019). The U.S. Preventive Services Task Force (USPSTF) recommended that clinicians provide and refer pregnant and postpartum women who are at increased risk of perinatal depression to counseling interventions (USPSTF, 2019). The American Academy of Family Physicians (AAFP) follows the same recommendations for screening as the USPSTF. ACNM supports comprehensive screening, management, and referral for depression in women as a part of routine primary health care. The ACNM has published position statements supporting the CNM role as a primary care provider and incorporating depression care for all women (ACNM, 2002). The most recent updated ACOG guideline in November 2018 stated that all care clinicians must complete a full assessment of emotional and mood well-being, including screening for PPD. The ACOG has noted that screening alone can have clinical benefits, so clinical staff should be prepared to initiate therapy and have patients with known cases go through a referral process. AWHONN position statement state that all pregnant and postpartum women must be screened for mood and anxiety conditions (AWHONN, 2015). AWHONN (2015) stated that health care facilities must have policies and protocols addressing screening and education for women and tools for staff training on depression.

Edinburgh Postnatal Depression Scale

The Edinburgh Postnatal Depression Scale (EPDS) is a 10-item self-report tool created by Cox et al. (1987) (Kang et al., 2019) and is the preferred screening tool for perinatal depression (Martin & Redshaw, 2018). The EPDS tool takes about five minutes

for patients to complete by self or through an interview and very easy to score. The tool has questions on anxiety symptoms that are an apparent feature of perinatal mood disorders. In a Danish EPDS study, a score of eleven or more was discovered to be the ideal cutoff for depression according to DSM-5 (Smith-Nielsen et al., 2018). Using the EPDS tool can provide an approach consistent with screening for all women during the perinatal and postpartum periods. Using this approach will aid in conversation and assessment for depression. Health promotion can be increased, and the reduction of suffering caused by depression can lessen when the appropriate education is given to nurses and different clinicians along with policymakers (Selix, 2015).

According to Howard et al. (2018), the identification of perinatal depression is considered a critical goal of the maternal care system, but clinicians identify only a few of the noted symptoms of depression. The prevention of perinatal depression is not possible, so early detection is the best approach, so screening all women is logical. The EPDS is a widely used initial step in identifying perinatal depression (Howard et al., 2018). The staff's education is expected to impact their knowledge on perinatal depression and the EPDS tool. Nurses who receive the education may communicate this information to their patients daily, so clinical assessment of diagnosis can be implemented. Using the EPDS tool has been proven best practice in many clinical settings because it promotes early detection and timely interventions for perinatal depression (Clevesy et al., 2018).

Local Background and Context

After reviewing of the electronic record during the perinatal period, there was no tool in place for screening pregnant women and the noted lack of education on perinatal education. The lack of education on screening for perinatal depression and the stigmatization that is associated with this mental illness became evident in my mind to have a need for this project. The intended setting will be an FQHC facility on the eastern coast of the United States. The facility services African Americans and the Hispanic population that come from a low-income class. The organization is a not-for-profit healthcare system with a health mission to improve the health and well-being of all the communities they serve. The organization provides care to women and infants with family-centered focus care. The population, which the organization serves, is ideal for my Doctor of Nursing Practice (DNP) project. The FQHC facility for which this project will be completed only provides a one-question interview during the perinatal period while the literature supports screening in the antepartum period as well. In the electronic chart, the one question that was noted is "do you have suicidal ideation?" Based on the answer given by the patient, then further assessment is implemented. Also, there is a best practice patient care safety bundle entitled CBMMH: PDA which provides evidence-based care to facilitate positive patient outcomes. These best practices could be examined and considered for inclusion in the clinic care of patients. promotes

Role of the DNP Student

I am a Master's prepared family nurse practitioner who currently works as a provider in an outpatient adult clinic. As a staff nurse, I worked at the FQHC for several

years, and I conducted my DNP project at the facility. During one of my practicum rotations at the FQHC facility, I noted there was no tool for perinatal screening and depression during chart review. The new electronic medical record that was implemented in the organization a few years ago does not have any screening tool in place for pregnant women and does not give the staff nurses the opportunity to screen for depression

I was excited to implement SEPPD in the facility, where I use to worked as a new nurse graduate and a labor and delivery nurse. I was motivated and inspired to write this SEPPD to bring evidence-based information on perinatal depression and screening to include in practice and improve the quality of best outcomes for care for patients and their families. My role in this project was to develop the educational project in the Planning step in Section 1as outlined. I implemented the education program and analyzed and synthesized all the data from the evaluations, content validation of the test items, evaluation of the education program by the participants, and the change in knowledge by participants from pretest to posttest. I provided the leadership team the opportunity to review and approve the education before presenting the content to the staff. My relationship as a DNP student, with this target population of staff nurses was to provide education to the team. The nurses may use the information that I generated and disseminated to increase their knowledge and understanding of depression and screening in the perinatal period, improving the quality of life for patients affected by this mental illness.

Role of the Content Experts

The CEs included the clinical coordinator, my preceptor, and the director of the leadership team. The clinical coordinator has a master's in nursing (MSN), my preceptor has an MSN in leadership and education, and the director of the leadership team has a Ph.D. The CEs received CE packets that included a letter of welcome, appreciation, and instructions. The items they evaluated, and the evaluation templates were included in the packet. The CEs had four weeks to review and provide feedback on the doctoral project results. The CEs performed a formative evaluation of the curriculum and validation of the pretest/posttest items. Finally, upon completion of the educational program, they completed an evaluation of the project, process, and my leadership. The CEs were able to offer suggestions and any need for further improvement.

Potential Biases

The DNP project was conducted without any impending bias. I am not affiliated with the facility site and have no personal ties with management or the organization. There was no potential bias that affected the completion of the project.

Summary

In Section 2, the ADDIE model was described in framing the steps of the project. The first practice-focused question was addressed by applying evidence from the literature review in order to close the gap in knowledge on perinatal depression and screening with the introduction of the CBMMH: PDA. The background and the context of the project were also discussed. My role and the role of the CEs were delineated. Section 3 will reintroduce the problem identified in the project and restate the practice-

focused questions followed by a description of the sources of evidence including the procedures, participants, protection, and analysis and synthesis of the evidence.

Section 3: Collection and Analysis of Evidence

Introduction

The problem identified in this project was the need to educate staff at the FQHC on the CBMMH: PDA including screening in both the antepartum and postpartum periods, intervention, referral and follow up for perinatal depression and anxiety mood disorders. After attending meetings, and completing chart reviews, I noted that the facility was not following the recommendations of ACOG for screening on depression during the perinatal period. According to Kang et al. (2019), the nurses' lack of knowledge on perinatal depression and screening creates a gap in practice due the staff beliefs, and not having the clinical skills that are required to identify women with symptoms and risk factors. The purpose of this DNP project was to plan, implement, and evaluate a staff education program on the CBMMH: PDA to include, the EPDS screening tool for the FQHC staff for the alleviation of the gap in practice, by increasing the knowledge of the staff as evidenced by a pretest/posttest result.

The SEPPD followed the steps in the WUSEM and frame the project using the phases in the ADDIE model (2019) to guide the project. The ADDIE model is an evidence-based practice model for learning approaches for the promotion of workforce improvement and implementation in everyday practice for best outcomes (Patel et al., 2018).

Practice-Focused Questions

The SEPPD project was guided by the following practice-focused questions that will close the gap in practice: (a) What evidence in the literature supports the use of

screening, intervention, referral, and follow up for postpartum depression in the perinatal period? and (b) Will there be a change in knowledge upon implementation of an education program on screening, intervention, referral, and follow up for perinatal depression and anxiety mood disorders as evidence by a pretest/posttest situation? The practice-focused questions offer a roadmap of this project by searching evidence that is current to practice addressing the practice problem. By using literature and practice guidelines that provide current evidence on the nursing care of patients with perinatal depression signs and symptoms, and educating the nurses about this mental disorder, the nurses' knowledge on perinatal depression and the identification of the illness may improve.

Sources of Evidence

The evidence supported the practice-focused questions will come from the literature organized in the Literature Review Matrix (see Appendix B). The information was graded using the Bernadette Mazurek Melnyk, and Ellen Fineout-Overholt' tool (see Appendix C). The sources of evidence generated by the project from the CEs came from the Curriculum Plan (see Appendix D), and the Pretest/Posttest (see Appendix G) while the participants of the educational program providing evidence related to evaluating the educational program and demonstrating results of the pretest/posttest. Evidence was gathered using templates entitled: Curriculum Plan Evaluation by the Content Experts (see Appendix E), Pretest/Posttest Content Validation by Content Experts (see Appendix H), Evaluation of the Staff Education Program by Participants (see Appendix J), Pretest/Posttest Change in Knowledge by Participants (see Appendix L), and Evaluation

of the Staff Education Project, Process, and Leadership by the Content Experts (see Appendix N).

Participants

The SEPPD incorporated two groups of participants, the content experts, and the education program participants. The CEs performed a formative evaluation of the curriculum and validation of the pretest/posttest items. The CEs also evaluated the project upon the completion of the educational program when they also evaluated the process and my leadership.

The second group of participants consisted of 10 staff nurses who participated in the educational program and provided evaluation of the program upon completion. The first resulted in evidence obtained from the completion of the Pretest/Posttest shown in the Pretest/Posttest Change in Knowledge by Participants (see Appendix L). The second was the evaluation completed after the educational presentation as shown in the Evaluation of the Staff Education Program by Participants (see Appendix J).

