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Staff Education on Perinatal Depression

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This is to certify that the doctoral study by

Kirenia Santiuste

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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Walden University
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Abstract

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MS, Nova Southeastern University, 2016

BS, Nova Southeastern University, 2014

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

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November 2022

Abstract

Perinatal depression (PND) is a global mood disorder affecting women transitioning into parenthood and is closely related to extensive psychosocial and financial consequences for the family. Ten to twenty percent of new mothers in the US are affected by PND in the year after giving birth. The problem identified for this Doctor of Nursing Practice project was the need for staff education on knowledge of and screening for PND in the obstetrical clinic for which the project was developed in a southeastern state of the US. Using the analysis, design, development, implementation, and evaluation model, the purpose of this Doctor of Nursing Practice project was to plan, implement, and evaluate an education program on PND, including screening, intervention, referral, and follow-up for the condition. The program was presented to 15 nurses. Two sources of evidence related to the practice-focused questions were generated using descriptive statistics. First, the participants evaluated the program related to the objectives with 1 = met and 2 = not met. Results showed the five objectives were met (mean = 1). Secondly, a change in knowledge by participants from pretest to posttest was achieved. Results showed that the group pretest mean score was 3.6 (3.53%) with an individual range from 2 to 6 and the group posttest mean was 7.93 with an individual range 6 to 9 (7.93%). The mean change from pretest to posttest score for the group was 4.4 (39.3 %). This project may result in enhancing the health of mothers, infants, and preventing outcomes such as maternal suicide, infanticide, child abandonment and neglect, substance abuse, and poor family dynamics thus improving the human condition.

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Dedication

I dedicate this doctoral project to my son, Matthew, and my family who has served as a continuous inspiration in my career and throughout my post-graduate journey. Without their infinite love and reassurance, I would never have been able to complete my post-graduate studies. Thank you for supporting my dreams and giving me another purpose in life. I love you and I deeply appreciate everything that you have done for me. I also dedicate this project to all the women suffering in silence…you are not alone. Lastly, I would like to dedicate this project to all the professionals out there that are enrolled in post-graduate studies and like me, are suffering from chronic medical conditions. The journey is challenging but not impossible. The sky is the limit.

I love you forever.

Acknowledgments

I would first like to thank God Almighty. Second, Walden University along with my chair Dr. Joan Moon for her dedication, tolerance, instruction, and guidance with my doctoral project, and to Dr. Courtney Nyange, and Dr. Barbara Ross. Third, I am forever thankful for my preceptor, Dr. Jessenia Magua, the nursing staff, healthcare providers, CEs, and administration at the OBGYN clinic where this doctoral project was completed. Last, I would like to thank my family, my son Matthew who inspired my project. My parents Miguel and Juana have not only supported me during my doctoral project but have believed in me since I started medical school. They were and still encouraging me and never stopped believing that wherever I was in life I could always excel higher, especially in my education. My partner, Rangel, thank you for everything. I know I have made them very proud with the culmination of my doctorate degree. I am proud to say that the road to achieving my DNP has been a long-time dream. Infinite dedication to all the mothers who have experienced or are now experiencing perinatal depression. I hope bringing this critical problem to light eradicates the stigma, shame, and starts to reduce social and cultural barriers. Let us start the dialogue. Perinatal depression is treatable. Please stop suffering in silence.

With Love,

Kirenia

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Section 1: Nature of the Project

Introduction

Perinatal depression (PND) is a global mood disorder affecting men and women transitioning into parenthood (Kimmel & Payne, 2017). The condition encompasses both peripartum and postpartum depression. The term peripartum depression refers to a severe period of depression that takes place during pregnancy or within 4 weeks after birth, while postpartum depression refers to a significant depressive phase that develops within the first 4 weeks following delivery and can last for a considerable amount of time (Kimmel & Payne, 2017). In some cases, PND is often confused with postpartum blues, a state of mood fluctuation, exhaustion, tearfulness, irritability, and anxiety that usually fades around 10–14 days after delivery (Langan & Goodbred, 2016). Current evidence indicated 10-20% of new mothers in the United States are affected by PND in the year after giving birth (Mental Health America, 2018).

Since the early 2000s, evidence-based care of the mother-infant relationship has become more complicated, and clinical staff frequently lack the expertise to detect the complexities of PND (Langan & Goodbred, 2016). According to the Department of Health, 26.4% of women who gave birth between 2015 and 2017 were estimated to have experienced PND. The mental disorder is experienced to varying degrees among expectant mothers; symptoms may range from mild to severe and are more prevalent in women with a history of depression and anxiety. PND is associated with significant health complications, typically during the perinatal period, which includes the immediate postpartum period, and may continue for some time after birth (Gewali et al., 2021).

Maternal complications after birth are strongly linked to PND development and are more prevalent than puerperal hemorrhage and eclampsia (American College of Obstetricians and Gynecologists, [ACOG], 2018). PND directly impacts the wellbeing of new mothers and their infants and leads to extensive psychosocial and financial consequences for patients and households (Hamil et al., 2021). Also, PND is strongly associated with failure to thrive, poor bonding, ineffective breastfeeding, infanticide, suicide, substance abuse, child endangerment, pre-eclampsia, chronic depression, low-weight births, and parental abandonment (Hamil et al., 2021). According to Blackmore et al. (2021), numerous factors can impact PND, including hormonal imbalance, previous mental disorders, dysfunctional family dynamics, inadequate financial sustenance, mood swings, and unclear expectations about pregnancy and motherhood. PND is frequently accompanied by symptomatology, making PND among the most obscure and difficult-to-diagnose mood disorders (Hamil et al., 2021). Crying spells, poor hygiene, mood swings, changes in sleep patterns, poor focus, emotional isolation, and reduced libido are some of the symptoms (Gewali et al., 2021). Harding and Payne (2017) noted that treatment for PND varies according to the severity of the depressive state with treatments including support and advice from family and friends, antidepressant medications such as Imipramine, Celexa, and Sertraline, and psychological interventions such as cognitive-behavioral therapy (CBT).

Expertise regarding PND among perinatal nurses requires awareness of the affliction. Screening tools for PND, such as the Edinburg Postnatal Depression Scale (EPDS), can significantly benefit PND prevention and treatment. Existing evidence-

based protocols from numerous healthcare organizations, including the ACOG, American College of Nurse-Midwives (ACNM), and American Academy of Pediatrics (AAP), strongly advocate for the inclusion of screening during the perinatal period to identify signs and symptoms of PND, thereby improving maternal mental wellbeing and reducing the negative impact of PND in the community (Prevatt et al., 2018). The ACOG advises that all expectant mothers should be screened for PND at least twice during their pregnancies by a provider who specializes in maternal care. However, due to rising healthcare expenses, high hospitalization rates, and financial issues, absence of PND screening remains a significant socioeconomic issue in the United States (Kendig et al., 2017; Webber & Benedict, 2018).

To address maternal mental health issues, the ACOG, ACNM, and U.S. Preventive Services Task Force strongly encouraged universal screening for PND during pregnancy and postpartum periods as one of the major components of quality obstetric care and worked together to employ an evidence-based practice (EBP) protocol bundle that focused on maternal wellbeing from mental and emotional perspectives through a disciplinary task force. The Consensus Bundle on Maternal Mental Health: Depression and Anxiety (CBMMH: DAP) offers comprehensive guidance for integrating perinatal mood disorder screening, interventions, referrals, and consistent follow-up into maternity care practice across healthcare settings and was developed by the Alliance for Innovation on Maternal Health (AIM) program includes national statistics on maternal welfare and quality improvement initiative-based protocols on multidisciplinary unanimity-based methods to improve maternal safety and healthcare outcomes. The program provides

implementation and data support for the adoption of evidence-based patient safety bundles in a cooperative agreement between the ACOG and Health and Resources Services Administration Maternal-Child Health Bureau, as part of the Health Resources and Services Administration, U.S. Department of Health, and Human Services, administers Title V and other key maternal and child health programs. Staff members at a specific OBGYN clinic in a southeastern state have reported a significant lack of education regarding PND and screening methods during prenatal visits, which is a substantial barrier to successful adaptation into motherhood.

Project goals include improving staff understanding of PND and prevalent risk factors for developing PND, encouraging staff to communicate risk factors for developing PND to attending OBGYNs, and encouraging staff to function as a liaison between patients and providers during prenatal visits and PND screening. By providing education for clinic staff on PND screening, intervention, referral, and follow-up, this DNP project on staff education for PND will improve care of perinatal patients at a private clinic in the Southeastern area of the United States, thereby enhancing conditions for parents and their families.

Problem Statement

The problem identified for this Doctor of Nursing Practice (DNP) project was the need for staff education on knowledge of and screening for PND in the clinic for which the project is being developed. According to one of the providers of the clinic where the project took place, there is a lack of use of PND screening during prenatal visits because 15-minute slots are allocated for most perinatal visits; therefore, there is little or no time

to address patients' mental and emotional states. Regardless of ACOG recommendations about PND screening, the OBGYN clinic where this project was conducted does not employ consistent PND screening. One of the main reasons is the gap in knowledge and awareness of PND amongst staff members. PND is only addressed if the patient verbalizes or presents signs and symptoms of PND. Inadequate and undependable PND screening at this facility can be associated with clinical staff's lack of formal PND education. Nurses are not adequately trained to identify PND among expectant mothers during prenatal visits (Kendig et al., 2017). Expectant and new mothers can suffer from PND due to lack of proper screening, evaluation, and support, in addition to inadequate knowledge about PND (Kendig et al., 2017). This doctoral project involves implementing an evidence based PND education program for nurses working in the OBGYN clinic. Improving staff knowledge about PND can allow staff members to successfully employ PND screening tools and identify those women at risk for developing or suffering such detrimental mental conditions, therefore leading to optimal prenatal care to improve the overall health and wellbeing of mothers and their infants, which will be facilitated via proper nursing care and effective nursing interventions.

The gap in practice is nurses' lack of knowledge, expertise, cultural competence, and screening tool identify PND during prenatal triage in an OBGYN clinic in a southeastern state. Evidence-based literature supports the need in the American healthcare system for proficient knowledge and expertise among staff members and a cohesive approach to identify PND through screening. A staff education program about

PND with continuing education hours will be presented to staff members in the OBGYN clinic to address this gap.

Purpose Statement

The gap in practice I identified was the lack of knowledge and screening tool for PND among clinical staff members. Clinical staff are effective when they are professionally trained in terms of PND and efficient application of PND screening tools (Kendig et al., 2017). The purpose of this DNP project was to plan, implement, and evaluate an education program on PND, including introducing the Edinburg Depression Screening tool for screening, intervention, referral, and follow-up. The project followed three practice-focused questions that guided the completion of the doctorate project. This project had potential to address the gap in practice by increasing the knowledge, competence, awareness about PND; hence, preventing complications associated to PND. The practice-focused questions were:

RQ1: What evidence in the literature supports the need for PND screening, intervention, referral, and follow-up during the perinatal period?

RQ2: Will there be changes in staff knowledge about PND as measured by a pretest/posttest?

RQ3: Will staff participants in the didactic program on PND find that objectives were met and were significant to their clinical practice?

The doctorate project had the potential to address a gap in practice by increasing the knowledge, competence, awareness, and the utilization of a consistent screening method such as the EDS. Frontline nurses and perinatal healthcare providers are in an

ideal position to close the gap in maternal mental care by properly identifying, screening, and treating of PND.

Nature of the Doctoral Project

Evidence to Support the Project

Integration of scientific evidence, patients' preferences, and medical proficiency results in EBP requires expert decision-making in healthcare settings, especially during patient care (Sriraman et al., 2017). I examined several peer-reviewed articles and reputable medical websites that address maternal health issues to justify the project. Supportive evidence was acquired through a comprehensive literature review consisting of sources that were published between 2018 and 2022, peer-reviewed, and in English. Cumulative Index to Nursing & Allied Health Literature (CINAHL), Google Scholar, MEDLINE, PubMed, ProQuest, and Embase were used to gather pertinent information. Keywords were *postpartum depression*, *obstetrics*, *PPD screening tools*, *clinical staff education*, *social impact*, *knowledge deficit*, *awareness*, *and education barriers*.

Evidence to be Produced by the Project

The educational project involves identifying current gaps in the clinical setting associated with staff education and awareness about PND. The main objective of the project is to provide evidence-based information from the literature review that can be tailored to the clinical practice in order to facilitate the identification of PND during prenatal visits and provide proper diagnosis, treatment plans, and referrals to improve patient care delivery for the betterment of the American society. Consistent evaluation

and treatment of PND would decrease the incidence of maternal suicide, infanticide, substance abuse, child endangerment, neglection, and poor family dynamics.

Approach

Guiding steps from the Walden Staff Education Manual were incorporated to plan, implement, and evaluate this project. The analysis, design, development, implementation, and evaluation (ADDIE) model of instructional design (see Appendix A) was used to frame the development of the project. The ADDIE model is a process used by training developers and instructional designers to plan and create effective learning experiences in many educational areas. The ADDIE model encompasses critical phases in creating instructional education to attain positive and better outcomes to improve clinical practice and patient care delivery.

Planning

My project committee chair and I addressed project-related topics and challenges. I agreed to conduct an educational in-service to enhance knowledge and awareness of clinical staff members on PND and introduce the Edinburg Postpartum Depression Scale (EPDS). The project concept was thoroughly discussed and approved by my preceptor, facility owners, and administrators. A verbal contract was obtained to develop and implement the project. The clinical administrator signed a site agreement form agreeing to Walden University's policies and protocols. Learning objectives for the curriculum were identified to facilitate the staff education program.

A literature review was conducted to identify current trends involving lack of PND screening, common causes, screening modalities, and treatment protocols by

completing a literature review matrix (see Appendix B). I also searched for evidence-based curriculum and pretest/posttests in literature. The project's framework was based on the ADDIE model. Formative evaluation of developed curriculum and content validation of pretest/posttest items was provided by three content experts (CEs) who I invited to participate in the project. An outside Ph.D. assessment expert reviewed construction of the test items. Following acceptance of the proposal, the IRB application was initiated.