Procedures

The SEPPD templates used to organize the work involved in the project were developed by my Walden University project committee member to facilitate a uniform standard of the DNP project. The templates provided are not measurement tools and do not need an assessment of reliability and validity testing. The Bernadette Mazurek Melnyk, and Ellen Fineout-Overholt' tool was developed by experts to assess and appraise literature review step by step based on evidence-based practice. The project

used the Content Expert Validity Index Scale. The scale is essential, and a measurement tool that supports tools such as questionnaire for research (Yusoff, 2019).

Content Expert Letter

A letter of introduction of myself and the project was in the Content Expert Packet (see Appendix M). The letter included instructions for completing the information in the packet with an invitation to contact me and ensuring the privacy of their participation. All materials in the packet were anonymous with the number of the packet on the outside and corresponding numbers on all materials in the packet. The Literature Review Matrix (see Appendix B) was included for the CE's review. Information pertinent to the approval of the CEs included the Curriculum Plan (see Appendix D), Curriculum Plan Evaluation by Content Experts (see Appendix E), the Pretest/Posttest (See Appendix G), and the Pretest/Posttest Content Validation by Content Experts (see Appendix H). I had an individual deliver the packets to each CE. All the CEs returned the completed packet to the mailbox assigned to me, through someone who was anonymous by hand delivery. I analyzed the results and make necessary corrections and recommendations of the results.

Evaluation of the Staff Education Program by Participants

I developed the Evaluation of the Staff Education Program by Participants (see Appendix J) based on the objectives of the course that is relative to the curriculum. The participants evaluated the staff educational program after the presentation of the program. I departed the room, and the program evaluations was placed in a blank envelope and a staff member brought the enveloped to me. I then analyzed the results.

Pretest/Posttest Change in Knowledge by Participants

I developed the Pretest/Posttest Change in Knowledge by Participants (see Appendix L). The participants in the educational program completed a pretest to assess their understanding of SEPPD at the beginning of the presentation and completed the posttest assessment at the completion of the program. I compiled the results of the pretest/posttest change in knowledge (see Appendix L) to evaluate the change in knowledge from pretest to posttest.

Evaluation of the Staff Education Project by Content Experts

After completion of the SEPPD project, the CEs were asked to complete the Evaluation of the Staff Education Project by Content Experts and offer any suggestions for further improvement (see Appendix N). I had an individual deliver the anonymous CEs evaluation to each CE. Every CE returned the completed form to my mailbox by anonymous hand delivery. All the materials reviewed by the Content Experts were anonymous. I compiled the themes of the results.

Protection

Walden University's Internal Review Board (IRB) has guidelines of ethical principles and professional conduct that I followed for this project. The IRB guidelines are given to protect each participant by obtaining the project site agreement before beginning the DNP project and safeguarding the anonymity of all materials and information obtained from and relating to the organization, staff, and patients of the facility. The protection included identifiers that are related with the organization name, the employees, patients, and the city where the project will be taking place. Participation

was voluntary. Material reviewed by the CEs were anonymous. The pretest/posttest questions were confidential and have matching numbers. Each person was randomly assigned a number which will be put on their pretest/posttest. Upon presented with the pretest number, the participants were asked to write the number assigned down on the pretest but also on a note so that they will remember the number for the posttest.

Analysis and Synthesis

Curriculum Plan Evaluation by Content Experts Summary (see Appendix F)

Each learning objective was evaluated using a dichotomous scale with (Met=1) and (Not Met=2). The findings were analyzed using descriptive statistics reporting the mean score of all objectives and reported in Section 4. The synthesis comprised of a report on the percentage of the CEs rating for each objective, the mean score of all objectives, and the objective that obtains the top frequency ratings.

Pretest/Posttest Content Experts Validity Index Scale Analysis (see Appendix I)

The CEs validated each pretest/posttest using a 4-point Likert Scale of 1-4 according to the level of the relevance, 1 (Not Relevant), 2 (Somewhat Relevant), 3 (Relevant), 4 (Very Relevant) to the program objective and curriculum content. The data collected was used to calculate the item-content validity index (I-CVI). The I-CVI is calculated as the number of CEs rating of 3 or 4 to all item's relevancy, divided by the overall number of the CEs. The I-CVI measures the proportion of agreement on every item's relevancy to the curriculum, varying from zero to one. The I-CVI must be implemented systematically which is based on evidence and best practice (Yusoff, 2019). The results of the I-CVI are presented in Section 4 which is descriptive statistics with

inclusion of frequency which is number of items and number of CEs, and mean which is the individual scores added together in the row and divided by the number of CEs = 1-CVI for each item. The S-CVI results are presented in Section 4 with frequency as the number of I-CVI scores and the mean which is the added I-CVI scores in the I-CVI column and total divided by the number of items.

Summary Evaluation of the Staff Education Project by Participants (see Appendix K)

Each objective has dichotomous response, and descriptive statistics of objectives met frequency, count and percentage for analysis. The results obtained from the Summary of the Evaluation of the Staff Education by Participants was used for analysis to aid me in formulating recommendations for improvement of the educational program presented.

Pretest/Posttest Change in Knowledge Results by Participants (see Appendix L)

The pretest and posttest completed by the participants was analyzed to show the participants change of knowledge about CBMMH: PDA, by using descriptive statistics

Evaluation Summary of the Staff Education Project, Process, and My Leadership by Content Experts (see Appendix O)

The analysis was thematic. The themes in the summary evaluation can help drive response in findings related to my role. The CEs evaluated the project, the process, and my leadership and proposed recommendations after the project. The topics in this summary evaluation aided in driving my responses in findings, that is related to the improvement of my leadership role and development in future projects.

Summary

In Section 3, the sources of evidence to be produced were presented including the participants, procedure, and protections. The section concluded with a description of the procedures for analysis and synthesis of the evidence. The analysis and synthesis of all evidence was detailed and will be reported in Section 4. Section 3 also provided information for the protection of the participants and organization related to anonymity following the specifications of Walden University's Internal Review Board (IRB).

In Section 4, the findings, and implications of the analysis of the data was presented as well as recommendations brought forth from the educational program on mental illness and screening. Finally, contributions of the CEs and strengths and limitations of the project was discussed.

Section 4: Findings and Recommendations

Introduction

The problem identified in this DNP project was the need for nursing staff education at the FQHC on CBMMH: PDA, including screening in both the antepartum and postpartum periods, interventions, referral, and follow-up for perinatal depression and anxiety mood disorder. The gap practice was the nurses' lack of knowledge on perinatal depression and screening. The nurses' lack of knowledge created a gap in practice due to the staff beliefs and not having the clinical skills that are required to identify women with symptoms and risk factors (Kang et al., 2019). The purpose of this DNP was to plan, implement, and evaluate a staff education program on the CBMMH: PDA to include the EPDS screening tool for the FQHC staff for the alleviation of the gap in practice by increasing the knowledge of the staff, as evidence by pretest/posttest analysis. The practice-focused questions were: What evidence in the literature supports the use of screening, interventions, referrals, and follow-up for postpartum depression in the perinatal period? Will there be a change in knowledge upon implementation of an education program on screening, interventions, referrals, and follow-up for perinatal depression and anxiety mood disorders as evidence by a pretest/posttest?

The model used to guide this SEPPD was the ADDIE Model (see Appendix A). The literature review contains the evidence used to support the practice-focused questions addressed in the project. Each item in the Literature Review Matrix (Appendix B) includes a complete reference, relevant frameworks, a summary of the research questions, description of the information, the findings from the literature, and a summary of the

grading on each article. The Bernadette Mazurek Melnyk, and Ellen Fineout-Overholt tool (see Appendix C) was used for reviewing and grading the literature. The Curriculum Plan Evaluation by Content Experts (see Appendix E), the PowerPoint Presentation of Education to Participants (see Appendix P), and the Pretest/Posttest (see Appendix G) are also sources of evidence utilized in this SEPPD project.

The evidence created by the SEPPD came from the Curriculum Plan Evaluation by the CEs (see Table 1), Analysis of Results of Curriculum Plan Evaluation (see Table 1), Pretest/Posttest Content Expert Validity Index Scale Analysis (see Table 2) (see Appendix I), the Summary Evaluation of the Staff Education Project by Participants (see Appendix K), and the Pretest/Posttest Change in Knowledge Results by Participants (see Appendix L), and the Evaluation Summary of the Staff Education Project, Process, and Leadership by Content Experts (see Appendix O). The evaluation of the staff education program was analyzed using descriptive analysis by myself using percentages and averages of the staff evaluation of the program and data generated by the change in knowledge comparing the pretest and posttest. The descriptive analysis, including percentages and averages, were also used to analyze the results of evaluations which was thematic from the CEs. Section 4 of the SEPPD project summarizes the local problem, the gap in practice, the purpose of the project, how the evidence was generated, findings and implications of the staff educational program, recommendations, strengths, and limitations of the SEPPD project.

Findings and Implications

Curriculum Plan Evaluation by Content Experts Summary

The evidence from the literature to support the need for this project showed that nurses lack of knowledge related to perinatal depression and screening and obtaining the knowledge can result in closing the gap and eliminating barriers and stigma along with the nurse's belief (Kendig et al., 2017). Three CEs completed an evaluation of each of the learning objectives relative to the content of the Curriculum Plan as evidenced by the literature and using a dichotomous scale which indicated whether each objective was met or not met based on the curriculum and the overall objective of the educational staff program was met (see Table 1).