Implementation

The program was launched upon final curriculum and test approval by CEs. The pretest and posttest will be presented before and after the educational in-service. The pretest was used to measure participants' current understanding before the in-service. The same test was administered after the in-service to measure changes in knowledge about PND. Participants also received PND materials, such as the EPDS screening tool, brochures for expectant mothers, providers, and clinical staff members, referral resource lists, and up-to-date evidence of consistent use of screening tools and protocols concerning PND. The impact evaluation was completed by participants who evaluated the program in terms of objectives being met and changes in knowledge from pretest to posttest.

Evaluation

Evaluation of evidence comprised formative curriculum evaluation and content validation of pretest/posttest items. Impact evaluation consisted of pretest/posttest results after employment of the educational activity or CEs, assessment of the educational

program by participants, and a summary evaluation of the project related to the process and my role as project leader. A project briefing informed the project mentor, who was one of the OBGYNs in the clinic and administrators of steps to implement a consistent screening tool and clinical protocols to detect PND during prenatal visits.

Significance

Shareholders for this educational project included clinical staff members, administrators, patients, and providers in the OBGYN clinic where the EBP project is taking place. The practice's administrator was identified as a vital shareholder in terms of the facilitation of the project and was responsible for arranging staff members' schedules to attend pretest/posttests and lectures. Clinical staff members can be influential in terms of guaranteeing that patients and family members are aware of PND regardless of their medical and mental history. This doctoral project was significant to clinical practice because early recognition, support, and treatment can foster rapid rehabilitation of mothers and lessen the impact of PND on infant development and mother adjustment into new roles.

Healthcare providers must comprehend consequences linked to PND and the impact of undiagnosed and untreated PND. Healthcare providers must embrace the vital role of assisting patients and their families in terms of understanding and coping with PND as well as ensuring that healthcare providers are educated and trained to identify signs and symptoms of PND. Proper awareness of PND may reduce shame linked with mental health conditions. This doctoral project might lead to a straightforward approach for screening and referral during prenatal visits. Additionally, clinical staff members must

understand the clinical and social impact of undiagnosed PND and how effective and initiative-taking methods can mitigate this condition and its incidence and prevalence, therefore improving outcomes.

PND has been shown to cause a profound impact on motherhood and infancy; thus, effective prenatal methods are necessary to promptly identify PND signs and symptoms amongst expectant mothers. Clinical staff members also verbalized numerous reasons for not addressing PND during prenatal triage, including lack of knowledge and expertise, cultural beliefs, lack of proper education, and lack of a consistent and standardized tool to screen for PND. This doctoral project potentially contributed to the nursing practice by fostering and endorsing cohesive and standardized screening methods to mitigate the adverse impact of PND during the prenatal and postpartum periods. Partnering with community-based organizations such as clinics for underserved populations can help in terms of providing proper staff education for PND.

Engagement of clinical staff members is pivotal in terms of embracing and employing new strategies to mitigate PND incidence and prevalence, hence improving outcomes. By providing education for clinic staff on PND screening, intervention, referral, and follow-up, this DNP project on staff education for PND improved care of perinatal patients at a private clinic in the Southeastern state of the US, thereby enhancing conditions for patients and their families.

Summary

PND is a very complex mental disorder affecting mothers' transition into motherhood not only nationally, but globally. The gap in practice I identified was the lack

of knowledge and screening tool for PND among clinical staff members. The purpose of this DNP project was to plan, implement, and evaluate an education program on PND, including introducing the Edinburg Depression Screening tool for screening, intervention, referral, and follow-up. Several peer-reviewed articles and reputable medical websites that address maternal health issues were examined through a comprehensive literature review. This doctoral project was significant to clinical practice because early recognition, support, and treatment can foster rapid rehabilitation of mothers and lessen the impact of PND on infant development and mother adjustment into new roles. Section 2 included the background, context, utilization of the ADDIE Model as an educational tool, as well as recommendations from the Bundle of Maternal Mental Health.

Section 2: Background and Context

Concepts, Models, and Theories

The problem identified for this DNP project was the need for staff education on knowledge of and screening for PND for the clinic in which this project is being developed. Literature supports the premise that nurses cannot appropriately identify PND during triage due to lack of nursing knowledge related to PND negatively impacting patient outcomes. As previously stated, the project's purpose was to raise clinical staff awareness of PND in an OBGYN clinic in South Florida and address risk factors to improve patient outcomes. Pregnancy puts women at a higher risk of acquiring or redeveloping mental issues.

Healthcare workers, especially staff members who have close interactions with expectant mothers during triage, often miss identifying those at risk of perinatal mental illness, a problem attributed to inexperience, lack of knowledge, and lack of awareness (Blackmore et al., 2021). To overcome this significant problem, clinical staff may require an educational program to increase chances of illness detection and early intervention among women exposed to PND risk. Acknowledging the awareness gap helps in terms of educating staff members to increase their understanding of this mental health condition. The wellbeing of women, newborns, spouses, and families depend on early detection and treatment of PND.

Clinical staff members who are educated about PND may ensure that adequate PND practice protocols are followed consistently. This knowledge will also improve their decision-making skills, allowing them to understand complicated clinical circumstances

quickly, arrive at accurate evaluations confidently and rapidly, and deliver safe and high-quality treatment to patients.

The practice-focused questions were:

RQ1: What evidence in the literature supports the need for PND screening, intervention, referral, and follow-up during the perinatal period?

RQ2: Will there be changes in staff knowledge about PPD as measured by a pretest/posttest?

RQ3: Will staff participants in the didactic program on PND find that objectives were met and were significant to their clinical practice?

Analysis, Design, Development, Implementation, and Evaluation Model

The ADDIE model was used to guide steps in the project (see Appendix A). According to Fajriya at al. (2017), the ADDIE model is a valuable, adaptable, and efficient learning tool for educating students, and is consistent with instructional best clinical practices. The ADDIE model is an EB educational model that entails interconnected phases involving analysis, design, development, implementation, and evaluation in order to enhance learning processes among healthcare workers for safe and proficient clinical performance.

I chose to use the ADDIE model in order to present EBP for educational approaches to promote staff advancement and clinical execution in the practice setting. The ADDIE educational framework is endorsed by numerous educational programs, healthcare associations, professional organizations, and governing entities whose goal is

to sustain learning and professional growth of nurses who are dedicated to creating a positive difference in healthcare worldwide.

Phases of the ADDIE Model

Analysis

The first phase in the ADDIE model is analysis. The analysis phase involved collecting EB information from the literature review and practice recommendations as well as significant data from the organization involving nurses' learning gaps and challenges. Collected data were used to identify the current problem and determine the nurse education project's goals and outcomes.

Design and Development

The next phases are designing and developing. The design and development phases involving educational interventions for addressing needs that are recognized during the analysis phase (Fajriya et al., 2017). These phases also entail creating educational resources and defining educational delivery methods and materials for project participants in collaboration with CEs for proper content review and validation to ensure the project's effectiveness and success (Fajriya et al., 2017).

Implementation

The fourth phase of the ADDIE model is implementation of changes. The implementation phase includes providing educational resources for program participants using methods identified during the design and development phases (Fajriya et al., 2017).

Evaluation

The last phase of the ADDIE model is evaluation. Evaluation completed during implementation is known as formative evaluation. After program completion, it is known as summative evaluation (Fajriya et al., 2017).

Relevance to Nursing Practice

PND is a severe public health problem since it comes at a critical moment in a mother's life. The condition can last for an extended time and has detrimental ramifications for spouses and newborns as well as children's emotional, behavioral, and cognitive development. Considering that vast populations of women struggle from the effects of PND, there are no formal procedures that necessitate PND screenings in the United States (Blackmore et al., 2021). Just 15 states have passed laws requiring mandatory screening and counselling, launching awareness programs, or assembling task groups. Consequently, there is a pressing need to guarantee that all mothers are checked to aid in discovering this harmful mental illness early. PND requires screening and follow-up to protect moms, babies, and spouses (Blackmore et al., 2021).

Nurses and other care providers should conduct screening procedures for depressive symptoms among patients at least once throughout the perinatal period using standardized and validated measures developed by the ACOG. In the field of perinatal mental health, there is also a growing consensus in favor of conducting universal psychosocial assessments on women during their perinatal period (Slomian et al., 2019). In the perinatal period, nurses have the most interactions with mothers. They are in a unique position to check for depressed states, facilitate and assist women in terms of

mobilizing support from their social networks, and give assistance where none is readily accessible. The Edinburg screening scale is a tool that is used to screen for PND and may facilitate diagnosis and treatment preventing complications and negative outcomes in pregnancy and motherhood. The screening tool is designed to analyze and fully understand patients in order to achieve optimal health.

Given that PND affects women from all social classes, including PND information in every curriculum area would assist nursing staff in taking the lead to address this expanding problem. Incorporating scientific findings and evidence-based treatment options throughout healthcare systems to eliminate health and mental health inequalities should be considered. Nurses taking the education course should be aware of hurdles associated with care that marginalized individuals experience and limits of primary and mental health therapy.

Social class may deter people from conventionally marginalized backgrounds from obtaining care because research on care practices is typically centered on affluent women (Slomian et al., 2019). There exists overwhelming evidence indicating that most under-detected and under-treated PND cases. Scholars believe this is partly affected by a deficiency in PND awareness and professional development amongst nurses and care providers, adversely affecting care and leading to stigmatizing women suffering mood changes; hence, the importance of educating staff members, especially perinatal nurses about the nature of PND and the negative impact in our society (Legere et al., 2017).

Perinatal Depression

According to Blackmore et al. (2021), the perinatal or antenatal period is vastly known as a significant passage into motherhood, representing a susceptible time for developing mental health disorders such as PND. According to American Psychiatric Association (APA) (2013), the Diagnostic and Statistical Manual of Mental Disorders-5th edition (DSM-5) describes PND as the manifestation of a major depressive episode during pregnancy or after childbirth, also known as postpartum depression (PPD).

Although natural aspects may influence mood disorders after childbirth, unequivocal evidence indicates that an accumulation of psychological stressors in the early postpartum period also contributes to the onset or incidence of depressive episodes (Blackmore et al., 2021). Symptoms include depressed mood, lack of energy or interest in activities of daily living, sleep issues, poor appetite, weight changes, lack of concentration, feelings of inadequacy, guilt, anguish, and suicidal thoughts. For major depression, five or more distinct symptoms must be present for two weeks, one of which must be a depressed mood or lack of interest (Blackmore et al., 2021). DSM-5 guidelines describe those depressive incidents that occur four weeks after childbirth would not include a peripartum modifier (APA, 2013). In clinical practice, prenatal and postpartum periods are critical in identifying and treating such deleterious mental conditions to minimize the negative impact on our mothers, infants, and families (Blackmore et al., 2021).

Screening for Perinatal and Edinburg Postnatal Depression Scale

PND is prevalent and underdiagnosed, having detrimental long-term effects on women, infants, and partners (Legere et al., 2017). Lack of active identification strategies will deter expectantly or newly become mothers suffering from PND to seek or receive medical attention (Legere et al., 2017). Standardized screening should be the best and most accurate approach in the clinical setting (Blackmore et al., 2021). Practical training for healthcare professionals in PND assessment is pivotal to maximize usefulness while minimizing potential harms; consistent and methodical follow-ups of all PND cases that scored positive screening results must receive appropriate and tailored treatments to reduce adverse outcomes, maintain cost-effectiveness, and provide centralized care to patients and their families (Legere et al., 2017).

The EPDS is a set of ten screening questions that can indicate if the expectant mother has signs and symptoms of PND. The EPDS is not predetermined to provide a diagnosis; hence, solely trained, and competent healthcare professionals should complete it. The pregnant or newly become mother must answer by selecting a number closest to her feelings over the past seven days to complete the questionnaire. The total score is calculated by adding the chosen numbers; if the score is ten points or above, the patient should further discuss the signs and symptoms with a trained healthcare professional to provide appropriate treatment options and referrals.

Nursing Knowledge and Education on Perinatal Depression

PND has been demonstrated to have harmful and deleterious effects on mothers, infants, and mother-infant relationships, such as unaffectionate physical contact towards

the infant, negative and disengaged behavior, and low-birth weight in infants. According to Blackmore et al. (2020), approximately forty million births occurred in the United States over the last decade, with an incidence of near 17% of reported cases suffering from PND, demonstrating the need for nurses to properly screen and treat for PND. Legere et al. (2017) further describe that approximately 57% of healthcare professionals never, sporadically, often, or constantly evaluate expectant or newly become mothers for PND. Many healthcare providers and nurses use their clinical judgment rather than a validated screening tool to evaluate PND. However, clinical assessment often does not provide accurate results, which indicates the need for healthcare providers and nurses to use proper screening tools such as the Edinburg Postpartum Depression Scale to assess patients for PND.

Consensus Bundle on Maternal Mental Health

As previously mentioned, in 2015, the Council on Patient Safety in Women's Health Care (CPSWHC) convened a multidisciplinary workshop to create an EB patient safety bundle to promote maternal mental health. The bundle focuses on perinatal mood and anxiety disorders; the Maternal Consensus Bundle was formed after other bundles were released by the CPSWHC and offer latitudinous directions for including PND screening, intervention, referral, and follow-up into OBGYN care practice across the healthcare continuum. The consensus aims to identify mental health screening tools to be made accessible in every clinical setting, establish a screening protocol, educate providers and staff members on the use of screening tools, provide tailored PND education to medical providers, nurses, patients, and their families, introduce approaches

to evaluate PND screening effectiveness, implement emergency referral protocols for patients with suicidal or homicidal ideation or psychosis, provide appropriate support to affected patients and their families, and establish a non-judgmental culture of safety and wellbeing. By including competent healthcare professionals and nurses during the perinatal and postpartum care to avert the misconceptions, social stigma, and clinical impact of PND in our patients, families, and society in general.