The results of the curriculum evaluation by the CEs were analyzed (see Table 1). The analysis of the Curriculum Plan Evaluation revealed results that was 100% of the learning objectives attained a score of 1 (met: see Table 1). The mean score of each of the learning objective was 1 (see Table 1).

Table 1

Analysis of Results of Curriculum Plan Evaluation

Objective number and statement	CE-A	CE-B	CE-C
Participants will be able to address perinatal mood anxiety disorders as a maternal mental health	1	1	1
Participants will be able to identify a health screening tool to be made available at the clinical setting	1	1	1
Participants will be able to know how to use a screening tool for perinatal depression	1	1	1
The participants will be able to recognize maternal health issues for early interventions	1	1	1
Participants will be able to provide awareness education to pregnant women	1	1	1
Participants will be able to define nonjudemental culture of safety	1	1	1
Scores: Objective met = 1	Objective not me = 2	Mean= 1	

Pre/Posttest Content Expert Validity Index Scale Analysis

The pretest/posttest validation results were analyzed using content validation index (CVI) and a 4-point Likert scale ranging from 1-4 (1 not relevant, 2 somewhat relevant, 3 relevant, and 4 very relevant: see Table 2). There were no pretest/posttest items evaluated with a score of 1 (not relevant) or 2 (somewhat relevant). Ten pretest/posttest items (100%) received a score of 3, which is relevant, or 4 very relevant; (see Table 2). Each pretest/posttest item had a I-CVI result of 1, showing that each pretest/posttest item was valid to the curriculum learning objective and the overall program objective (see Table 2). The I-CVI was derived by the scores of the CEs divided by the number of CEs who evaluated the pretest/posttest as relevant (3) or very relevant (4) (Zamanzadeh et al., 2015). All CEs gave a score of one, which total 3, which was divided by the 3 CEs resulting with a I-CVI of 1.

The analysis of the pretest/posttest content validity index scale incorporated the average scores, the percentages, and the CVI of each pretest/posttest item. Results revealed that 60% of the pretest/posttest items (Items 1,2,3,4,5, and 9) received 4 (very relevant: see Table 2) by all CEs and 10% of the pretest/posttest item (Item 8) received 3 (relevant: see Table 2). The rest of the analysis showed that 30% of the pretest/posttest items (Items 6,7 and 10) received 3 (relevant: see Table 2) or 4 (very relevant: see Table 2). The analysis indicated an average score of 1 for the S-CVI for the total pretest/posttest evaluation results (see Table 2). A total of 10 pretest/posttest items (100%) were analyzed as effective (see Table 2). There was a total of 10 I-CVI which was divided by 10 questions to provide the score of the S-CV1. The S-CVI of the pretest/posttest items was 1 (see Table 2).

Table 2

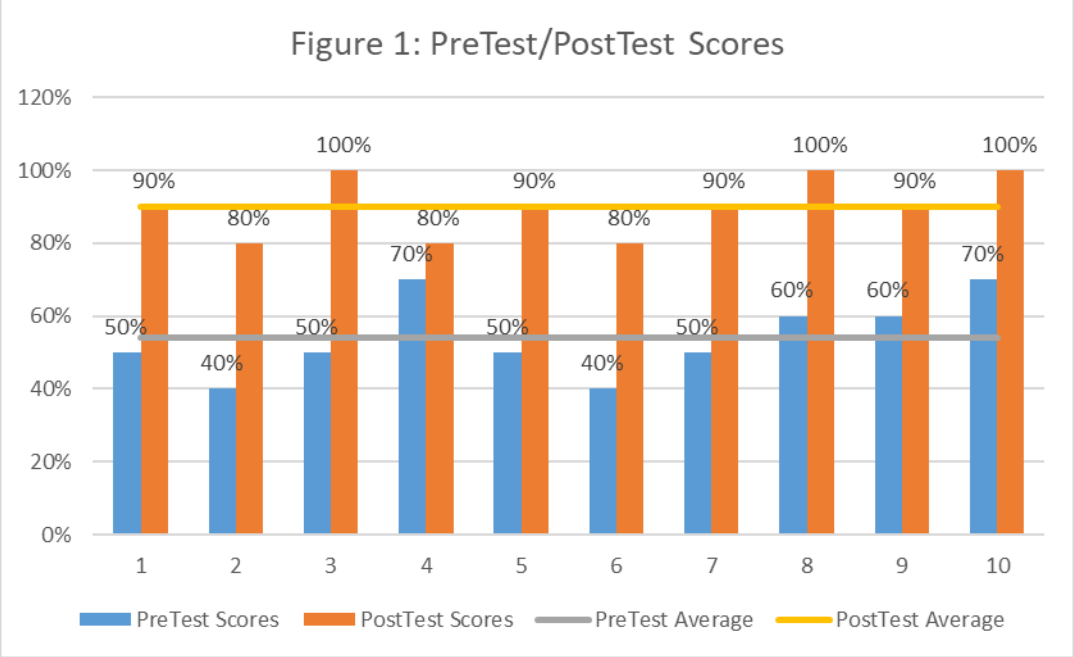
Pretest/Posttest Content Expert Validity Index Scale Analysis					
Number	Pretest/Posttest items questions	CE-A	CE-B	CE-C	I-CVI
1	When implementing a consensus bundle in all maternity care settings, its design must expand on the patient safety bundle offering resources to successfully implement the bundle domain (The Council on Patient Safety in Women's Health Care 2016). What are the domains? Check all that applies	1	1	1	1
2	When choosing a screening tool such as the Edinburg Postpartum Depression Screening Tool there must be certain characteristics to consider (Kendig et al., 2017). Circle all that applies	1	1	1	1
3	The Edinburgh Postnatal Depression Scale (EPDS) questions indicates a woman symptom with depression and anxiety during pregnancy and in the year following the birth of a child. If a score of 13 or more, what must be done?	1	1	1	1
4	Suicide is one of the leading causes of maternal mortality (Howard & Khalifeh, 2020). What percentage is accountable of postpartum death?	1	1	1	1
5	In the literature by Kendig et al., 2017, it is noted that without consistent, validated screening, perinatal mood and anxiety disorders often go unrecognized by clinicians, patients, and families due to appetite, anxiety, sleep patterns attributed to the normal physiologic changes of pregnancy.	1	1	1	1
6	To aid in referrals for positive results it is not vital to identify community maternal mental health care providers and resources to improve linkage and utilization at the local level according to research.	1	1	1	1
7	What is culture of safety? Circle all that applies.	1	1	1	1
8	According to the American College of Obstetricians and Gynecologist it is not recommended to have universal screening of pregnant and postpartum women for depression as one component of quality obstetric care (Kendig et al., 2018)	1	1	1	1
9	What is maternal mental health bundle (The Council on Patient Safety in Women's Health Care 2016)? Circle all that applies.	1	1	1	1
10	What are some listed factors to standardize screening in pregnancy?	1	1	1	1
Likert scale ranging from 1-4 (1 not relevant, 2 somewhat relevant, 3 relevant, and 4 very relevant I-CVI Score = 1. S-CVI=1					

Pretest/Posttest Change in Knowledge Results by Participants (Appendix L)

The analysis of the change in knowledge was conducted from the pretest to posttest using descriptive statistics. Individual pretest scores ranged from 40% to 70%, with the group mean being 50%. Individual posttest scores ranged from 80% to 100%, with a mean of 80%. The result of the posttest score indicated a positive change in knowledge from pretest to posttest among the participants. Every participant had a higher score on the posttest than the pretest (see Figure 1).

Figure 1

Pretest/Posttest Scores



Analysis of the test indicated that questions 1, 2, 4, and 9 were missed by many participants. Question number 1 was missed by all participants. The question asks, when implementing a consensus bundle in all maternity care settings, its design must expand on the patient safety bundle offering resources to successfully implement the bundle domain

(The Council on Patient Safety in Women's Health Care 2016). What are the domains? Check all that applies. The answers listed were: (a) readiness; (b) recognition and prevention; (c) response; (d) reporting and systems learning; or (e) a, b, and c. The correct answer is a, b, c, and d. All participants answer this question correct on the posttest.

Summary Evaluation of the Staff Education Program by Participants (Appendix K)

All 10 participants answered yes to each of the six learning objectives as having been met demonstrating the effectiveness of the educational program.

Evaluation Summary of the Staff Education Project, Process, and Leadership by Content Experts (Appendix O)

The CEs were asked to comment about the educational project, process, and my leadership related to what worked for them with suggestions on areas for improvement. The CEs described the project as organized and structured and themes such as "professional," "informative," and "good communication were ascertained from their comments. They indicated that they enjoyed being part of the team and being asked to evaluate the program, with no noted suggested areas for improvement. One CE noted that sharing the project with all team members, including providers, would be beneficial. Another CE noted that all healthcare settings should implement this education.

Recommendations

As a result of this SEPPD project, the CEs made the recommendation to actively screen patients on their initial visit and follow-up visits and develop a plan of treatment and referrals for the women who have positive screenings. The CEs discussed having the

facility develop a policy that provides a consistent approach to the recognition and treatment of perinatal mood and anxiety disorders. To sustain the staff education program of SEPPD, the facility should initiate a response protocol for positive mental health screening results. Evidence-based literature states that having an algorithm in place to respond to a positive screening result for depression, anxiety, and suicidal thoughts is imperative because these disorders are very common and complex (Kendig et al., 2017).