Local Background and Context

The project setting was a private OB/GYN practice in South Florida with a census of approximately two thousand patients. About 25% of the patients consist of expectant mothers. The participants in the project included six medical providers fifteen staff members, including nurses and medical assistants. The practice population in the OBGYN clinic was exceptionally diverse, including Haitian, Jamaican, American, African American, Middle Eastern, and Hispanic people; English is the first spoken language in the clinical setting, followed by Spanish and Creole. Cultural differences are highly valued and respected; also, the practice provides medical interpreters in all languages if needed. The OBGYN clinic was using EClinicalWorks (ECW) as the electronic platform. The clinical site managers and owners have consented to the educational program's execution.

My Role

My role in this project was to function as the leader, develop curriculum, the pretest/posttest, identify and work with CEs, develop the education program, presents the education program, and analyze the evidence produced by the project. My contribution to

this project was critical since it will advance the nursing profession. A nursing professional who is DNP-prepared is expected to be excellent in leadership and agent of change, with the necessary skills and ability to meet the critical need and bridge the gap between nursing practice and scientific data (Nordick, 2019). DNP nurses contribute to nursing staff education, health policy development, advocacy, executive leadership roles, innovation-thinking, enhancement of public health, and health informatics (Nordick, 2019). After completing the intensive curriculum, a DNP student is prepared to impact nursing education in the clinical setting, primary care, and drive research programs. Something notably crucial for nursing students undertaking the DNP program is to ensure they complete the clinical program's requirements and gain the required knowledge to further their careers once their degree is done.

Role of the Content Experts

When boosting organizational change, content experts are highly essential. The team of experts acted as the change's advocate and can help obtain buy-in amongst the organization's employees. The role of the CEs was to evaluate the curriculum plan, validate the pretest/posttest items, and evaluate the project, process, and your leadership after the project is completed. The team members need to work together to create a feeling of urgency regarding the intended change. For instance, members included in this project entailed an OB specialist, an administrative leader who wanted to help with organizational transformation, and a representative from the clinical staff. Finally, additional OB specialists within the same practice will incorporate new PND evaluation and treatment; lastly, the IT department integrated further adjustments in the EMR

system for proper utilization. The efficacy of this transformational proposal depended on efficient communication and collaborative effort across team members.

Summary

Section 2 of this DNP project described the stages of ADDIE model of instructional design which was used to assist in closing the gap on knowledge deficit about PND amongst nurses. My role and the role of the content experts were explained in the planning, implementation, and evaluation of the project.

Section 3 of this doctoral project will restate the problem, purpose, and practice-focused questions and present the sources of evidence to support the project and to identify which evidence will be determined by the project. The procedures and protection for the project will be discussed. The section will be completed with a description on how the analysis and synthesis of the evidence will be performed.

Section 3: Collection and Analysis of Evidence

Introduction

Problem Statement

The problem identified for this Doctor of Nursing Practice (DNP) project was the need for staff education on knowledge of and screening for PND in the clinic for which the project is being developed. PND can appear at any moment during the prenatal or postpartum period, although it is usually detected within the first 3 months after birth (Blackmore et al., 2021). According to one of the providers of the clinic where the project took place, there was a lack of PND screening during prenatal visits because 15-minute slots are allocated for most perinatal visits, leaving little or no time to address patients' mental and emotional states. This observation was consistent with the literature, which has revealed that many nurses do not employ current EB regarding consistent PND screening, common signs and symptoms, and multidisciplinary referrals to prevent the negative impact of the condition. Current lack of knowledge of PND among nurses created a substantial gap in nursing practice resulting in poor patient care delivery. According to Blackmore et al. (2021), proper staff education, clinical training, and continuous education on PND can correct the gap in current practice. Blackmore et al. said appropriate staff education on PND can potentially change nurses' approaches to PND screening which involve early detection and treatment. Addressing PND during prenatal visits is ideal for staff members to identify signs and symptoms of PND and listen to patients' concerns about this important period of their lives.

Practice-Focused Questions

The practice-focused questions to address this gap in clinical practice were:

RQ1: What evidence in the literature supports the need for PND screening, intervention, referral, and follow up during the perinatal period?

RQ2: Will there be changes in staff knowledge about PPD as measured by a pretest/posttest?

RQ3: Will staff participants in the didactic program on PND find that objectives were met and were significant to their clinical practice?

By employing current evidence from the literature involving screening and management of PND and applying the ADDIE model, education of staff members about PND awareness, screening, and treatment recommendations might improve. The purpose of this DNP project was to plan, implement, and evaluate an education program on PND, including using the EPDS for screening, intervention, referral, and follow-up for PND via a pretest/posttest. I used the ADDIE model (see Appendix A) to guide this doctoral project. The ADDIE provides EBP for educational approaches for endorsing staff competence, cultural awareness, and knowledge improvement in actual practice settings (Blackmore et al. 2021). Clinical staff's lack of formal PND education may contribute to the facility's lack of PND knowledge and support, including detection and intervention methods.

This section included practice-focused questions and the purpose of the doctoral project. I examined sources of evidence and how evidence was examined and integrated.

Section 3 also included a discussion of participants, procedures, and participants protections, and concluded with analysis and synthesis of evidence.

The significant gap in practice was the lack of knowledge of PND among nurses in a private healthcare organization in a Southeastern state Currently, EB literature highlighted the efficacy of proper education and awareness involving PND. This doctoral project changed cultural perceptions about PND in terms of recognizing signs and symptoms of PND during triage and implementing referral protocols within the clinical setting. Hence, the purpose of this DNP project was to plan, implement, and evaluate a staff education program on PND to enhance knowledge of nurses regarding PND, as measured using a Pretest/Posttest. The desired outcome of this DNP project was to close the current practice gap involving efficacy of education regarding PND during prenatal care. The DNP project was intended to offer education about PND to nurses in a private OBGYN clinic to improve their expertise, awareness, and cultural competence about PND, change their perceptions regarding patients suffering from PND and improve quality of care of expectant mothers, new mothers, their infants, and their families.

Sources of Evidence

Evidence supporting the practice-focused questions came from literature arranged using a literature review matrix. Data were graded using Melnyk & Fineout-Overholt's (2011) model. The model includes levels of evidence assigned to studies based on the methodological quality of their design, validity, and applicability to patient care. The combination of these attributes gives the level of evidence for a study. The evidence for the doctoral project came from the Literature Review (see Appendix B), Curriculum Plan

(see Appendix C), and Pretest/Posttest (see Appendix E). Evidence was presented in the Curriculum Plan Evaluation by CEs (see Appendix D), Pretest/Posttest Content Validation by CEs (see Appendix F), the Staff Education Program (see Appendix H), Evaluation of the Staff Education Program by Participants (see Appendix I), the Pretest/Posttest Change in Knowledge by Participants (see Appendix G), and the Curriculum Plan Evaluation by CEs Summary (see Appendix L) to answer the practice focused questions. The ADDIE model will be used during this educational project during the planning and development stages. During this time, a literature review of scholarly sources was also conducted. The literature review matrix included a complete overview of the evidence to answer the practice-focused problem (see Appendix B).

Participants

The doctoral project included 15 nurses from an OBGYN private clinic who had never attended a formal PND educational session and CEs. The CEs evaluated the curriculum and validated Pretest/Posttest items. They also evaluated the project, process, and my leadership upon completion of the project. Participants provided evidence to evaluate current knowledge and competence about PND based on Pretest/Posttest Change in Knowledge by Participants, and the Evaluation of the Staff Education Project by Participants.

Procedures

Templates used to develop, collect, evaluate, and validate the evidence for this DNP project were developed by my Walden University project chair to facilitate a cohesive and organized approach and were not subject to reliability and validity testing.

Content Validity Index Tool

The Context Validity Index (CVI) tool was employed to complete the DNP project and is one of the most used approaches to measure, content validity and includes a four-point scale (1 is not relevant, 2 is somewhat relevant, 3 is relevant, and 4 is very relevant). CVI was chosen for this project because provides evidence about the degree to which components of an assessment instrument are relevant to and representative of the targeted construct for a particular assessment purpose. According to Sjöberg et al. (2020), CVI is calculated as the number of CEs awarding a rating 3 or 4 to each item's relevancy divided by the total number of the CEs (see Appendix F).

Content Experts Packet

A letter of introduction was placed in each CE packet (see Appendix J). The letter contained directions for completing the information in the packet, anonymity was maintained during the entire project. The participants received fifteen continuing education credits granted by the Florida Board of Registered Nurses. In addition to taking this educational course, each participant was able to contact online support representatives from Mom 2020, a maternal program, which entails assisting with new referrals at no cost; this program is vastly recognized by the ANCC and ACOG, respectively. I obtained the Pretest/Posttest questions from the curriculum.

The information relevant to the approval of the CE comprised the Curriculum Plan (see Appendix C), Curriculum Plan Evaluation by CEs (see Appendix D), Pretest/Posttest (see Appendix E), and the Pretest/Posttest Content Validation by CEs (see Appendix F).

Pretest/Posttest Change in Knowledge by Participants

I developed the Pretest/Posttest Change in Knowledge by Participants. Participants in the educational program completed a Pretest to evaluate their knowledge of PND at the beginning of the PP presentation and complete the Posttest after the programs' culmination. The practice administrator gathered the results of the Pretest/Posttest and placed the results on a sealed envelope to evaluate and compare the change in knowledge from the Pretest to the Posttest (see Appendix G).

Evaluation of the Staff Education Program by Participants

I developed the Evaluation of the Staff Education Program by Participants based on the project's objectives related to curriculum using a met = 1, not met =2 (see Appendix I). The staff educational program assessed by participants after the presentation of the project. I was not present at the time of the evaluation. A participant placed the documents in blank envelopes and the clinic administrator brought the envelopes to me. I analyzed the results as the project's leader.

Evaluation of the Staff Education Project, Process, and My Leadership by CEs

The CEs evaluated the project, the process, and my leadership and offered recommendations to improve the quality and efficacy of the project. The ideas, feedback, and suggestions that arisen from the written remarks on the summary evaluation supported my responses in decisions related to my leadership role (see Appendix K).

Protection

I followed the protocols and standards of the ethical principles and professional conduct approved by Walden University' Internal Review Board (IRB) to protect all the project participants. An IRB application and a site agreement was completed before beginning the DNP project ensuring the anonymity of all materials and information acquired from and related to the OBGYN clinic, staff members, patients, organization's name, other employers, or geographical area where project is taking place. All project participation was voluntary. All the information and data associated with the project was anonymous. The Pretest/Posttest was entirely anonymous. All documents related to the project will be kept in a locked file in the facility for five years, and then shredded by me. I obtained IRB approval number is # 05-16-22-1068983.

Pretest/Posttest CE Validity Index Scale Analysis

The CEs assessed each Pretest/Posttest item's validity corresponding to their applicability to the program's objectives and content (see Appendix F). A 4-point scale of 1 not relevant, 2 somewhat relevant, 3 relevant, 4 very relevant based on the program's objectives and curriculum content. According to Sjöberg, Aasa, Rosengren, and Berglund (2020), the item content validity index (I-CVI) is calculated as the number of CEs awarding a rating 3 or 4 to each item's relevancy, divided by the total number of the CEs (Sjöberg et al., 2020).

The I-CVI measures the proportion of agreement on each item's relevancy to the curriculum, varying from zero to one(Sjöberg et al., 2020). The scale content validation index (S-CVI) expressed the proportion of the total items that achieved a rating of 3 or 4,

that is, the items assessed as content valid (Sjöberg et al., 2020). I presented the results of the I-CVI in Section 4 as descriptive statistics including the number of items and number of CEs, and the scores added together and divided by the number of CEs. The S-CVI results also presented in Section 4 with frequency described as the number of I-CVI scores added and divided by the number of items to obtain the mean for the S-CVI

Summary Evaluation of the Staff Education Program by Participants

The results were analyzed to facilitate recommendations for further improvements of the program. I used dichotomous response for each objective – met = 1, not met = 2 (see Appendix M). Results were described using descriptive statistics of frequency and/percentage.

Pretest/Posttest Change in Knowledge by Participants

Change in knowledge from Pretest and Posttest were analyzed using descriptive statistics for the 15 participating nurses individually and as a group (see Appendix G). Change in knowledge provided a positive impact in healthcare workers, especially nurses who are in direct contact with expectant and newly become mothers.

Summary Evaluation of the Staff Education Project by CEs

The CE evaluated the doctoral project, the process, and my leadership qualities, and will offer recommendations after the project (see Appendix O). The themes that were included in this summary evaluation could help drive my responses in findings related to the project and were a significant contribution to my leadership role during the completion of the doctoral project.

Summary

Section 3 provided a review of the problem and purpose of the project along with the practice-focused questions. Sources of evidence to support the project were identified and described the evidence from the literature along with the procedures for collecting, analyzing, and synthesizing the information. Section 3 also described how the participants' privacy and anonymity as per Walden University's IRB protocol were protected. Finally, the analysis and synthesis of the evidence was presented, and the results will be explained in Section 4 along with reflecting on my role as a scholar, practitioner, project manager, and transformational agent for the betterment of our community and society.

Section 4: Findings and Recommendations

Introduction

The problem identified for this DNP project was the lack of staff education on knowledge of and screening for PND in the clinic for which the project was developed. The practice-focused questions were:

RQ1: What evidence in the literature supports the need for PND screening, intervention, referral, and follow up during the perinatal period?

RQ2: Will there be changes in staff knowledge about PPD as measured by a pretest/posttest?

RQ3: Will staff participants in the didactic program on PND find that objectives were met and were significant to their clinical practice?

The purpose of this DNP project was to plan, implement, and evaluate an education program on PND using the EPDS tool for screening, intervention, referral, and follow up for PND. Evidence generated by the project was gained from the Curriculum Plan (see Appendix C), Curriculum Plan Evaluation by CEs (see Appendix D), Pretest/Posttest (see Appendix E), the Pretest/Posttest Content Expert Validation by CEs (see Appendix F), the Pretest/Posttest Change in Knowledge by Participants (see Appendix G), and the Summary Evaluation of the Staff Education Project by CEs (see Appendix O).