The facility should incorporate this educational program as part of the annual competency training and new employee orientation packets for all nurses. Either regular or random chart audits should be completed to ensure that education is provided so screening strategies are effective in the identification of perinatal depression. To facilitate usage, the director should identify an individual who is responsible for driving the implementation of the identified screening tool and protocol. The individual should be responsible for communicating the importance of the tool and facilitating to ensure that all clinicians and staff work towards consistent practice. Perinatal nurses, health care providers, community resources providers, and patients, along with family members, must be obligated to work together to eradicate the stigma that surrounds mental health disorders.

Contribution of the Doctoral Project Team

Content experts for the project included one member with a Ph.D., MSN, and MPH, and two CEs were MSNs prepared. The CEs facilitated the generation of evidence through a formative evaluation of the Curriculum Plan Evaluation by CEs (see

Appendix E) and the Pretest/Posttest Content Validation by CEs (see Appendix H). The CEs completed the Evaluation Summary of Project, Process, and Leadership by Content Experts (see Appendix O), and proposed improvement suggestions. An external educator and continuous improvement manager with an MBA reviewed the pretest/posttest item construction and made suggestions that were integrated into the test.

Strengths and Limitations of the Project

The major strength of this project was the education on depression and screening, which was filled with evidence-based information. The use of the three experienced autonomous CEs who ensured authenticity and rationality of the project materials, curriculum, learning objectives, evidence from the literature review provided, and the pretest/posttest items that were related to the educational program, overall desired outcome in closing the gap between lack of knowledge of nurses and perinatal depression and the literature that is evidence-based was also a significant strength. The evaluation process allowed anonymity of the CEs, participants, and evaluation materials which was vital to safeguard against the project leaders' potential bias and own influence on the evaluation results. The change in knowledge from the pretest to posttest and evaluation was positive. The evaluation was thematic from the CEs summary evaluation and offered insights about the overall project, process, and my leadership and recommendations for improvement.

The purpose of this DNP project was to plan, implement, and evaluate a SEPPD on CBMMH: PDA to include the EPDS screening tool for the FQHC staff to alleviate the gap in practice increasing the knowledge of the staff as evidenced by a pretest/posttest

result. A limitation of the study was the education program was only offered to perinatal nursing staff. The participation of more perinatal nurses was desired, but only ten participated due to the increasing rise of the COVID-19 pandemic. Expanding the course to include the perinatal nurses and providers and other staff working in that department must be considered. The social change intended for this project is to improve the population of women and their overall newborn health, as screening can help with early treatment for depression, thereby facilitating of better outcomes for the mother and newborns.

Summary

The purpose of this SEPPD project was to plan, implement, and evaluate a SEPPD for perinatal nurses at an FQHC. The program was effectively presented to the staff, and improved post-test scores showed an increase in knowledge compared to pretest scores. The CEs and participants' course evaluation showed that the course objectives were met. Dialogues and comments by the CEs and participants revealed that the course was appreciated, and the participants were pleased with the education provided. The CEs completed an evaluation of the project, that was formative. The summary evaluation by the CEs offered insights on the overall project, process, and my leadership, with suggestions for improvement. Descriptive statistics was used to analyze the evidence produced by the project. A change in nurses' knowledge on perinatal depression and screening was evidenced by the increased pretest/post-test results. The participants indicated the course objectives were met by the evaluation given. Section 5 includes a dissemination plan, analysis of self, and a summary of the project.

Section 5: Dissemination Plan

The dissemination of this evidence-based staff education project will help nurses at the FQHC improve their knowledge about perinatal depression and screening and improve optimal care for women, which leads to patient satisfaction. The dissemination of the work will be delivered to other groups by PowerPoint presentations, new employee orientation, and annual competency training. The FQHC is part of a multisystem organization, so offering this SEPPD to staff members in other locations will also help improve knowledge on perinatal education on depression and screening.

Analysis of Self

As I look back on the last few years as a DNP student, I have grown with added perseverance to push through as I have gained increased knowledge as a professional. Developing a DNP project is very challenging but attaining more knowledge as a scholar-practitioner is vital. As a practitioner the idea for my project came from practice gap in perinatal depression and screening, and I believe that education is the key to fill that gap based on providing evidence to the practice site which was essential. I led the educational program and provided education to fill the gap in practice

As a scholar, significant time was spent exploring best practices to ensure the project presentation was appropriate. Following the academic guidelines and my professor's feedback, expertise and help, I initiated the DNP project to solve the practice problem identified, which added to my increased knowledge and scholarly journey. As time progressed, I developed as a scholarly writer. Being engaged in the literature review

evidence related to the topic, and was able to develop the educational program, analyzed the evidence and present the findings.

Going through the DNP process has given me the insight to address practice issues based on crucial evidence. As a leader, advocate, and provider, I believe and support the need for education on perinatal depression and screening as a team, so the gap and stigma can be removed that still surrounds mental health disorders. Being a DNP prepared nurse, my responsibility to have processes in place to advance nursing practice in systems leadership and different organizations, to improve and have the best outcomes for patients and their based on evidence practice is imperative.

Project Manager

The completion of this project has come with many challenges associated with the COVID pandemic as the project manager. As the project manager I was responsible for the planning, implementation, and evaluation of the project. Being a project leader, I had some self-doubts but being organized and having effective communication with the team members made the project a success. As the project manager I was able to plan my work and identified experts and effectively work with them. This scholarly journey gave understanding and knowledge to being a DNP prepared nurse. As an advanced nurse provider, leader, and nurse advocate, my goal is to provide care to all populations based on evidence in nursing practice. This project has changed my mindset, increasing my knowledge and admiration for nursing. As a DNP prepared nurse, my long-term goal is to ensure that practice gaps are closed in nursing with an increase in evidence-based practice knowledge.

Summary

The SEPPD was designed to educate staff nurses in the FQHC on perinatal depression and screening to improve the nurse's knowledge thus close the gap in nursing practice. The project's evidence produced to answer the practice by the pretests/posttest that there was an improvement in a change in knowledge by the scores. The ability of the perinatal nurses to provide evidence-based perinatal depression education and screening to mothers will aid in early identification and treatment, which will give better outcomes.

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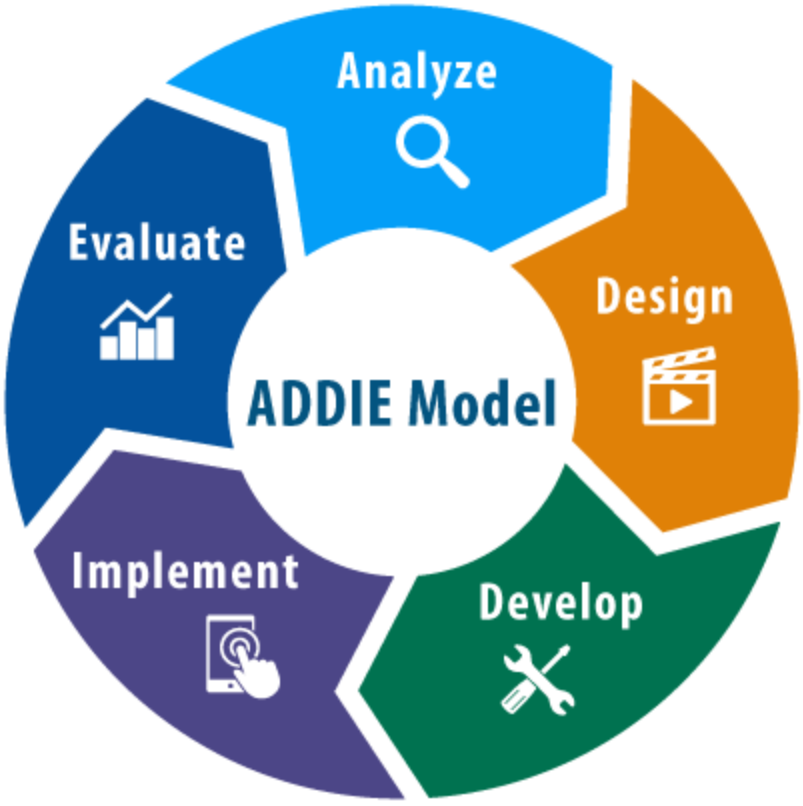
Appendix A: Analysis, Design, Development, Implementation, and Evaluation (ADDIE) Model



Source: Centers for Disease Control and Prevention (CDC). (2019). Public health education and training development: ADDIE Model

Appendix B: Literature Review Matrix

Melnyk, Bernadette Mazurek, and Ellen Fineout-Overholt's tool
DNP Project Title: Nursing Staff Education on Depression and Screening in the Perinatal Period

Full Reference	Theoretical / Conceptual Framework	Research Question(s) / Hypotheses	Research Methodology	Purpose	Conclusions	Grading the Evidence
Ahusen, J. (2016). Perinatal depression. A clinical update. The Nurse Practitioner 41(5), 50-55. doi:10.1097/01.NPR.0000480589.09290.3e	Descriptive	Emphasis on the perinatal period is an opportune time to screen, diagnose, and treat depression.	Evidence-Based Practice Support	To describe the impact of perinatal depression on maternal and infant outcomes. The importance of screening assessment, diagnosis, treatment, and evaluation of perinatal depression	Timely and appropriate screening and patient-centered treatment are critical to addressing perinatal depression barriers.	VII
Clevesy, M., Gatlin, T., Strebel, K., & Cheese, C. (2019). A project to improve postpartum depression screening practices among providers in a community women's health care clinic. Nursing for Women's Health, 23(1), 21-30. https://doi.org/10.1016/j.nwh.2018.11.005	Descriptive: The plan–do–study–act model was used as a framework	The use of screening tools for postpartum depression and education	Evidence-Based Practice Support	The purpose of this project was to improve health care providers' postpartum depression (PPD) knowledge and screening practices with the implementation of a standardized screening tool.	PPD screening education for health care providers and the addition of EPDS criteria to the electronic health record were associated with increased screening rates for PPD at a community women's health care clinic.	VI
Elshatarat, R., Yacoub, M., Saleh, Z., Ebeid, I., Raddaha, A., Al-Za'areer, M., & Maabreh, R. (2018). Perinatal nurses' and midwives' knowledge about assessment and management of postpartum depression. Journal of Psychosocial Nursing and Mental Health Service, 56(12), 36-46. https://doi.org/10.3928/02793695-20180612-02	Descriptive cross-sectional design	Addressing lack of knowledge about assessment and management of postpartum depression	Evidence-Based Practice Support	To improve nurses and midwives lacked knowledge about various aspects of PPD	Continuing education is recommended for health care professionals to improve knowledge regarding PPD	VI
Gillis, B., Holley, S., Seming-Lee, T., & Parish, A. (2019). Implementation of a perinatal depression care bundle in a nurse-managed midwifery practice. Nusring for Women's Health. doi: https://doi.org/10.1016/j.nwh.2019.05.007	Quality Improvement Descriptive	Implementation of a perinatal depression care bundle	Evidence-Based Practice Support	The purpose to implement a perinatal depression care bundle at a midwifery practice to help certified nurse-midwives (CNMs) educate women about perinatal depression and direct those affected to mental health services	The use of systematic approach to deliver perinatal depression education and resources reduces process variability and destigmatize the illness, allowing women to feel empowered to seek help before depression symptoms become severe	V
Higgins, A., Downes, C., Monaha, M., Gill, A., Lamb, S., & Carrol, M. (2018). Barriers to midwives and nurses addressing mental health issues with women during the perinatal period: the mind mothers study. Journal of Clinical Nursing. http://doi.org/10.111/jocn.14252	Descriptive design	Exploring barriers to midwives and nurses addressing mental health issues with women during the perinatal period	Evidence-Based Practice Support	The purpose to develop strategies to address system- and practitioner-related barriers, to include the development of services, care pathways, and the provision of culturally sensitive education on perinatal mental health	Encounter many organizational- and practitioner-related barriers that negatively impact on their ability to incorporate mental health care into their practice.	VI

Howard, L., Ryan, E., Trevillion K., Anderson, F., Bick, D., Bye, A., Byford, S., O'Connor, S., Sands, P., Demilew, J., Milgrom, J., & Pickles, A. (2018). Accuracy of the Whooley questions and the Edinburgh Postnatal Depression Scale in identifying depression and other mental disorders in early pregnancy. The British Journal of Psychiatry 212, 50-56. doi:10.1192/bjp.2017.9	Cross-sectional survey	Investigate the prevalence of mental disorders in early pregnancy and screening	Evidence-Based Support	The purpose is to investigate the prevalence of mental disorders in early pregnancy and the diagnostic accuracy of depression-screening	Depression screening questions is needed in pregnancy to aid with diagnosis and education for staff	ll
Kang, P. S., Mohazmi, M, Ng, Y. M., & Liew, S. M. (2019). Nurses' knowledge, beliefs and practices regarding the screening and treatment of postpartum depression in maternal and child health clinics. A cross-sectional survey. Malaysian Family Physician: The Official Journal of the Academy of Family Physicians of Malaysia, 14(1), 18-25	Cross-sectional Study	Determining nurses' level of knowledge, beliefs and practices regarding PPD and screening	Evidence-Based Practice Support	The purpose to determine nurses' level of knowledge, beliefs and practices regarding PPD and factors associated with screening practices	Screening practice was poor because the outcome was associated with their beliefs regarding time and responsibility	Vl
Kendig, S., Keats, J. P., Hoffman, M. C., Kay, L. B., Miller, E. S., Simas, T. A.,…. & Semenuk, K. (2017). Consensus bundle on maternal mental health: perinatal depression and anxiety. Journal of Midwifery & Women's Health, 62(2), 232-239. doi:10.1111/jmwh.12603	Descriptive	Information to assist with bundle implementation on perinatal mood anxiety disorders	Evidence-Based Practice Support	The purpose of the bundle is design and expanded on patient safety by offering readiness, recognition, prevention, response, reporting, and systems learning in a wide variety of care settings	The bundle elements remain general so healthcare providers in different settings can adapt them to the best fit for consistent approach to recognize and treat	Vll
Legere, L. E., Wallace, K., Bowen, A., McQueen, K., Montgomery, P., & Evans, M. (2017). Approaches to healthcare provider education and professional development in perinatal depression: a systematic review. BMC Pregnancy and Childbirth, 17(1). 239. https://doi.org/10.1186/s12884-017-1431-4	Systemic Search	Lack of education and professional development on perinatal depression among health-care providers	Evidence-Based Practice Support	The purpose is providing a synthesis of educational and professional development needs and strategies for health-care providers in perinatal depression	Further education and professional development for providers to identify and care for women at risk for, or experiencing, depression is needed	V
Martin, C., & Redshaw, M. (2018). Establishing a coherent and replicable measurement model of the Edinburgh Postal Depression Scale. Psychiatry Research, 264, 182-191. doi:10.1016/j.psychres.2018.03.062	Three Factor Model Descriptive	Determining the underlying factor structure of the EPDS	Evidence-Based Practice Support	To determine the underlying factor structure of the EPDS and the replicability and stability of the most plausible model identified.	EPDS is multi-dimensional and a robust measurement model	V

Narlesky, M., Lemp, A., Braaten, S., Wooten, R. G., & Powell, A. (2020). A case of major depressive disorder with peripartum onset with heralding symptoms. Cureus, 12(6), e8393. https://doi.or/10.7759/cureus.8393	Cohort Study	Describing a case of major depressive disorder with peripartum	Evidence - Based Practice Support	The purpose of how to address major depressive disorder with peripartum onset and the need for providers to tailor the treatment to the patient's need	Tailoring treatment to the patients need	IV
National Partnership for Maternal Safety Consensus Bundles. (2019). Obstetrics & Gynecology, 133(6), 1287. https: doi.10.1097/AOG.0000000000003292	Consensus	Produces the Consensus Bundles	Evidence-Based Practice Support	The purpose to work within the Council on Patient Safety in Women's Health Care	The Council approves all the Consensus Bundles	VI1
Selix, N., & Goyal, D. (2018). Recent policy changes in perinatal depression screening and treatment. The Journal for Nurse Practitioner, 14(2), 117-123. https://doi.org/10.1016/j.nurpra.2017.11.016	Descriptive	Emphasis on early identification through screening	Evidence-Based Practice Support	The purpose to identify perinatal depression early due to long term effects on mental and physical well-being of woman, infant, and family	Having policy and guidelines for early screening of perinatal depression provides optimal outcomes	VI
Smith-Nielson, J., Matthey, S., Lange, T., & Vaever, M. (2018). Validation of the Edinburgh Postnatal Depression Scale against both DSM-5 and ICD-10 diagnostic criteria for depression. BMC Psychiatry, 393(2018). https://doi.org/101186/s12888-018-1965-7	Descriptive	Emphasis on cutoff scores of the EPDS	Evidence-Based Practice Support	The purpose is to validate the Danish EPDS against a depression diagnosis according to both DSM-5 and ICD-10.	The Danish EPDS has reasonable sensitivity and specificity at a cutoff score of 11 or more	V
Supple, P., Kleppel, L., & Bingham, D. (2016). Discharge education on maternal morbidity and morrtality provided by nurses to women in the postpartum period. Journal of Obstetric, Gynecologic, and Neonatal Nursing: JOGNN, 45(6), 894-904. https://doi.org/10.1016/j.jgn.2016.07.006	Qualitative	Emphasis on education material nurses use to educate mothers	Evidence-Based Practice Support	Determining what key messages should be presented to women after birth and before discharge	Improvements may be needed in how nurses educate women	VI
Van Valkenburg, A. (2019). Perinatal depression and anxiety collaboration. Innovative Programs Obstetric, 48(3), S52. https://doi.org/10.1016/j.jogn.2019.04.089	Descriptive	Emphasis on nursing assessment for perinatal services to include screening for perinatal depression one time before discharge	Evidence-Based Practice Support	The purpose to address barriers and resources by the team. Education was provided to the nursing staff. The Edinburgh Postnatal Depression Scale distribution	Nurses are well positioned to perform screening, identify at-risk patients, and provide interventions from identified resources	V
Melnyk, B., Overholt, E., Stillwell, S., & Williamson, K. (2010). The seven steps of evidence-based practice. American Journal of Nursing, 110(1), 51-53.						