Findings and Implications

Setting

The educational program was conducted in a private OBGYN clinic in state in the southeastern US. Schedules were arranged to facilitate nurses' participation. Lunch was provided as a courtesy in a conference room. Social distancing guidelines were maintained to follow COVID-19 protocols. A Pretest was first presented to establish a knowledge baseline and involved 10 questions based on the curriculum plan. The Pretest was graded, and subsequently, I started the educational program using a PowerPoint (PP) presentation platform. Each topic was discussed in detail, and participants were encouraged to engage in active discussions to facilitate the learning process. The PP presentation was a 60-minute session. Soon after, participants completed a Posttest to evaluate changes in knowledge after the educational program was presented. Participation was entirely voluntary, and in-service credit was awarded upon completion. The DNP project was developed using the ADDIE model. I employed analysis, design, development, implementation, and evaluation. Participants completed the Pretest/Posttest using a paper format. I maintained their anonymity by using nonidentifying information (see Appendix E). Pretest/Posttest scores were calculated in terms of percentages. The program was analyzed using percentages and median scores from the Pretest and Posttest. The same questions were included on both tests. Higher mean scores on the Posttest revealed substantial improvements in terms of PND knowledge and awareness, significance of PND screening, competence level in terms of employing and interpreting the EPDS, and cultural competence.

Early identification of PND requires prompt detection and interventions as is clearly endorsed by the consensus bundle of maternal mental health, as previously described, during prenatal care services; the doctoral project was developed following consensus bundle recommendations. From the professional standpoint, this doctoral project involved maintaining a cohesive and consistent protocol for PND screening and identification to enhance patients' safety and healthcare delivery. One limitation I encountered during the completion of the project was my inability to include other OBGYN institutions in the project due to COVID-19 restrictions.

Social Change

The educational program provided significant insights regarding research, clinical, organizational, and system-level changes to close the gap in care and transform the culture of OBGYN care settings in order to optimize PND identification and treatment for expectant mothers. This doctoral project positively impacted the lives of women and infants by identifying and treating PND in a prompt and effective manner, hence decreasing the incidence of infanticide, suicide, substance abuse, child endangerment, and abandonment. This project led to social change by enhancing health and wellbeing of expectant mothers, new mothers, infants, and family members in order to achieve positive outcomes such as decreased incidence of maternal suicide, infanticide, child abandonment and neglect, substance abuse, and poor family dynamics.

Curriculum Plan Evaluation by CEs Summary

Three CEs completed an evaluation of learning objectives and content in the Curriculum Plan which was supported by the literature (see Appendix L). A dichotomous

scale was employed to indicate whether an objective was met (1) or not met (2). Analysis of the Curriculum Plan Evaluation by CEs indicated that each of the learning objectives was met with a final score of 1. CEs recommended that the educational program must be included in new employee orientation and annual in-services. They also suggested that the educational program should be shared and disseminated among other OBGYN practices in the near future.

Pretest/Posttest CE Validity Scale Analysis

Pretest/Posttest items were validated by the CEs using a 4-point Likert scale ranging from 1-4 (1 not relevant, 2 somewhat relevant, 3 relevant, and 4 very relevant) Each question is answered in the course content. There were no items evaluated with a score of 1 (not relevant) or 2 (somewhat relevant) which would have been reflected with a 0.Ten items received a score of 3 (relevant) or 4 (very relevant) which was scored as a 1. Each pretest/posttest item resulted in an I-CVI of 1 and S-CVI revealed a mean score of 1, demonstrating that each pretest/posttest item was valid to the curriculum and the program objectives (see Appendix N).

Summary Evaluation of the Staff Education Program by Participants

All 15 participants answered yes to each of the five learning objectives as having been met (Met=1 and Not Met=2), for a mean score of 1(see Appendix M). Overall, participants expressed that the educational program provided EB applicable to current clinical practice, enhanced cultural awareness, competence, and empathy. The 15 participants concurred that all objectives were met, felt that the educational program was necessary, increased knowledge, and provided a clearer vison about PND.

Pretest/Posttest Change in Knowledge by Participants

Fifteen staff nurses completed the pretest and subsequently were educated about PND. After the PP presentation, the nurses completed the posttest. The change in knowledge by participants from pretest to posttest was evaluated. Results showed that the group pretest mean score was 3.6 (3.53%) with an individual range from 2 to 6 and the group posttest mean was 7.93 with an individual range 6 to 9 (7.93%). The mean change from pretest to posttest score for the group was 4.4 (39.3 %). A positive change in knowledge was noted (see Appendix G).

Summary Evaluation of the Staff Education Project by CE

The CEs were asked to make remarks on the educational project, process and to provide factual and reliable feedback with suggestions on areas that might need improvements. All CEs concurred that the educational project was meticulously coordinated, professional, culturally competent, enlightening, an eye-opener, with excellent communication skills. The CEs mentioned that they appreciated being part of the educational project and being asked to appraise the program, with no observed or suggested improvement areas. All CEs assented that disseminating the project amongst all providers and other clinics could be advantageous (see Appendix M).

Recommendations

As a result of this doctorate project, the CEs concurred that the staff knowledge and awareness about PND significantly improved as a result of the project and endorsed to actively screen expectant mothers more frequently and to create a plan of care and referral protocols for those patients who have scored positive results as part of new

guidelines. To sustain the staff education program on PND, the healthcare facility must introduce a response protocol based on the evidence found in the literature and have an algorithm based on positive findings (Kendig et al., 2017). Additionally, CEs and administrators decided to recommend and incorporate this educational program as part of the ongoing education programs and new employee orientation. Chart audits could be implemented to corroborate consistent and appropriate application of the evidence and screening tools. Furthermore, CEs and I agreed on designating an individual, preferably a head nurse or supervisor, to endorse consistent screening and protocols in the clinical practice, as presented in the educational program.

Contribution of the Content Experts

The CES played a vital role in the evaluating the curriculum and validating the pretest/posttest. The CEs enabled the creation of additional evidence due to formative evaluation of the curriculum and the pretest/posttest content validation. Moreover, the CEs offered positive feedbacks and suggestions, such as consistent PND screening, inclusion of the educational program in annual in-service, and new employee training in order to improve patient care delivery and outcomes within the practice.

Strengths and Limitations of the Project

Strengths of the Project

One of the major strengths of the project was the willingness and dedication of the nursing staff. Staff members were very forthcoming and recognized that lack of PND education and screening might have a deleterious impact on patient outcomes. Staff members also understood and embraced the recommendations of the Consensus Bundle

of Maternal Mental Health: Anxiety and Depression offers comprehensive guidance for integrating perinatal mood disorder screening, interventions, referrals, and consistent follow-up into maternity care practice across healthcare settings. Another major strength was the expertise and willingness of the CEs in participating in the project.

Limitations of the Project

No limitations have been identified for the project.

Summary

After the CEs concluded that the program was ready, I presented the program to 15 staff nurses. Upon completion, the nurses provided evidence to support that the objectives of the program were met and, further, demonstrated an increase in knowledge from pretest to posttest. The strengths of the DNP project were found to be in the willingness and engagement of the participants and the experience and expertise of the content experts. Section 5 will discuss dissemination of the project with a focus on an analysis of my role as a scholar, practitioner, and project manager.

Section 5: Dissemination Plan

Proper dissemination of this EB staff education project will assist nurses at the OBGYN clinic in terms of increasing their knowledge, expertise, and cultural competence regarding PND and effective screening methods such as the EPDS and foster the best care for expectant mothers, leading to patient satisfaction. Dissemination of the project will actively continue via in annual in-services, new employee orientation, and clinical references. This OBGYN practice will be expanded to two other locations by the end of 2023; hence, this staff education project will be extended to all staff members in those locations, improving their knowledge and competence involving PND and screening methods. Another way to disseminate the doctorate project is through active participation in women's health conference and lectures. As a nursing faculty for advanced practice, I will be able to include findings from the project in lectures, which will explain to present and future students PND and screening methods.

Analysis of Self

Since the beginning of my nursing career more than 17 years ago, my passion and advocacy have continuously increased to assist my patients attain better health outcomes. I am exceptionally passionate about safeguarding the health and wellbeing of women during their pregnancy, especially when this entails There is insufficient information regarding this topic for patients and healthcare providers.

During my first and only pregnancy, I was diagnosed with uterine cancer, which changed the course of my prenatal care; I was seen by oncologists, maternal-fetal providers, and two OBGYNs. Every week, I was mentally preparing myself for the worst, and the possibility of not completing my pregnancy to full term. I was in complete anguish. I was not asked even once by any provider if I was sad, depressed, or just accepting of my new fate. I had a planned cesarean with the promise that I would have a total abdominal hysterectomy 4 weeks after. I was tired, confused, and concerned; the mixture of hormones did not help. Hence, I had depression. I was raised to be a very strong woman. My father would call me the phoenix bird who will rise from the ashes. For those reasons, I named my son Matthew, or gift from God. Luckily, I recovered fast enough, and I promised to never stop until I was able to make a difference in this world and bring joy, happiness, and faith and hope.

My own personal experience was pivotal for the creation and development of the doctoral project as a leader, clinician, and woman. One of my plans was to be able to make a difference in my community by assisting with project dissemination, becoming a member of a professional organization that fosters women's health, and becoming a lecturer and spokesperson as well as a published author. One of my major dreams is to publish this scholarly work in a women's health magazine.

This doctoral project was used to generate major insights regarding how to become a culturally competent provider and disseminate new evidence related to PND to colleagues and nurses, as well as foster stigma- and bias- free clinical environments for patients. PND awareness is important and should have the same diagnostic weight as any

other somatic medical condition; my goal is that this project could prevent deleterious effects of such complex mental conditions. I hope that my own story can be an inspiration for other women suffering in silence. I am a living proof that resilience, faith, and perseverance can make a drastic difference. Today, I understand that a negative event in my life was the foundation to an amazing future.

Practitioner

As a nurse practitioner, I was able to identify a practice gap involving PND and consistent screening protocols, as well as a lack of information about the consensus bundle of maternal mental health in the clinic, which was the gap in practice for my doctoral project. I believe that education is necessary for closing that clinical gap. I was the main leader of the educational program. I will be able to educate my patients and staff members about PND, especially those patients who have a history of mental illness and are planning to become pregnant.

Scholar

Substantial time was employed searching for evidence to ensure the project presentation was suitable for CEs and participants. I reviewed 44 peer-reviewed articles to offer the most current EB information. Following Walden University academic guidelines and protocols and my project chair guidance, I started the DNP project to resolve the practice problems. I have matured as a scholar and writer. I was capable of creating an educational program, examining evidence, and exhibiting findings. Navigating through the DNP program has granted me the vision and awareness to address problems and challenges in a clinical practice centered on important evidence. As a

woman, advocate, leader, provider, and member of a community, I believe and endorse PND education and use of consistent screening methods so that the gap, disparities, and shame can be eliminated. As a DNP-prepared nurse, is my duty to enact methods and protocols to advance nursing and attain best outcomes for patients, infants, and their families.

Project Manager

As the project manager, I faced several challenges, especially during the peak of the COVID-19 pandemic. I oversaw planning, implementation, and evaluation. As a project leader, I encountered challenges and was doubtful, but proper organization, effective communication, and transparency with my preceptor, project chair, CEs, and OBGYN clinic team members made the doctoral project a major accomplishment. As the project manager, I also identified CEs and efficiently collaborated with them to obtain feedback and suggestions for the project. This academic journey led to insight and wisdom in order for me to become a well-versed and DNP-prepared nurse. As DNP, leader, and patient advocate, my main goal is to offer knowledgeable and competent care to my community based on latest evidence in clinical practice and patient care delivery. This doctoral project has changed my attitudes and expanded my understanding, respect, loyalty, and admiration for the nursing profession.

Summary

This DNP project was chosen to educate staff nurses on PND in a private OBGYN clinic in a southeastern state in the US. Literature indicates that PND screening can enhance identification of PND during prenatal visits, which leads to proactive and tailored clinical interventions and further evaluation and treatment. My goal was to endorse and foster best health practices by employing correct screening protocols to attain the best results for mothers and children.

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Prevatt, B. S., Lowder, E. M., & Desmarais, S. L. (2018). Peer-support intervention for postpartum depression: Participant satisfaction and program effectiveness. *Midwifery, 64,* 38-47. https://pubmed.ncbi.nlm.nih.gov/29908406/

Sjöberg, H., Aasa, U., Rosengren, M., & Berglund, L. (2020). Content validity index and reliability of a new protocol for evaluation of lifting technique in the powerlifting squat and deadlift. *The Journal of Strength & Conditioning Research, 34*(9), 2528-2536. https://pubmed.ncbi.nlm.nih.gov/30199449/

Slomian, J., Honvo, G., Emonts, P., Reginster, J., & Bruyère, O. (2019). Consequences of maternal postpartum depression: A systematic review of maternal and infant

outcomes. *Women's Health, 15.* https://journals.sagepub.com/doi/10.1177/1745506519844044

Sorg, M., Coddington, J., Ahmed, A., & Richards, E. (2019). Improving postpartum Depression screening in pediatric primary care: A quality improvement project. *Journal of Pediatric Nursing, 46,* 83-88. https://www.researchgate.net/publication/332788774_Improving_Postpartum_Depression_Screening_in_Pediatric_Primary_Care_A_Quality_Improvement_Project

Sriraman, N. K., Pham, D. Q., & Kumar, R. (2017). Postpartum depression: What do pediatricians need to know? *Pediatrics in Review, 38*(12), 541-551.