Appendix C: Fineout-Overholt and Melynk's Rating System for the Hierarchy of Evidence for Intervention Studies

Hierarchy of Evidence for Intervention Studies

Type of evidence	Level of evidence	Description
Systematic review or meta-analysis	I	A synthesis of evidence from all relevant randomized controlled trials.
Randomized controlled trial	II	An experiment in which subjects are randomized to a treatment group or control group.
Controlled trial without randomization	III	An experiment in which subjects are nonrandomly assigned to a treatment group or control group.
Case-control or cohort study	IV	Case-control study: a comparison of subjects with a condition (case) with those who don't have the condition (control) to determine characteristics that might predict the condition. Cohort study: an observation of a group(s) (cohort[s]) to determine the development of an outcome(s) such as a disease.
Systematic review of qualitative or descriptive studies	V	A synthesis of evidence from qualitative or descriptive studies to answer a clinical question.
Qualitative or descriptive study	VI	Qualitative study: gathers data on human behavior to understand *why* and *how* decisions are made. Descriptive study: provides background information on the *what*, *where*, and *when* of a topic of interest.
Expert opinion or consensus	VII	Authoritative opinion of expert committee.

Adapted with permission from Melnyk BM, Fineout-Overholt E, editors. Evidence-based practice in nursing and healthcare: a guide to best practice [forthcoming]. 2nd ed. Philadelphia: Wolters Kluwer Health/Lippincott Williams and Wilkins.

Appendix D: Curriculum Plan

Title of Project: Nursing Staff Education on Depression and Screening in the Perinatal Period

Student: Lenora Dianne Woolary

Problem: The problem identified in this Doctor of Nursing Practice (DNP) project is a gap in practice of nurses' lack of understanding of the CBMMH:PDA guidelines for screening in the antepartum and postpartum period

Purpose: The purpose of this project is to plan, implement, and evaluate a staff education program on the CBMMH: PDA to include the EPDS screening tool to alleviate the gap in practice

Practice Focused Question(s): (a) What evidence in the literature supports the use of the screening, intervention, referral, and follow up for postpartum depression in the perinatal period? (b) Will there be a change in knowledge upon implementton of an education program on screening, intervention, referral, and follow up for perinatal depression and anxiety mood disorders as evidence by a pretest/posttest situation?

Objective Number and Statement	Detailed Content Outline	Method of Presenting	Method of Evaluation P/P Item
Discuss perinatal mood and anxiety disorders as a maternal mental health using a consensus bundle	What is CBMMH: PDA: an evidence based patient safety to address maternal mental health (Kendig et al., 2017)	PowerPoint	Pretest/Posttest Items 1
Discuss health screening tool to be made available at the clinical setting	Consideration of tools must include availability, cost, ease of administration and interpretation, acceptability and validity	PowerPoint	Pretest/Posttest Items 2,8
Identify a screening tool for perinatal depression	The Edinburgh Postnatal Depression Scale, self-administered, take less than 10 minutes to complete, scored by scored by nurse/team	PowerPoint	Pretest/Posttest items 2,3
Recognition of maternal health issues for early interventions	Assessing during initial obstetric visit, getting family history, mental health disorder history. Getting a comprehensive prenatal intake assessment	PowerPoint	Pretest/Posttest Items 4,5,6
Provide awareness education to pregnant women	Predicts better outcome with early identification. Timely education materials. Discussing stigma surrounding mental health	PowerPoint	Pretest/Posttest Items 6,9,10
Define nonjudgmental culture of safety	Elimination of judgement in the clinical setting. Integration of knowledgeable professionals in behavioral disciplines into day to day care of perinatal patients	PowerPoint	Pretest/Posttest Items 7

Appendix E: Curriculum Plan Evaluation by Content Experts

Date: 12/4/202

Student: Lenora Dianne Woolary

Content Expert: A, B, or C

Products for Review: Curriculum Plan, Complete Curriculum Content, Literature Review Matrix

Instructions: Please review each objective related to the curriculum plan, content and matrix. The answer will be a met or not met with comments if there is a problem understanding the content or if the content does not speak to the objective. At the conclusion of this educational experience, the participant will be able to:

Objectives	Objective Statement: At the conclusion of this educational session, the participants will be able to	Met	Not Met	Comment
1	address perinatal mood and anxiety disorders as a maternal mental health			
2	identify a health screening tool to be made available at the clinical setting			
3	use a screening tool for perinatal depression			
4	recognize maternal health issues for early interventions			
5	provide awareness education to pregnant women			
6	define nonjudgmental culture of safety			

Appendix F: Curriculum Plan Evaluation by Content Experts Summary

Met = 1 Not Met = 2

At the conclusion of this educational experience, learners will be able to:

Objective Statement	Content Expert	Content Expert	Content Expert	Average Score
	A	B	C	
The participant will be able to address perinatal mood and anxiety disorders as a maternal mental health	1	1	1	1
The participant will be able to identify a health screening tool to be made available at the clinical setting	1	1	1	1
The participants will be able to know how to use a screening tool for perinatal depression	1	1	1	1
The participants be able to recognize maternal health issues for early interventions	1	1	1	1
The participants will be able to provide awareness education to pregnant women	1	1	1	1
The participants will be able to define nonjudgmental culture of safety	1	1	1	1

Appendix G: Pretest/Posttest

Pretest/Posttest: Nursing Staff Education on Depression and Screening in the Perinatal Period

Student Name: Lenora Dianne Woolary, DNP Student

Date: 12/04//2021

Asterisk for correct response

1) When implementing a consensus bundle in all maternity care settings, its design must expand on the patient safety bundle offering resources to successfully implement the bundle domain (The Council on Patient Safety in Women's Health Care 2016). What are the domains? Check all that applies
    a. Readiness *
    b. Recognition and Prevention *
    c. Response *
    d. Reporting and System Learning *
    e. A, b, and c
2) When choosing a screening tool such as the Edinburg Postpartum Depression Screening Tool there must be certain characteristics to consider (Kendig et al., 2017). Circle all that applies
    a. Availability *
    b. Ease of use of interpretation and administration *
    c. Validity *
    d. Sensitivity *

e. A and C only

3) The Edinburgh Postnatal Depression Scale (EPDS) questions indicates a woman symptom with depression and anxiety during pregnancy and in the year following the birth of a child. If a score of 13 or more, what must be done?

   a. Repeat the EPDS in 2-4 weeks *
   b. Repeat the EPDS in 6 weeks
   c. Repeat the EPDS in 8 weeks
   d. None of the above

4) Suicide is one of the leading causes of maternal mortality (Howard & Khalifeh, 2020). What percentage is accountable of postpartum death?

   a. 55%
   b. 20%
   c. 18% *
   d. 10%

5) In the literature by Kendig et al., 2017, it is noted that without consistent, validated screening, perinatal mood and anxiety disorders often go unrecognized by clinicians, patients, and families due to appetite, anxiety, sleep patterns attributed to the normal physiologic changes of pregnancy.

   a. Ture *
   b. False

6) To aid in referrals for positive results it is not vital to identify community maternal mental health care providers and resources to improve linkage and utilization at the local level according to research.

    a. True

    b. False *

7) What is culture of safety? Circle all that applies.

    a. People who are encouraged to work toward change and take action to make change when needed *

    b. Providing judgement

    c. Not integrating knowledge in behavioral disciplines

    d. All the above

8) According to the American College of Obstetricians and Gynecologist it is not recommended to have universal screening of pregnant and postpartum women for depression as one component of quality obstetric care (Kendig et al., 2018)

    a. True

    b. False *

9) What is maternal mental health bundle (The Council on Patient Safety in Women's Health Care 2016)? Circle all that applies.

    a. Small set of evidence-based interventions that combines medical and improvement science to achieve improved outcomes *

    b. Making fundamental changes in how they work *

    c. Encourage teams to organize work *

d. Deliver all the bundle components *

10) What are some listed factors to standardize screening in pregnancy?

a. Incorporate into documentation in electronic health records

b. Documenting screening results in the patient record

c. Standardize screening process

d. A, b, and c *

e. None of the above

Appendix H: Pretest/Posttest Content Validation by Content Experts

Title of Project: Nursing Staff Education on Depression and Screening in the Perinatal Period

Student: Lenora Dianne Woolary

Respondent No. (A, B, C)

Accompanying Packet: Curriculum Plan, Pretest/Posttest with answers, Pretest/Posttest Expert Content Validation Form

INSTRUCTIONS: Please check each item to see if the question is representative of the course objective and the correct answer is reflected in the course content.

Test Item #	1	2	3	4	Comments:
1	Not Relevant	Somewhat Relevant	Relevant	Very Relevant	
2	Not Relevant	Somewhat Relevant	Relevant	Very Relevant	
3	Not Relevant	Somewhat Relevant	Relevant	Very Relevant	
4	Not Relevant	Somewhat Relevant	Relevant	Very Relevant	
5	Not Relevant	Somewhat Relevant	Relevant	Very Relevant	
6	Not Relevant	Somewhat Relevant	Relevant	Very Relevant	
7	Not Relevant	Somewhat Relevant	Relevant	Very Relevant	
8	Not Relevant	Somewhat Relevant	Relevant	Very Relevant	
9	Not Relevant	Somewhat Relevant	Relevant	Very Relevant	
10	Not Relevant	Somewhat Relevant	Relevant	Very Relevant	

Appendix I: Pretest/Posttest Content Expert Validity Index Scale Analysis

Table # 2

Rating on X-Items Scale by Three Experts on a 4-point Likert Scale

Pretest/Posttest Items	CE-A	CE-B	CE-C	Total rating	Item CVI
1					
2					
3					
4					
5					
6					
Continue for as many items as you have.					
Total					
Proportion Relevant				S-CVI	

I-CVI, item-level content validity index.

S-CVI/UA, scale-level content validity index, universal agreement calculation method Adopted from Polit, D. F., & Beck, C. T. (2006). The content validity index.

Appendix J: Evaluation of the Staff Education Program by Participants

Objective Statement	**Were the objectives met? Please circle.**	**Comments**
Discuss perinatal mood and anxiety disorders as a maternal mental health	Yes No	
Discuss health screening tool to be made available at the clinical setting	Yes No	
Identify a screening tool for perinatal depression	Yes No	
Recognition of maternal health issues for early interventions	Yes No	
Provide awareness education to pregnant women	Yes No	
Define nonjudgmental culture of safety	Yes No	

Appendix K: Summary Evaluation of the Staff Education Program by Participants

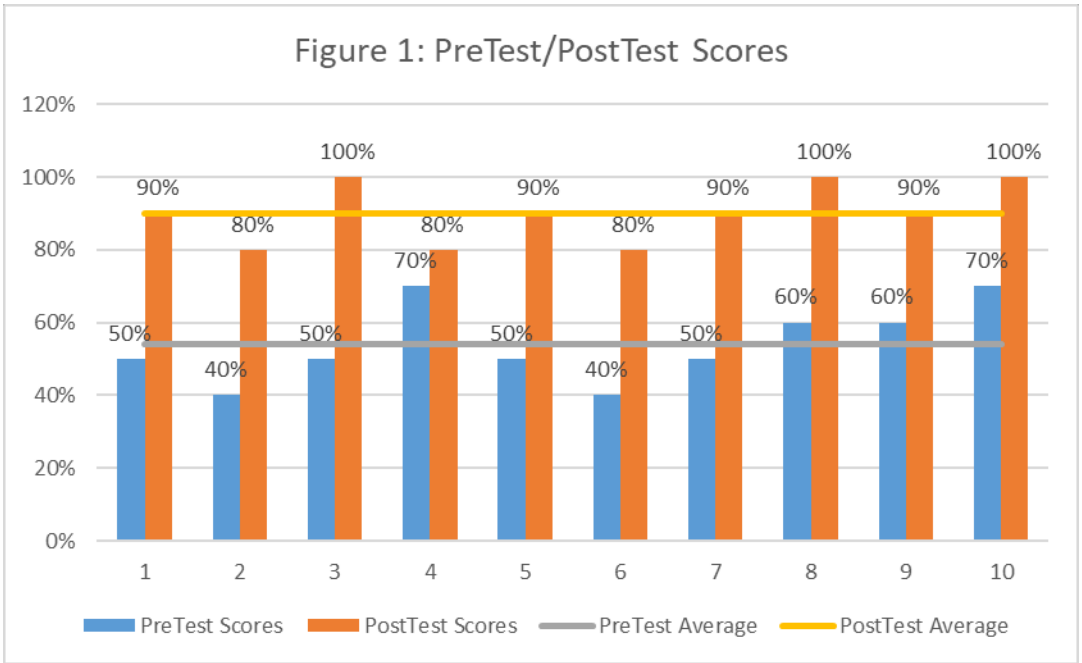
Title of Project: Nursing Staff Education on Depression and Screening in the Perinatal Period

Student: Lenora Dianne Woolary

Thank you for completing the Summary Evaluation on my project: Please complete and an individual will place to assigned mailbox:

Objective Statement	Were the objectives met? Please circle	Number of Participants answered (Yes)	Number of Participants answered (No)
Discuss perinatal mood and anxiety disorders as a maternal mental health	Yes No	10	0
Discuss health screening tool to be made available at the clinical setting	Yes No	10	0
Identify a screening tool for perinatal depression	Yes No	10	0
Discuss way of recognition of maternal health issues for early interventions	Yes No	10	0
Provide awareness education to identify early depression in pregnant women	Yes No	10	0
Discuss culture of safety	Yes No	10	0

Appendix L. Pretest/Posttest Change in Knowledge Results by Participants



Appendix M. Content Expert Letter and Instructions for Packets for CEs

Dear Content Expert,

I want to say thank you for volunteering as a Content Expert for my Doctor of Nursing project entitled, Nursing Staff Education on Depression and Screening in the Perinatal Period. In this enclosed packet you will find this letter and five documents for you to review. The instructions for completing the materials are shown at the top of each document on which a numeric number has been assigned to safeguard the privacy of your identity. The documents have been delivered to you by a person other than me so your anonymity can be maintained. After the completion the packet, please put the materials in the enclosed envelop and place in the mailbox that is assigned to me, with no identifiers and the individual will deliver them to me. At any time, please feel free to contact me by phone or email, which is listed below. If you have any need to contact my faculty member, Dr. Anna Hubbard please do as at 772-519-1190 or email at anna.hubbard@mail.waldenu.edu

Here is a list of the items that is in this packet:

I. Letter of introduction
II. Literature Review Matrix
III. Curriculum Plan
IV. Evaluation of Curriculum Plan by Content Experts (CEs)
V. Pretest/Posttest
VI. Pretest/Posttest Content Validity by Content Experts

VII. Summary Evaluation of the Staff Education Project, Process, and Leadership by Content Experts

Thank you,

Lenora Dianne Woolary DNP-Student

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Appendix N. Evaluation of the Staff Education Project, Process, and Leadership by Content Experts

Title of Project: Nursing Staff Education on Depression and Screening in the Perinatal Period

Student: Lenora Dianne Woolary

Thank you for completing the Summary Evaluation on my project. Please complete and send anonymously via interoffice mail to:

I. Content Expert Approach

   a. Please describe the effectiveness (or not) of this project in terms of communication, and desired outcomes etc.

   b. How do you feel about your involvement as a content expert member for this project?

   c. What aspects of the content expert process would you like to see improved?

II. There were outcome products involved in this project including an educational curriculum and pre/ posttest.

   a. Describe your involvement in participating in the development/approval of the products.

   b. Share how you might have liked to have participated in another way in developing/approving the products.

III. The role of the student was to be the leader of the project.

   a. As a leader how did the student direct you to meet the project goals?

b. How did the leader support you in meeting the project goals?

IV. Please offer suggestions for improvement.

Appendix O. Evaluation Summary of the Staff Education Project, Process, and Leadership by Content Experts

Title of Project: Nursing Staff Education on Depression and Screening in the Perinatal Period

Student: Lenora Dianne Woolary

Thank you for completing the Summary Evaluation on my project. Please complete and send anonymously via interoffice mail to:

Content Expert Approach

a. Please describe the effectiveness (or not) of this project in terms of communication, and desired outcomes etc.

Evaluator A	Evaluator B	Evaluator C
The project was very needed and clear communication provided	The communication in getting the education across was great	Very relevant topic

b. How do you feel about your involvement as a content expert member for this project?

Evaluator A	Evaluator B	Evaluator C

I enjoyed being part of the team	I am all for continuing education and growth	Being selected as a CE member was great

c. What aspects of the content expert process would you like to see improved?

Evaluator A	Evaluator B	Evaluator C
None. The project was organized	None. It was very structured	None

There were outcome products involved in this project including an educational curriculum and pre/ posttest.

d. Describe your involvement in participating in the development/approval of the products.

Evaluator A	Evaluator B	Evaluator C
I liked being a CE, being able to review educational materials	Being asked to be a CE was a great opportunity and also to evaluate the project	Evaluation of the project was great

e. Share how you might have liked to have participated in another way in developing/approving the products.

Evaluator A	Evaluator B	Evaluator C
I liked being a CE and was involved in reviewing before presentation	Being asked to be a CE was a great opportunity to evaluate the project	Evaluation of the project was great

The role of the student was to be the leader of the project.

f. As a leader how did the student direct you to meet the project goals?

Evaluator A	Evaluator B	Evaluator C
Very professional and keep me informed	Communication skill was great	Very professional

g. How did the leader support you in meeting the project goals?

Evaluator A	Evaluator B	Evaluator C
Very professional and keep me informed with availability	Communication skill was great	Very professional

Please offer suggestions for improvement.

Evaluator A	Evaluator B	Evaluator C
Sharing the project with all team members including providers would be beneficial	All healthcare settings should implement this education	The presentation was great

Appendix P: PowerPoint Presentation of Education Program to Participants

Nursing Staff Education on Depression and Screening in the Perinatal Period

Lenora Dianne Woolary, BSN, MSN, CRNP, DNP Student

December 28, 2021

Welcome

My name is Lenora Dianne Woolary

- I would like to thank everyone for their participation in this learning session
- The Coordinator of this Project
- All Staff Nurses for their participants
- Administration for allowing the project to take place at the facility

Administration of Pretest

- Pretest is voluntary for the participants
- Pick a number to use on pretest from box and remember number to use for posttest
- Do not write your name on the pretest question
- Attempt all the questions
- After completion of pretest questions put completed test in a designated envelop

Learning Objectives:

At the conclusion of this educational session, the participants will be able to:

- Discuss perinatal mood and anxiety disorder as a maternal mental health using a consensus bundle
- Discuss the need for a health screening tool to be made available at the clinical setting
- Discuss a screening tool for perinatal depression
- Recognition of maternal health issues for early intervention
- Provide awareness education to pregnant women
- Define nonjudgmental culture of safety

Introduction

- What is a Consensus Bundle on Maternal Mental Health: Perinatal Depression and anxiety (CBMMH-PDA)?
  - a Consensus Bundle is designed to expand on patient safety
  - in 2015 the Council on Patient Safety in Women's Health Care develop an evidence-based safety bundle to address mental health
  - offers resources on readiness, recognition and prevention, response and reporting and systems learning
  - perinatal mood and anxiety disorders which is commonly encountered in women of reproductive years (Kenidg et al., 2017)
  - perinatal depression is one of the most common complications of pregnancy and affects one in every seven women
  - some noted symptoms are changes in sleep pattern, appetite, anxiety can affect the normal physiological changes in pregnancy

Readiness

- Identifying a mental screening tool to be used at the clinical setting (EPDS tool)
  - Without validated consistent screening perinatal mood and anxiety disorders often go unrecognized
  - In choosing a tool one must consider availability, cost, ease of administration and interpretation, acceptability, validity, and sensitivity
  - Using the Edinburgh Postnatal Depression Scale is a 10-question tool which is easy to administer and proven an effective tool (Cox et al., 1987)
  - This tool score should not override clinical judgment
  - Clinical assessment should be carried out to confirm diagnosis

Readiness cont.