United States Preventive Services Taskforce. (2019). *Perinatal depression: Preventive interventions.* https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/perinatal-depression-preventive-interventions

Van der Zee-van den Berg, A. I., Boere-Boonekamp, M. M., Groothuis-Oudshoorn, C. G., IJzerman, M. J., Haasnoot-Smallegange, R. M., & Reijneveld, S. A. (2017). Post-up study: Postpartum depression screening in well-childcare and maternal outcomes. *Pediatrics, 140*(4). https://publications.aap.org/pediatrics/article/140/4/e20170110/38164/Post-Up-Study-Postpartum-Depression-Screening-in

Walden University. (2019a). *Manual for staff education: Doctor of nursing practice (DNP) scholarly project.*

https://academicguides.waldenu.edu/research-center/program-documents/dnp-doctoral-project

Walden University. (2019b). *Student handbook.* https://catalog.waldenu.edu/content.php?catoid=165&navoid=56681

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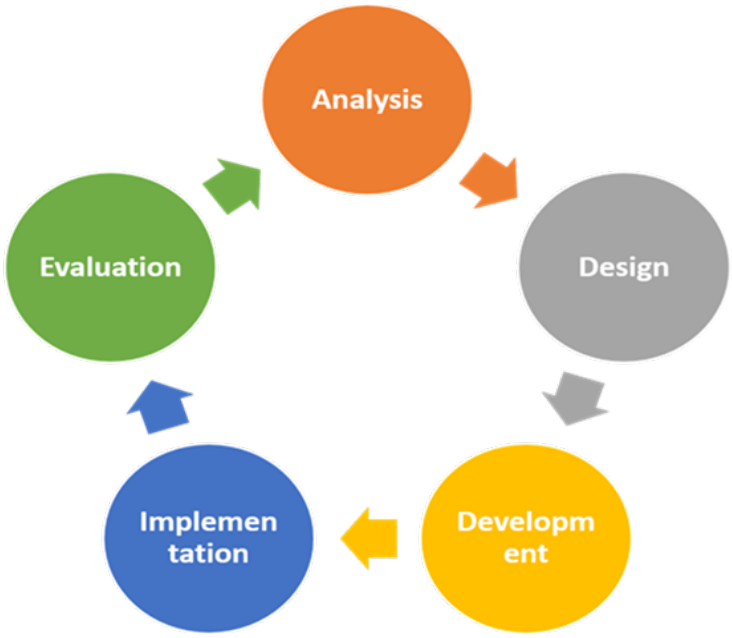
Wilkinson, A., Anderson, S., & Wheeler, S. B. (2017). Screening for and treating postpartum depression and psychosis: A cost-effectiveness analysis. *Maternal and Child Health Journal, 21*(4), 903-914. https://link.springer.com/article/10.1007/s10995-016-2192-9

Xing, Q. (2018). Application of ADDIE model in instructional design of structural mechanic course. *DEStech Transactions on Social Science, Education and Human Science.* https://www.semanticscholar.org/paper/Application-of-ADDIE-Model-in-Instructional-Design-Xing/a2ad641f9206b6e833e2894e4c71c0e19a909045

Appendix A: Analysis, Design, Development, Analysis, and Evaluation Model of Instructional Design



Appendix B: Literature Review Matrix

Reference	Theoretical or Conceptual Framework	Research Question(s) Hypothesis	Research Methodology	Analysis & Results	Conclusions	Grading the Evidence
American Association of Colleges of Nursing. (2006). The essentials of doctoral education for advanced nursing practice.						
American Congress of Obstetricians and Gynecologists. (2018). ACOG committee opinion: Screening for perinatal depression. *Obstetrics and Gynecology, 132*(5), e208-e212. https://www.acog.org/-/media/Committee-Opinions/Committee-on-Obstetric-						

Practice/co757.pdf?dmc=1&ts=20190809T1716 322283						
America's Health Rankings. (2021). Explore postpartum depression in Florida | 2021 The health of women and children report. https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/postpartum_depression/state/FL						
American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders (5th ed.). American Psychiatric Publishing. pp. 5–25. ISBN 978-0-89042-555-8.						
Blackmore, R., Boyle, J. A., Gray, K. M., Willey, S., Highet, N., & Gibson-Helm, M. (2021). Introducing and integrating perinatal mental health screening: Development of an equity-informed evidence-based approach. https://www.researchsquare.com/article/rs-593027/v1	The Standards for Reporting Implem	Participation in perinatal depression screening programs	A case study approach was utilized to	Some barriers and enablers to perinatal	Therefore, mental health screening during the	III

	entation Studies (StaRI) [22] checklist was used to report this study Theoretical Domains	has been shown to improve identification of women at risk, referral uptake, and engagement with services, which in turn has a	describe how the perinatal mental health screening program was designed and implemented	mental health screening were identified prior to implementation and mapped to the TDF previously	perinatal period is critically important in order to achieve the best health outcomes for women and their families. Impleme	

	Framework (TDF) Program Logic Model	positive impact on mental health outcomes			ntation of perinatal mental health screening has historically been limited due to a number of health service and individua	

					l barriers. There is support for screening from both women of refugee backgrou nd and health professio nals with	

					both groups acknowledging the necessity and importance	
Cheung, L. (2016). Using the ADDIE model of instructional design to teach chest radiograph interpretation. *Journal of Biomedical Education*, 2016, 1-6. https://www.hindawi.com/journals/jbe/2016/9502572/	Theoretical	How can the ADDIE model help design a	Descriptive scholarly article that demonst	The article clearly articulates how the ADDIW	The advantage of the ADDIE model is that it is	III

		curriculum to teach chest radiograph interpretation?	rates the importance of utilizing ADDIE Model in an internal medicine residence program to interpret	Model provides the perfect educational platform for medical studies	simple to use and can be applied to curriculum that teaches knowledge, skills, or attitudes.	

			radiographs and to create a curriculum in medical education			
Clevesy, M. A., Gatlin, T. K., Cheese, C., & Strebel, K. (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://www.sciencedirect.com/science/article/pii/S1751485118	Conceptual	Health care providers' screening practices	The plan–do–study–act	Descriptive and nonparametric statistics	PPD screening education for health	III

302381?via%3Dihub		for PPD were inconsistent and lacked use of a standardized screening tool at a southwestern U.S. community women's	model was used as a framework to measure and implement a practice change aimed at universal	were used to analyze the data collected from the pre- and post-intervention data tools. Data were examined with	care providers and the addition of EPDS criteria to the electronic health record were associated with increased screening	

		health care clinic serving minority women of lower socioeconomic status. How a cohesive screening protocol and provider's	screening for PPD.	the use of SPSS version 24. Descriptive statistics were used to describe the sample of providers, the	rates for PPD at a community women's health care clinic.	

		involvement can minimize the incidence of PND		number and percentage of yes responses to the questions on the ACA Preventive PPD Screening Clinical Practice		

				Questionnaire before and after the intervention, and the number and percentage of EHR charts that		

				contained documentation of PPD screening before and after the intervention. Nonparametric statistics (chi-		

				square) were used to determine if there was a significant change in PPD EHR documentation before and after the		

				interventi on.		
Earls, M. F., Yogman, M. W., Mattson, G., Rafferty, J., & the Committee on Psychosocial Aspects of Child and Family Health. (2019). Incorporating recognition and management of perinatal depression into obstetrics practice. *Obstetrics, 143*(1), n.p. https://obstetricss.aappublications.org/content/143/1/e20183259	Concept ual	How pediatric medical home visits should be coordinate d to evaluate PPD, facilitate communit	Descript ive scholarl y article that evaluate s the importa nce of proper coordina tion of	The article utilizes descripti ve statistics and informati on on PPD, provides clear	Clinical reports acknowle dged that PPD leads to adverse effects on infant brain develop ment,	III

		y resources and referral process?	at-home pediatric visits, facilitate referral process, and further assistance	recommendations for postpartum visits and PPD screening	family dysfunction, cessation of breastfeeding, inappropriate medical treatment of the infant, and increased	

					costs of medical care	
Fajriya, I. I., Supriyana, S., Bahiyatun, B., & Widyawati, M. N. (2017). Developing a web-based information system in detection of high-risk pregnancies in Semarang, Indonesia: ADDIE model. *Belitung Nursing Journal, 3*(4), 390-398. https://www.belitungraya.org/BRP/index.php/bnj/article/view/160	Theoretical	How the application of the ADDIE Model/Instructional Development Systems can enhance education	A web-based information system in this study was developed using ADDIE (Analysi	The article utilizes descriptive statistics and Wilcoxon test were performed for data	web-based information system was very effective to be applied in detection of the	III

		al trainings among students, nurses, and medical personnel	s, Design, Development, Implementation, and Evaluation) instruction model to facilitate the monitori	analysis	pregnant women at high risk. This innovation is expected to contribute positively to reduce maternal mortality	

			ng and reportin g the existenc e of high-risk pregnan cies in Semaran g.		rates in Indonesi a, especiall y in Semaran g.	
Garman, E. C., Schneider, M., & Lund, C. (2019). Perinatal depressive symptoms among low-income South African women at risk of depression: Trajectories and predictors. *BMC*	Concept ual	Is the effect of PND same	Qualitati ve Study	Identify trajectori es of	A small proportio n of	IV

Pregnancy and Childbirth, *19*(1). https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-019-2355-y		for women with symptoms as compared to those without?		perinatal depressive symptoms and their predictors among low-income South African women who were	women who are at risk for depression antenatally remain at risk throughout the perinatal period, and can be	

				already at risk of depression during pregnancy.	differentiated from those who show a natural remission	
Gaughan, P. (2017). *Mergers, acquisitions, and corporate restructurings* (7th ed.).						
Gewali, A., Lopez, A., Dachelet, K., Healy, E., Jean-Baptiste, M., Harridan, H., Evans, Y., Unger, J., Bhat, A., Tandon, D., & Ronen, K. (2021). A social media group cognitive behavioral therapy intervention to prevent depression in perinatal youth: Stakeholder interviews and intervention design. *JMIR Mental*	Conceptual	Digital platforms such as social media can	Using a human-centered design approac	They conducted 21 semistructured in-	The findings highlight the effect of	III

Health, 8(9). https://mental.jmir.org/2021/9/e26188/		offer an accessible avenue to deliver group cognitive behavioral therapy (CBT) to perinatal youth.	h, stakehol der perspect ives were incorpor ated into the IMAGI NE design and CBT intervie	depth individua l interview s with 10 pregnant or postpartu m youths aged 14-24 years and 6 health care workers.	stigmatiz ation of young pregnanc y and social determin ants of health on youth perinatal mental health. Stakehol ders	

			ws	They conducted a descriptive content analysis of all 21 IDIs, focusing on characterizing perinatal youth's	supported the use of a social media group to create a supportive community and improve access to evidence-based	

				mental health challenges, facilitators, and the potential role of a social media intervention. Authors AL, AG,	depression prevention. This study demonstrates how a validated intervention can be tailored to this unique group.	

				and KR generated an initial codebook for IDIs that included deductive codes based on the literature and inductive		

				codes based on a review of a subset of transcripts.		
Glavin, K., Smith, L., & Sørum, R. (2009). Prevalence of postpartum depression in two municipalities in Norway. *Scandinavian Journal of Caring Sciences, 23*(4), 705-710. https://onlinelibrary.wiley.com/doi/10.1111/j.1471-6712.2008.00667.x	Conceptual	The high prevalence of PND and PPD is strongly associated to lack of consistent	The study population was all postpartum women	Data management and statistical analyses were done using	The prevalence of PPD in two large municipalities in Norway	III

		screening	with a live born child residing in two municip alities (M1 and M2) in Norway	SPSS 14.0 (SPSS Inc., Chicago, IL, USA). A random sample of the forms (10%) were withdraw n from	was shown to be 10.1%. Preventiv e measures to help families, including interventi ons to help depressiv	

				the sample to control for error in the data. We regarded p-values £ 0.05 as statistically significant. The groups (M1 and	e mothers be more sensitive to their babies, are much in demand, especially in view of the many risk factors	

				M2, parity and age) were compared using chi-square statistics. Cronbach's alpha was calculate	and stresses to which families and young children are currently exposed, such as time pressure, lack of social	

				d as a measure of internal consistency	network and lack of social support. PPD is a neglected issue in primary health care in Norway and in many other	

					countries	
Hamil, J., Gier, E., Garfield, C. F., & Tandon, D. (2021). The development and pilot of a technology-based intervention in the United States for father's mental health in the perinatal period. *American Journal of Men's Health, 15*(5), https://journals.sagepub.com/doi/10.1177/15579883211044306	Conceptual	Development of pilot program to address paternal depression	In response to a lack of existing interventions that directly focus on fathers' mental health in the United	Quantitative Data: Fathers and mothers completed three self-report assessments—at baseline, 3-month follow-	FAB is an innovative intervention developed for fathers from contemporary family structure	III

			States, it was developed and pilot tested the fathers and Babies (FAB) intervention for use with partners	up, and 6-month follow-up. Survey links were sent via REDCap, or administered via telephone by the Research	s that was well-received during its pilot testing. Feasibility and acceptability data suggest that fathers have favorable	

			of women enrolled in home visiting (HV) programs. After a review of the extant literature, FAB	Manager or MPH intern for participants who did not choose to complete their surveys online. Qualitative Data: Using convenie	opinions about intervention on content and delivery, while also highlighting areas for future revisions of FAB.	