- Identifying a mental screening tool to be used at the clinical setting (EPDS tool)
  - The scale indicates how the mother has felt during the previous week
  - It is important for the mother to complete all items
  - Consistency of use is imperative
  - Inform patient that screening during perinatal period is a routine aspect of care to reduce stigma and or barriers
  - Establish a response protocol and have local resources
  - Identifying an individual for driving the adoption of identifying screening tools and response protocol

Education and use of the EPDS tool

- Consistent use of tool
- Completion of routine mental health screening
- Knowing when to administer screening instructions
- Using a stepwise approach depending on risk status

Recognition and prevention

- Allows early intervention-obtain individual and family mental health history
- Facilitates appropriate management-conduct validate mental health screening
- Referral processes that will help aid in the preventing adverse outcomes
- Get history on the initial obstetric visit
- On the prenatal intake assessment get mental health history and any medication use
- Get family history
- Screen at initial visit, later in pregnancy and during postpartum

Providing awareness education to pregnant woman and family

- Early identification predicts improved outcome
- Providing timely education material on perinatal depression
- Addressing the stigma surrounding mental health
- Empower women and family to seek help
- Providing information on red flags to aid family members and supporting in understanding when to ask for help
- Raising awareness on condition

Responding to positive screening result

- Focus on maternal safety-have a protocol in place for positive mental health screen
- Assessment and initiation of treatment-appropriate and timely
- Accessing mental health consultation
- Have an open communication between perinatal care team and psychiatric
- Identify resources-local, support and treatment resources
- Do follow up care

Facilitate learning and quality improvement

- Establish a non-judgmental culture of safety
  - Eliminate judgement
  - Integrate knowledge in behavioral disciplines
  - Engagement of patient and families that is direct

Facilitate learning and quality improvement

- Establish local standards for recognition/response to measure compliance and outcomes
  - Joint Commission, National Committee for Quality Assurance have standards for quality processes
  - Confer with state-based public heath representative
  - Recommendation for the College and the U.S. Preventive Services Task Force
  - Standardize screening into documentation in electronic health record
  - Documentation of screening results and diagnosis is an important tool when establishing screening processes
  - Track outcomes

Summary

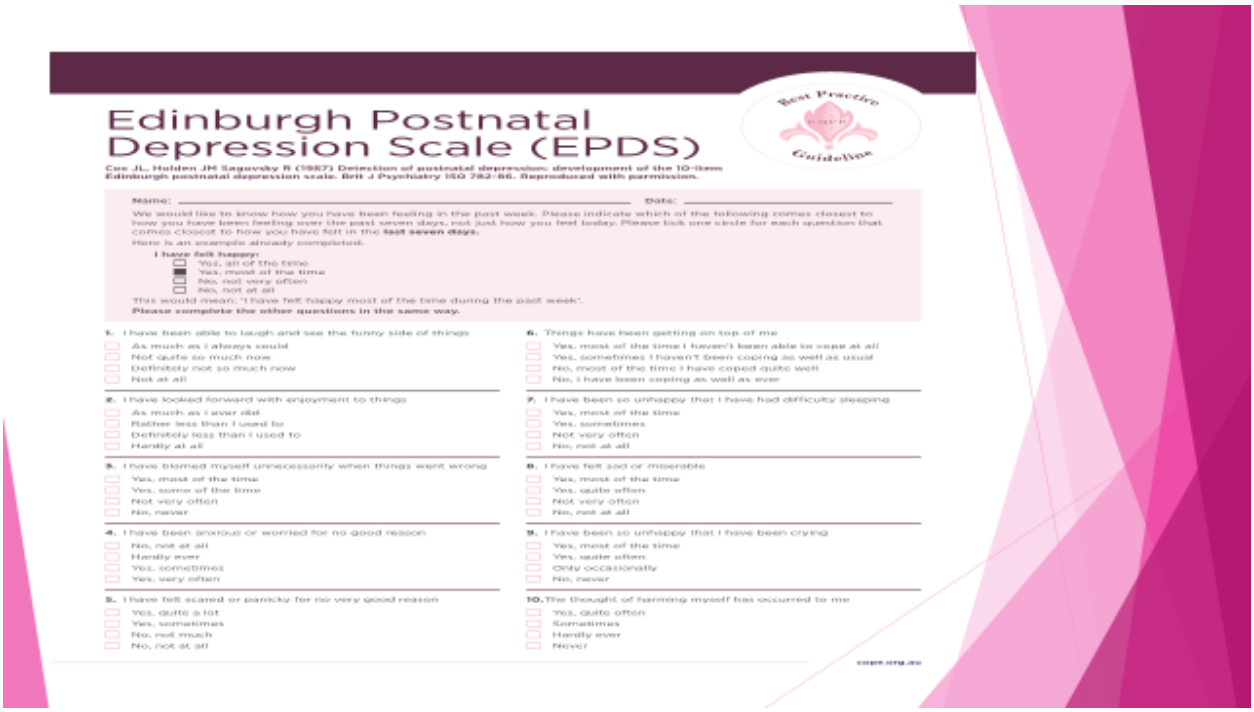
Perinatal mood and anxiety disorders can be tragic. This disease can be a preventable cause of maternal and infant mortality. This disease can be address by actively screening patients. Having engagement of patients and families in recognizing the need to get help in a timely manner is important. Removing the stigma is vital. Having a bundle element helps with facilitating consistent approach which will aid in recognition and treatment of perinatal mood and anxiety disorders.

Closing Remarks

- Thank you to the administration, coordinators of this educational program and all the participants.
- I would like to conclude the presentation, and answer any questions

Administration of Posttest Questions

- The posttest questions are voluntary
- Do not write your names on the posttest to insure anonymity. Use the same number on the paper as your pretest
- Attempt all questions
- Put posttest in envelop and it will be place in the assigned mailbox



Edinburgh Postnatal Depression Scale (EPDS)

Best Practice Guideline

Cox JL, Holden JM Sagovsky R (1987) Detection of postnatal depression: development of the 10-item Edinburgh postnatal depression scale. Brit J Psychiatry 150 782–86. Reproduced with permission.

Name: _____ Date: _____

We would like to know how you have been feeling in the past week. Please indicate which of the following comes closest to how you have been feeling over the past seven days, not just how you feel today. Please tick one circle for each question that comes closest to how you have felt in the **last seven days.**

Here is an example already completed.

I have felt happy:

- ☐ Yes, all of the time
- ■ Yes, most of the time
- ☐ No, not very often
- ☐ No, not at all

This would mean: "I have felt happy most of the time during the past week".

Please complete the other questions in the same way.

1. I have been able to laugh and see the funny side of things
- ☐ As much as I always could
- ☐ Not quite so much now
- ☐ Definitely not so much now
- ☐ Not at all

2. I have looked forward with enjoyment to things
- ☐ As much as I ever did
- ☐ Rather less than I used to
- ☐ Definitely less than I used to
- ☐ Hardly at all

3. I have blamed myself unnecessarily when things went wrong
- ☐ Yes, most of the time
- ☐ Yes, some of the time
- ☐ Not very often
- ☐ No, never

4. I have been anxious or worried for no good reason
- ☐ No, not at all
- ☐ Hardly ever
- ☐ Yes, sometimes
- ☐ Yes, very often

5. I have felt scared or panicky for no very good reason
- ☐ Yes, quite a lot
- ☐ Yes, sometimes
- ☐ No, not much
- ☐ No, not at all

6. Things have been getting on top of me
- ☐ Yes, most of the time I haven't been able to cope at all
- ☐ Yes, sometimes I haven't been coping as well as usual
- ☐ No, most of the time I have coped quite well
- ☐ No, I have been coping as well as ever

7. I have been so unhappy that I have had difficulty sleeping
- ☐ Yes, most of the time
- ☐ Yes, sometimes
- ☐ Not very often
- ☐ No, not at all

8. I have felt sad or miserable
- ☐ Yes, most of the time
- ☐ Yes, quite often
- ☐ Not very often
- ☐ No, not at all

9. I have been so unhappy that I have been crying
- ☐ Yes, most of the time
- ☐ Yes, quite often
- ☐ Only occasionally
- ☐ No, never

10. The thought of harming myself has occurred to me
- ☐ Yes, quite often
- ☐ Sometimes
- ☐ Hardly ever
- ☐ Never