			was developed with input from HV stakeholders and infant mental health consultants. FAB was	nce sampling, after 2 months of recruitment and outreach to all fathers who completed the post-interventi		

			subsequently pilot tested with 30 father-mother dyads, with mixed-method data collected from a subset of	on survey (n = 17), we recruited eight fathers who completed FAB to participate in key informant t semistructured		

			intervention participants to assess intervention feasibility and acceptability and guide intervention refineme	interviews. They conducted these interviews to obtain additional information to assess FAB acceptability and		

			nt.	determine areas that required modification before its more widespread testing. The semistructured interview		

				guide was comprised of 21 questions		
Healthy people 2020. (n.d.). Maternal, infant, and child health | Healthy people 2020. https://www.healthypeople.gov/2020. https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health/objectives						
Hussain, S. T., Lei, S., Akram, T., Haider, M. J., Hussain, S. H., & Ali, M. (2018). Kurt Lewin's change model: A critical review of the role of leadership and employee involvement in organizational change. *Journal of Innovation & Knowledge, 3*(3), 123- 127.	Theoretical	The study crafts the relation between process	This study examined the three	This study has examined (1) the dominant	The findings of this study show that	II

https://www.sciencedirect.com/science/article/pii/S2444569X16300087?via%3Dihub		model and change, this relation describes the ways of implement-ing change process by leader's knowledge sharing,	stages of Lewin's model: unfreezing, movement, and refreezing.	role of leadership and employee involvement in change process necessary for bringing effective change in manage	leadership style and employee involvement in change is encouraging step for change process of organizat	

		and this sharing identifies the stages of change process, and these stages delin-eate the functional significance between organizati		ment, (2) the study explored a significant connection of knowledge sharing in change process with employe	ion. However, the effect of Kurt Lewin's model is indirect through separate phases in the process. The	

		onal change and change implement ation.		es and leaders in impleme nting the change process, (3) the manage ment should focus on the leadershi p style in	transfor- mational leadershi p style has been studies as the most importan t factor for change process in prior studies	

				change process, and finally (4) the review shows a frame-work of links among leadership to employee's		

				involvement, sharing knowledge and provides an insight to practitioners that how leader behavior relates to involvem		

				ent and sharing knowledge in Lewin's change model context		
Jeffery, A.D., Longo, M.A, & Nienaber, A. (2015). Staff educator's guide to professional development: Assessing and enhancing nursing competency.						
Kang, H. K., John, D., Bisht, B., Kaur, M., Alexis, O., & Worsley, A. (2020). Protocol: Effectiveness of interpersonal psychotherapy in comparison to other psychological and pharmacological interventions for reducing depressive	Conceptual	How effective is IPT to treat PPD	Systemic Literature	To determine the usefulnes	IPT is an effective approach of	III

symptoms in women diagnosed with postpartum depression in low and middle-income countries: A systematic review. *Campbell Systematic Reviews, 16*(1). https://onlinelibrary.wiley.com/doi/10.1002/cl2.1074		among mothers in low middle income countries	Review	s of IPT to treat PND among mothers in LMICs	treating PND	
Kendig, S., Keats, J. P., Hoffman, M. C., Kay, L. B., Miller, E. S., Moore Simas, T. A., Frieder, A., Hackley, B., Indman, P., Raines, C., Semenuk, K., Wisner, K. L., & Lemieux, L. A. (2017). Consensus Bundle on Maternal Mental Health: *Perinatal Depression and Anxiety. Obstetrics and Gynecology, 129*(3), 422–430. https://journals.lww.com/greenjournal/Fulltext/2017/03000/Consensus_Bundle_on_Maternal_Mental_Health_.4.aspx						

Kim, S., Choi, S., Seo, M., Kim, D. R., & Lee, K. (2020). Designing a clinical ethics education program for nurses based on the ADDIE model. *Research and Theory for Nursing Practice, 34*(3), 205-222. https://connect.springerpub.com/content/sgrrtnp/34/3/205	Conceptual	The study was to develop and evaluate a clinical ethics education program for nurses to improve their ethical confidenc	The study was conducted in three steps. In the first step, a seven-session ethics program was develop	The seven-session ethics program based on the ADDIE model improved ethical confidence, ethical compete	The ADDIE model can be an effective tool in nursing education, offering an established structure for	III

		e, ethical competence, and moral sensitivity.	ed using the ADDIE model. The themes of each session were as follows: (a) sharing individual ethical	nce, and moral sensitivity in nurses.	developing educational programs. To validate the effectiveness of the ethics program, it is necessary to	

			issues in clinical settings; (b) understanding a process involved in ethical decision-making; (c) identifyi		conduct repeated measure studies and further studies at the institutional level.	

			ng ethical issues in end-of-life care; (d) identifying ethical issues in family caregiving; (e) learning commun			

			ication skills; (f) developing ethical leadership skills; and (g) reflecting to build self-awareness of the			

			significance of practicing clinical ethics. The second step involved the delivery of the program. In the			

			third step, using a mixed methods design, the effects of the program were evaluated through a			

			quantitative survey administered both before and after completion of the program and focus group intervie			

			ws.			
Legere, L. E., Wallace, K., Bowen, A., McQueen, K., Montgomery, P., & Evans, M.(2017). Approaches to health-care provider education and professional development in perinatal depression: A systematic review. *BMC Pregnancy and Childbirth, 17*(1). https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-017-1431-4	Conceptual	The study provides a synthesis of educational and professional development needs and strategies for health-care	Systematic review. 12 studies of moderate and weak quality met inclusion criteria.	The studies encompassed quantitative (n = 11) and qualitative (n = 1) designs, none of which were reviews,	12 articles with a focus on perinatal mental health and continuing education and professional	III

		providers in perinatal depression. What education and professional development is required by health-care		and addressed educational needs identified by health-care providers (n = 5) and strategies for professio	development in practicing health-care providers that were quality appraised, data extracted, and categorized into narrative	

		providers to ensure effective screening, assessment, and interventions for perinatal depression?		nal development in perinatal mental health (n = 7).	summaries used to inform the findings for this systematic review. A detailed PRISMA flow diagram was created	

					to track article inclusion and exclusion at all stages of the systematic review This systematic review reveals a lack of	

					strong research in multi-disciplinary, sector, site, and modal approaches to education and professional develop	

					ment for providers to identify and care for women at risk for, or experiencing, depression. To ensure optimal	

					health outcomes, further research comparing diverse educational and professional development approaches is needed to	

					identify the most effective strategies and consistently meet the needs of health-care providers.	
Nordick, C. L. (2019). Evaluating leadership competency in DNP clinical practice. *Journal of Doctoral Nursing Practice, 12*(1), 111-116.	Conceptual	Develop a method of evaluating	Competencies of leadersh	Using a descriptive and	The process of	

https://connect.springerpub.com/content/sgrjdnp/12/1/111		DNP student leadership focused on a strategy to assess DNP student growth in the areas associated with leadership and	ip that were evidence d based and effective in healthca re environ ments were employe d as a basis for	experient ial leadershi p narrative as one method of evaluatio n is an effective strategy for fostering DNP	developi ng leadershi p narrative s is a transfor mational experien ce for the doctoral student and future nursing	

		change.	the leadership narrative. The resulting tool served both as structure for the student's development and as a	student leadership development in both the direct patient and system-focused settings. Moreover, the leadershi	leader. Easily incorporated into the DNP practicum structure and beyond, the leadership narrative is an	

			method of instruction and evaluation in the academic setting	p narrative is easily generalizable and transferable in environments where growth in leadership and competency	effective method for formative and summative evaluation of DNP student leadership development. Moreove	

				development is valued.	r, consistent with the accrediting body for DNP education, the leadership narrative can be used as one method	

					of demonstrating program effectiveness.	
Office of Disease Prevention and Health Promotion. (2019). Maternal, infant, and child health. https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and child-health/objectives						
PHS. (2020). The surgeon general's call to action to improve maternal health. United States. Public Health Service.						
Prevatt, B. S., Lowder, E. M., & Desmarais, S. L. (2018). Peer-support intervention for postpartum depression: Participant satisfaction and program effectiveness. *Midwifery, 64*, 38-47.	Conceptual	The current study	A community-	Participant satisfacti	Findings indicate this peer-	III

		examines participant satisfaction with and effectiveness of a peer-facilitated postpartum support group.	based participatory research approach was implemented.	on was high with overwhelmingly positive perceptions of the program. Post participation depression scores were like those of	support program is not only acceptable to program attendees but also, they provide a potential mechanism for improvin	

				the community sample at follow-up (p = .447). Among attendees, pre-post analyses revealed reductions in depressio	g mental health outcomes; however, further evaluation is needed. Findings also emphasize the importance of	

				n symptoms with significant interactions for time × complications ($p \leq .001$) and time × delivery method ($p \leq$	integrating evaluation procedures into community-based mental health programming to support effectiveness.	

				.017).		
Sjöberg, H., Aasa, U., Rosengren, M., & Berglund, L. (2020). Content validity index and reliability of a new protocol for evaluation of lifting technique in the powerlifting squat and deadlift. *The Journal of Strength & Conditioning Research, 34*(9), 2528-2536.	Conceptual	The study was to create a protocol to cover aspects of technique considered to be associated with risk of injury in the powerlifti	For the content validity investigation, a consensus group of 3 powerlifting physiotherapists identified the	The final protocols included 17 aspects of squat technique and 10 aspects of deadlift technique that showed	The protocols, formed in this study, will provide evidence-based recommendations on safe lifting techniqu	III

		ng squat and deadlift and to examine the content validity and reliability of the aspects included in the protocols	domains of content (risk of injury) for 2 protocols (1 for squat and 1 for deadlift) of essential aspects	good to excellent CVI and percentage of agreement between 64 and 100%.	e for coaches and strength practitioners to use to make relevant assessments and instructions.	

			of lifting technique through discussions and a review of the literature. Eight selected powerlifting experts rated the			

			relevance of each aspect in relation to risk of injury (acute or by overuse), and a quantitative estimate of the			

			content validity of each aspect was measured through calculations of a Content Validity Index (CVI). Aspects			

			of low content validity were discarded, and the remainders were evaluated for their inter-rater and intra-			

			rater reliability among 4 experienced powerlifters used to coaching and evaluating powerlifting			

			technique. The reliability was calculated and analyzed with kappa and percentage of agreement			
Slomian, J., Honvo, G., Emonts, P., Reginster, J., & Bruyère,	Concept	The	The	A total of	The	III

O. (2019). Consequences of maternal postpartum depression: A systematic review of maternal and infant outcomes. *Women's Health, 15.* https://journals.sagepub.com/doi/10.1177/1745506519844044	ual	researchers states that there are no systematic reviews of the overall maternal outcomes of maternal postpartum depression. The aim	researcher searched for studies published between 1 January 2005 and 17 August 2016, using	122 studies (out of 3712 references retrieved from bibliographic databases) were included in this systemati	researchers conclude that maternal postnatal depression has negative consequences for both mothers who suffer	

		of this study was to evaluate both the infant and the maternal consequences of untreated maternal postpartum depression	the following databases: MEDLINE via Ovid, PsycINFO, and the Cochrane Pregnancy and	c review. The results of the studies were synthetized into three categories: (a) the maternal consequences of postpartu	from this pathology and their children up to 3 years of age. PPD has important impacts, mainly on mothers'	

		. Methods:	Childbirth Group trials registry as a systematic review.	m depression, including physical health, psychological health, relationship, and risky behaviors; (b) the infant	psychological health, quality of life, and interactions with their infant, partner, and relatives. Depressed women are	

				consequences of postpartum depression, including anthropometry, physical health, sleep, and motor, cognitive	caught in a vicious circle in which they become sadder and angrier and have increasingly lower perceptions of their	

				, language, emotional, social, and behavioral development; and (c) mother–child interactions, including	competence. The accumulation of these elements creates an environment that is not conducive to the personal develop	

				bonding, breastfeeding, and the maternal role.	ment of mothers or the optimal development of a child.	
Sorg, M., Coddington, J., Ahmed, A., & Richards, E. (2019). Improving postpartum Depression screening in pediatric primary care: A quality improvement project. *Journal of Pediatric Nursing, 46*, 83-88.	Conceptual	How a quality improvement program can improve standardiz	This quality improvement project involved implementing a	Postpartum depression screening practices improved from	Pediatric health care providers can effectively screen for	

		ed screening for postpartum depression in the pediatric primary care setting. Secondary aims were to determine	standardized postpartum depression screening tool into pediatric primary care practice. Independent	83% to 88% (p = 0.096). Although not statistically significant, infant characteristics of male gender, Medicaid or	postpartum depression. Certain infant and family characteristics may alert the provider to higher risks for	

		if infant and family characteristics (gender of infant, feeding method, insurance type, income level, ethnicity of infant) were	samples t-test and logistic regression were used for data analysis.	sliding-scale payment for services, and Hispanic ethnicity were associated with higher rates of positive postpartu	mothers.	

		associated with positive postpartum depression screening.		m depression screens.		
Sriraman, N. K., Pham, D. Q., & Kumar, R. (2017). Postpartum depression: What do pediatricians need to know? *Pediatrics in Review, 38*(12), 541-551.	Conceptual	Provide education to parents and pediatricians about PND and PPD, to	A quasi-randomized controlled trial to evaluate the effective	A total of 84 participants (intervention n = 36, control n	A short pediatrician-led parenting intervention may be an effective	III

		assist on strategy development to minimize the incidence of PND and PPD	ness of the Newborn Class. First-time mothers who delivered a full-term singleton vaginally with	= 48) were included in the study. Mothers who attended the class showed significantly higher levels of knowled	tool in improving maternal confidence and newborn care knowledge. Given the importance of the newborn	

			no major complications and attended the class were recruited. Mothers who expressed a desire to attend	ge compared to the control group (Knowledge test, Two-tailed t-test, mean [SD], 8.08 [1.06] vs 6.78	period in establishing healthy developmental trajectories, there is a crucial need for cost- and time-effective interventi	

			the class but were discharged before a class was offered served as controls.	[1.25]; P<0.001) as well as significantly higher parenting confidence levels (KPCS, Two-tailed t-test, mean	on that can be widely implemented to promote parental knowledge and confidence with the ultimate goal of fostering	

				[SD], 39.31 [3.88] vs 35.20 [3.99]; P<0.001) . No change was observed in the overall level of anxiety (STAI-	healthy develop ment in children.	

				AD, Two-tailed t-test, mean [SD], 35.50 [8.73] vs 38.5 [9.53]; P=0.164).		
USPSTF. (2019). Perinatal depression: Preventive interventions. United States Preventive Services Taskforce. https://www.uspreventiveservicestaskforce.org/uspstf/recomme						

ndation/perinatal depression-preventive-interventions						
Van der Zee-van den Berg, A. I., Boere-Boonekamp, M. M., Groothuis-Oudshoorn, C. G., IJzerman, M. J., Haasnoot-Smallegange, R. M., & Reijneveld, S. A. (2017). Post-up study: Postpartum depression screening in well-childcare and maternal outcomes. *Pediatrics*, *140*(4). *https://publications.aap.org/pediatrics/article/140/4/e20170110/38164/Post-Up-Study-Postpartum-Depression-Screening-in*	Conceptual	Can early detection, support, and treatment of PPD promote fast recovery of the mother and may reduce the effects of	Qualitative Study	To determine if repeated screening for perinatal depression is followed by routine care for screen-	Implementation of screening for perinatal depression should be seriously considered	IV

		perinatal depression on the child's developm ent?		positive mothers results in improved outcomes at both the maternal level (state of depressio n, parenting , health-related		

				quality of life, and anxiety symptoms) and child level (decreased rates of socioemotional problems) at the end of the first		

				year postpartum compared with CAU		
Walden University. (2019a). Manual for staff education: Doctor of Nursing Practice (DNP) scholarly project.						
Walden University. (2019b). Student Handbook. https://catalog.waldenu.edu/content.php?catoid=165&navoid=56681			.			
Webber, E. & Benedict, J. (2018). Postpartum depression: A multi-disciplinary approach to screening, management, and breastfeeding support. *Archives of Psychiatric Nursing, 33*(3), 284-289. https://pubmed.ncbi.nlm.nih.gov/31227081/	Conceptual	This article studies the effect that	Literature review on PND screenin	This model demonstrates the	Postpartum depression occurs	III

		PND and PPD can have on infant development and mental health, the relationship between inflammation, breastfeeding and postpartu	g, use of Edinburg scale, treatment, and referral protocols	bidirectionality of breastfeeding and postpartum depression and highlights the importance of a multidisciplinary approach	frequently, is often underreported, and has significant long-term negative consequences. Early detection of PPD	

		m depression, the importance of a successful breastfeeding experience for both maternal and infant and highlight the need		to caring for women experiencing PPD. Findings indicated that mothers who were depressed in the first	can lead to improved management which promotes the health and well-being of women and their children. To	

		for a multidisciplinary approach to care.		month of their infant's life failed to bond well with their infant at all subsequent time points	facilitate identification and prompt treatment, routine screening using an approved screening tool along with assessment for	

					risk factors is recommended as best practice. A multidisciplinary plan of care aimed at reducing maternal stress is	

					optimal for managing women with PPD. Breastfeeding difficulties and early weaning is considered a risk	

					factor for PPD, therefore, exclusive long-term breastfeeding with appropriate support will help promote positive mental	

					health outcomes for mothers and infants.	
Wilkinson, A., Anderson, S., & Wheeler, S. B. (2017). Screening for and treating postpartum depression and psychosis: A cost-effectiveness analysis. *Maternal and Child Health Journal, 21*(4), 903-914. https://link.springer.com/article/10.1007/s10995-016-2192-9	Conceptual	How the cost-effectiveness of physicians screening for and treating PND,	This study follows a hypothetical cohort of 1000 pregnant	Screening for and treating postpartum depression and psychosis	Screening for and treating postpartum depression is a cost-effective	III

		PPD and psychosis in partnership with a psychiatrist.	women experiencing one live birth over a 2-year time horizon. Researchers used a decision tree model to	produced 29 more healthy women at a cost of $943 per woman. The incremental cost-effectiveness ratios of the	intervention and should be considered as part of usual postnatal care, which aligns with the recently proposed recommendations	

			obtain the outcomes of screening for and treating postpartum depression and psychosis using the	intervention branch compared to usual care were $13,857 per QALY gained (below the commonly	from the U.S. Preventive Services Task Force.	

			Edinburgh Postnatal Depression Scale. They use a Medicaid payer perspective because they	accepted willingness to pay threshold of $50,000/ QALY gained) and $10,182 per remission achieved. These		

			cover approximately 50% of births in the U.S. The cost-effectiveness of the intervention is measured in cost	results were robust in both the deterministic and probabilistic sensitivity analyses of input parameters		

			per remissio n achieved and cost per quality-adjusted life-year (QALY) gained. They also conduct ed both			

			deterministic and probabilistic sensitivity analyses.			
Xing, Q. (2018). Application of ADDIE model in instructional design of structural mechanic course. DEStech Transactions on Social Science, Education and Human Science, (esem). http://www.dpi-proceedings.com/index.php/dtssehs/article/view/23914						

Source: Melnyk, B., Fineout-Overholt, E., Stillwell, S., & Williamson, K. (2010). Evidence-based practice: Step by step. *American Journal of Nursing*, *110* (1), 51-53. https://doi.org/:10.1097/01.NAJ.0000366056.06605.d2

Appendix C: Curriculum Plan

Title of Project: Staff Education on Perinatal Depression

Student: Kirenia Santiuste

Problem: The problem identified for this Doctor of Nursing Practice (DNP) project is the need for staff education on knowledge of and screening for perinatal depression (PND) in the clinic for which the project is being developed.

Purpose: The purpose of this DNP project is to plan, implement, and evaluate an education program on PND, including introducing the Edinburgh Depression Screening tool for screening, intervention, referral, and follow-up for PND.

Practice-Focused Questions:

- What evidence in the literature supports the need for PND screening, intervention, referral, and follow-up in the perinatal period?
- Will there be a change in staff knowledge about PND as evidenced by a pretest/posttest?
- Will the staff participants in the didactic program on PND find that the objectives were met and will be significant to their clinical practice?

Objective Number and Statement	Detailed Content Outline	Evidence (from Literature Review Matrix)	Grading the	Method of	Method of Evaluation

			Evidence per Melnyk	Presenting	P/P Item
1. Participants will define, discuss, and describe PND, common signs, symptoms, potential risks factors that increase PND, such as: social, psychological, and hormonal changes that occur during pregnancy and the	1. Perinatal depression (PND) • Global mood disorder affecting men and women transitioning into parenthood • Encompass both peripartum and postpartum depression	Blackmore, R., Boyle, J. A., Gray, K. M., Willey, S., Highet, N., & Gibson-Helm, M. (2021). Introducing and integrating perinatal mental health screening: Development of an equity-informed evidence-based approach. https://www.researchsquare.com/article/rs-593027/v1	III	1-hour in person course content	1,4,6,7,9,10

role of healthcare providers to prevent PND and the most common complications.	• PND refers to a severe period of depression • Takes place during pregnancy or within four weeks after birth • PPD refers to a significant depressive phase • DSM-V criteria with least five of nine symptoms in the same 2-week				

	period representing a change from previous functioning • Develops within the first four weeks following delivery • Can last for a considerable amount of time • PND is often confused with "postpartum blues" • A state of mood				

	fluctuation, exhaustion, tearfulness, irritability, and anxiety • Usually fades around 10–14 days after delivery • Numerous factors can impact PND • Hormonal imbalance • Previous mental disorders				

	• Dysfunctional family dynamics • Inadequate financial sustenance • Mood swings • Unclear expectations about pregnancy and motherhood • PND is frequently accompanied by symptomatology • PND is one of				

	today's most obscure and difficult-to-diagnose mood disorders • Crying spells • Poor hygiene • Mood swings • Changes in sleep patterns • Poor focus • Emotional and social isolation • Reduced libido				

2. Participants will identify epidemiology of PND and will familiarize themselves with PND screening tools, how to select an appropriate screening tool such as the Edinburg Depression Scale, interpret results, consider screening limitations, and counsel on results of a screen in the context of the prenatal	1. PND Screening • Proper screening for PND • The Edinburg Postnatal Depression Scale (EPDS) • Can significantly benefit PND prevention and treatment • Expectant and newly become mothers can suffer	Prevatt, B. S., Lowder, E. M., & Desmarais, S. L. (2018). Peer-support intervention for postpartum depression: Participant satisfaction and program effectiveness. Midwifery, 64, 38-47.	III	1-hour in person course content	2,3,5,6,8,10

visit.	from PND • Due to the lack of proper screening • Evaluation • Support • Inadequate knowledge about PND • Improving the staff knowledge about PND • Can allow staff members to successfully				

	employ PND screening tools • Identify those women at risk for developing or suffering such detrimental mental conditions • Provide optimal prenatal care • Expand the overall health and well-being of mothers and their infants				

	• Will be facilitated by proper nursing care and effective nursing interventions				
3. Participants will be able to engage expectant mothers and caregivers in active counseling and care interventions.	1. Proper staff engagement • Clinical staff members must understand the clinical and social impact of undiagnosed PND • Understand how effective and	Hamil, J., Gier, E., Garfield, C. F., & Tandon, D. (2021). The development and pilot of a technology-based intervention in the United States for father's mental health in the perinatal period. American Journal of Men's Health, 15(5), https://journals.sagepub.co	III	1-hour in person course content	1,4,6,7,9,10

	initiative-taking methods can mitigate this mental condition's incidence and prevalence • PND has been shown to cause a profound impact in motherhood and infancy and mishaps in society • Effective prenatal methods to promptly identify	m/doi/10.1177/1557988321 1044306			

	PND signs and symptoms amongst expectant mothers				
4. Participants will provide a culturally sensitive, respectful, and effective in-office counseling to foster trust and transparency amongst nurses and expectant mothers.	1. Populations at highest risk for PND • Low-income families • African American and Hispanic women • First-time mothers • Teenage mothers • Women with complicated	Kang, H. K., John, D., Bisht, B., Kaur, M., Alexis, O., & Worsley, A. (2020). Protocol: Effectiveness of interpersonal psychotherapy in comparison to other psychological and pharmacological interventions for reducing depressive symptoms in women diagnosed with postpartum depression in	III	1-hour in person course content	1,4,6,7,9,10

	pregnancies • Single mothers • Lack of family support • History of mental conditions • History of alcohol or drug use	low and middle-income countries: A systematic review. Campbell Systematic Reviews, 16(1). https://onlinelibrary.wiley.com/doi/10.1002/cl2.1074			

5. Participants will be able to support and advocate for policies which promote PND screening, discussion, primary care intervention and referral/linkage/follow ups on positive cases as the standard in the medical community.	1. Referrals and advocacy • Clinical staff members who are properly trained on PND may bridge patients and providers • Will ensure that adequate PND practice protocols are followed consistently • It will also improve their decision-making skills	Legere, L. E., Wallace, K., Bowen, A., McQueen, K., Montgomery, P., & Evans, M. (2017). Approaches to health-care provider education and professional development in perinatal depression: A systematic review. BMC Pregnancy and Childbirth, 17(1). https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-017-1431-4	III	1-hour in person course content	2,3,5,6,8,10

	• Will allow them to understand complicated clinical circumstances quickly • Arrive at an accurate evaluation confidently and rapidly • Deliver safe, high-quality treatment to patients • Bi-monthly follow-				

	ups on positive cases • Cognitive therapy and antidepressants have demonstrated a high level of efficacy among affected mothers				

Appendix D: Curriculum Plan Evaluation by Content Experts

Title of Project: Staff Education on Perinatal Depression

Student: Kirenia Santiuste

Respondent: (A, B, 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,

Objective Number	Objective Statement	Met	Not Met	Comment
1.	Discuss PND in relation to definition, common signs, symptoms, and risk factors as a major maternal health problem			
2.	Be able to discuss the Consensus Bundle on Perinatal Health:			

	Depression and Anxiety and identify screening tool for PND			
3.	Be able to incorporate aspects of the bundle into the clinic			
4.	Discuss the role of the clinic staff in following the recommendations in the bundle			
5.	Participants will be able to support and advocate for policies which promote PND screening, discussion, primary care intervention and referral/linkage/follow ups on positive cases as the standard in the			

	medical community			

Appendix E: Pretest/Posttest

Questionnaire	Pretest %	Posttest %
1) When employing a consensus bundle in the maternal clinical setting, its design should expand on patients' safety bundle offering resources to effectively implement the bundle domains. What are the domains? Select all that applies a. Readiness b. Recognition and Prevention c. Response d. Reporting and System Learning e. a, b, and c		
2) When selecting a screening tool such as the Edinburg Depression Scale there should be certain characteristics to be considered. Select 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 Depression Scale questionnaire indicates that women experiencing symptoms of depression and anxiety during pregnancy and in the year following childbirth. If a score of 13 or higher, what would be the correct approach? a. Repeat the EDS in 2-4 weeks b. Repeat the EDS in 6 weeks c. Repeat the EDS in 8 weeks d. None of the above		
4) Suicide is one of the main causes of maternal mortality. What percentage is attributed to postpartum death? a. 55% b. 20% c. 18% d. 10%		
5) According to the literature, without consistent, effective, and validated screening tool, PND and other mental disorders can go unrecognized by clinicians, patients, and families due to changes that are commonly attributed to physiologic changes of pregnancy. a. True		

b. False		
6) To assist in referrals for positive results it is not necessary to identify community maternal mental healthcare providers and resources to develop connection and utilization in the community. a. True b. False		
7) What is considered a culture of safety? Select all that applies. a. Individuals who are urged to work as agents of change and take positive actions to make changes when needed b. Offering clinical judgement c. Not incorporating expertise in interactive disciplines d. All the above		
8) According to ACOG, it is not suggested to conduct universal PND screening of expectant and postpartum women as part of quality care. a. True b. False		
9) What is the Maternal Mental Health Bundle? Select all		

that applies. a. Set of EB interventions to attain improved outcomes b. Creating important adjustments to facilitate process c. Promote teamwork to facilitate organization d. Provide all components pertaining to the bundle		
10) What are the factors to standardize screening in pregnancy? a. Provide evidence and seamless screening results in patients' records b. Provide a systematic screening process c. a and b d. None of the above		

Appendix F: Pretest/Posttest Content Validation by CEs

Title of Project: Staff Education on Perinatal Depression

Student: Kirenia Santiuste

Respondent: (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. Not Relevant __ Somewhat Relevant__ Relevant___ Very Relevant_4_

Comments:

2. Not Relevant__ Somewhat Relevant__ Relevant___ Very Relevant_4_

Comments:

3. Not Relevant__ Somewhat Relevant__ Relevant__3_ Very Relevant__

Comments:

4. Not Relevant__ Somewhat Relevant__ Relevant___ Very Relevant_4_

Comments:

5. Not Relevant__ Somewhat Relevant__ Relevant___ Very Relevant_4_

Comments:

6. Not Relevant__ Somewhat Relevant__ Relevant__3_ Very Relevant__

Comments:

7. Not Relevant__ Somewhat Relevant__ Relevant ___ Very Relevant_4_

Comments:

8. Not Relevant__ Somewhat Relevant__ Relevant__3_ Very Relevant__

Comments:

9. Not Relevant__ Somewhat Relevant__ Relevant___ Very Relevant_4_

Comments:

10. Not Relevant__ Somewhat Relevant__ Relevant___ Very Relevant_4_

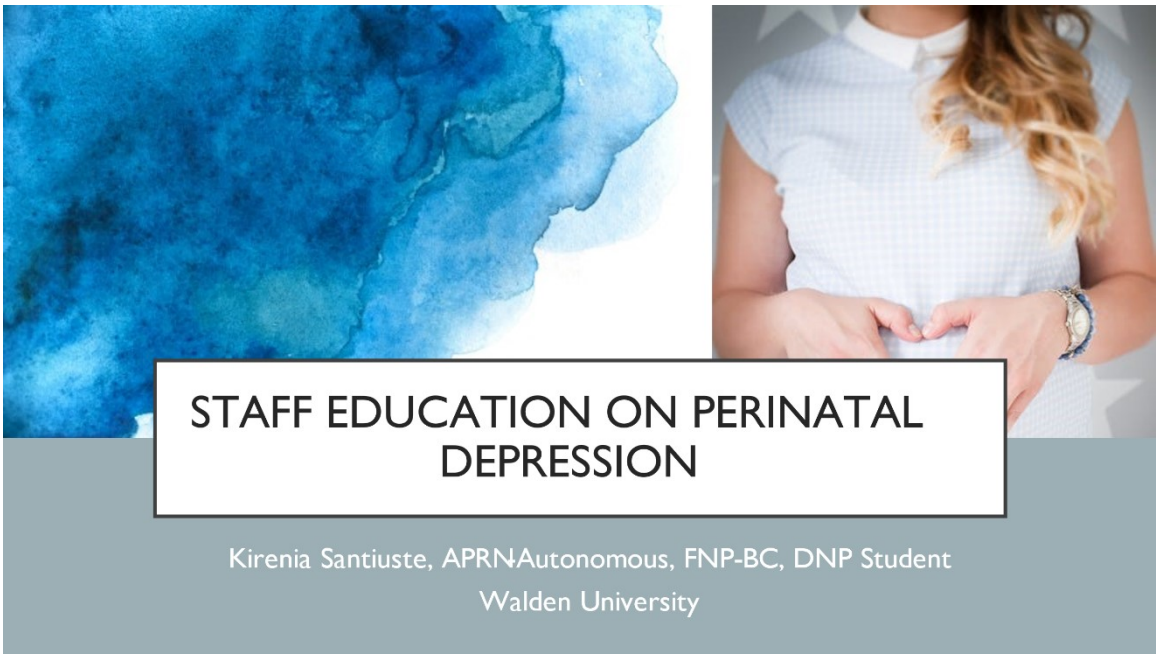
Comments:

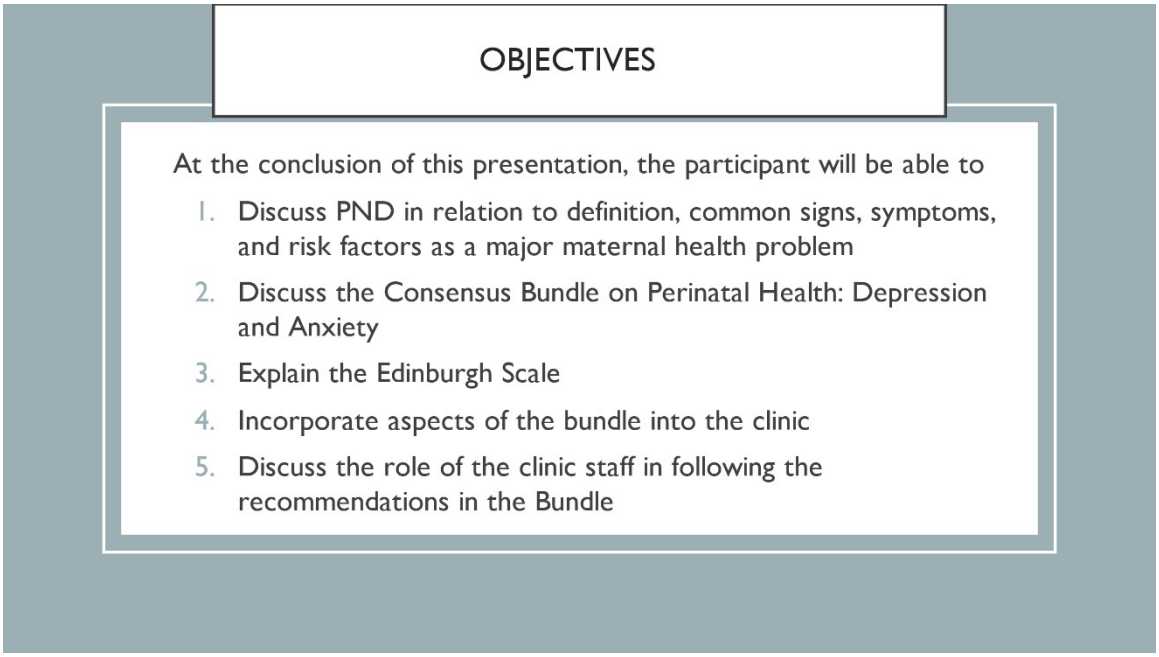
Appendix G: Pretest/Posttest Change in Knowledge

Number of Student	Pretest Score Numerical	Posttest Score Numerical	Change in Knowledge	% Change in Score
1	4	7	+3	30%
2	3	8	+5	50%
3	2	9	+7	70%
4	5	8	+3	30%
5	2	6	+4	40%
6	6	9	+3	30%
7	4	8	+4	40%
8	3	7	+4	40%
9	5	9	+4	40%
10	2	8	+6	60%
11	4	7	+3	30%
12	3	9	+6	60%
13	5	7	+2	20%
14	2	9	+7	70%
15	3	8	+5	50%

Mean	Pretest Ind Mean 3.6 Range 2 to 6	Posttest Ind Mean 7.93 Range 6 to 9	Group Mean 4.4	Mean 44%

Appendix H: Staff Education Program





PERINATAL DEPRESSION (PND)

- Definition
  - PND refers to a severe period of depression
  - PPD refers to a significant depressive phase
  - Global mood disorder affecting men and women transitioning into parenthood
  - Encompasses both peripartum and postpartum depression
  - Takes place during pregnancy or within four weeks after birth
  - The most common complication of pregnancy
  - Affects one in seven expectant mothers

DSM- V

- DSM-V:
  - The DSM-5 is a tool and reference guide for mental health clinicians to diagnose, classify, and identify mental health conditions
  - It now lists 157 mental disorders with symptoms, criteria, risk factors, culture and gender-related features, and other important diagnostic information

DSM- V PND CRITERIA CONT.

- Feeling worthless or guilty
- Difficulty thinking, concentrating, or making decisions
- Thoughts of death or suicide
- Crying for "no reason"
- Lack of interest in the baby, not feeling bonded to the baby, or feeling very anxious about/around the baby
- Feelings of being a bad mother
- Fear of harming the baby or oneself

DSM- V PND CRITERIA

- Feeling sad or having a depressed mood
- Loss of interest or pleasure in activities once enjoyed
- Changes in appetite
- Trouble sleeping or sleeping too much
- Loss of energy or increased fatigue
- Increase in purposeless physical activity or slowed movements or speech (these actions must be severe enough to be observable by others)

DSM- V AND PND CRITERIA CONT.

- DSM-V criteria for PND:
  - At least five of nine symptoms in the same 2week period
  - Representation of a change from previous functioning
  - Develops within the first four weeks following delivery
  - Can last for a considerable amount of time
  - Personal or family history of depression

AMERICAN PSYCHOLOGICAL ASSOCIATION DSM- 5 PND

- Major depressive episode
  - Pregnancy (antenatal depression- AND)
  - Following childbirth (postpartum depression – PPD)
  - "Peripartum onset" – specifies depressive disorders
  - Onset during pregnancy or within 4 weeks after delivery

AMERICAN PSYCHOLOGICAL ASSOCIATION DSM- 5 PND, CONT.

- Not to be confused with "postpartum blues"
  - A state of mood fluctuation, exhaustion, tearfulness, irritability, and anxiety
  - Usually fades around 10–14 days after delivery
  - Mood lability, tearfulness, anxiety, irritability
  - No functional impairment
  - No specific treatment

PND RISK FACTORS

- Hormonal imbalance
- Previous mental disorders such as bipolar depression, anxiety, and psychosis
- Dysfunctional family dynamics
- Inadequate financial sustenance
- Mood swings
- Unclear expectations about pregnancy and motherhood

PND RISK FACTORS, CONT.

- Poor health care
- Substance and alcohol abuse
- Preeclampsia
- Non-suicidal self-harm
- Suicide
- Lack of support
- Preterm Labor
- Low birth weight

PND RISK FACTORS, CONT.

- Crying spells
- Poor hygiene
- Mood swings
- Changes in sleep patterns
- Poor focus
- Emotional and social isolation
- Reduced libido
- Hypomania

POPULATIONS AT RISK FOR PND

- Low-income families
- African American and Hispanic women
- First-time mothers
- Teenage mothers
- Women with complicated pregnancies
- Single mothers
- Lack of family support
- History of mental conditions
- History of alcohol or drug use

CONSENSUS BUNDLE OF MATERNAL MENTAL HEALTH (CBMMH)

- Council on Patient Safety in Women's Health Care
  - Interdisciplinary work group
  - Evidence-based patient safety bundle
  - Goal: Move established guidelines into practice with a standard approach within the institution
  - Collection of 10-13 best practices for improving safety in maternity care that have been vetted by experts in practice

CONSENSUS BUNDLE OF MATERNAL MENTAL HEALTH, CONT.

- Bundle to address maternal mental health
- Perinatal mood and anxiety disorders
- Modeled after other bundles
- Provides broad direction for incorporating perinatal mood and anxiety disorders
- Screening, intervention, referral, and followup
- Maternity care practice across health care settings

CONSENSUS BUNDLE OF MATERNAL MENTAL HEALTH, CONT.

- Components of the CBMMH
  - Readiness
  - Identification of screening tools
  - Establish a response protocol and identify screening tools based on local resources
  - Educate nurses and clinicians on screening tools and response protocols
  - Identification of point of contact/liaison for response protocols

CONSENSUS BUNDLE OF MATERNAL MENTAL HEALTH, CONT.

- Recognition and prevention
  - Obtain individual and family mental health history
  - Conduct validated mental health screening
  - Provide appropriately timed PND and anxiety awareness education to expectant mothers and family members

CONSENSUS BUNDLE OF MATERNAL MENTAL HEALTH, CONT.

- Response
  - Initiate a stage-based response protocol for positive mental health screening results
  - Activate an emergency referral protocol for women with suicidal or homicidal ideation or psychosis
  - Provide appropriate and timely support for expectant mothers and family members
  - Obtain follow-up from mental healthcare providers on women referred for further treatments

CONSENSUS BUNDLE OF MATERNAL MENTAL HEALTH, CONT.

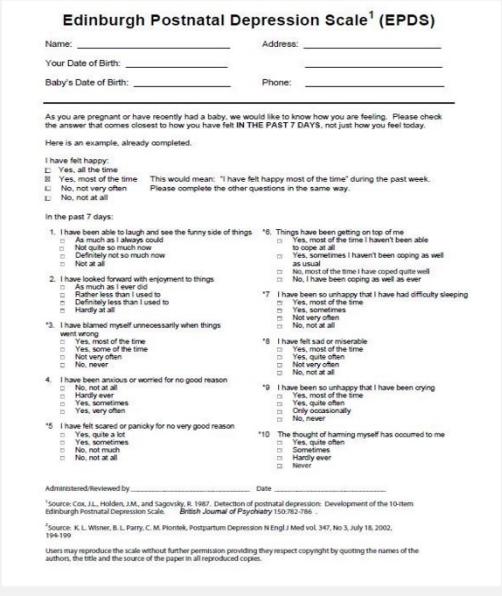
- Reporting and learning system
  - Establish a nonjudgmental culture of safety
  - Perform multidisciplinary review of negative mental health outcomes
  - Establish local standards for recognition and response

WHAT IS PND SCREENING?

- Helps identify individuals at risk of developing or suffering from PND
- A woman may be unable to recognize she is depressed
- May believe her symptoms are "normal"
- Fear being labeled a "bad mother" if she admits her maternal experience does not meet society's expectation
- Women know something is wrong, the vast majority (more than 80%) will not report symptoms to a health care provider

THE EDINBURGH DEPRESSION SCALE

- 10-item questionnaire validated instrument
- Identify women who are experiencing PND or PPD
- 83.8 % sensitivity and a 74.7 % specificity
- Maximum score is 30 points
- Based on the last 7 days
- A score is calculated by adding the individual items for each question
- Positive results referred for further evaluation and treatment
- Follow-up should be done at least twice during comprehensive visits



Edinburgh Postnatal Depression Scale[1] (EPDS)

Name: _____ Address: _____

Your Date of Birth: _____ _____

Baby's Date of Birth: _____ Phone: _____

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:
☐ Yes, all the time
☒ Yes, most of the time — This would mean: "I have felt happy most of the time" during the past week.
☐ No, not very often — Please complete the other questions in the same way.
☐ No, not at all

In the past 7 days:

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

Administered/Reviewed by _____ Date _____

[1]Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786 .

[2]Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med Vol. 347, No 3, July 18, 2002, 194-199

EPDS SCORING

Less than 8	Depression not likely
9 or less	Low depression
10 – 12	Modest concern
13 – 18	Moderate concern
19 and above	Likely to have concern and worry about suicide risk

IMPLEMENTATION OF THE BUNDLE IN CLINICAL PRACTICE

- Provide a framework to assist nurses and providers to develop a consistent approach to PND screening
- Develop brief interventions, strategies, and referrals
- Consistent screening multiple times during the prenatal period since depressive events may arise at any time during this period
- Provide a framework to develop care systems
- Healthcare providers can think through response and referral mechanisms

IMPLEMENTATION OF THE BUNDLE IN CLINICAL PRACTICE (CONT.)

- Proper resource leverage
- Provide all available support to patients across healthcare settings
- Patients that screen positive for PND
- Referrals are needed for scores of 13 or more
- Any positive score on item #10 must be referred to mental health professionals
- Offer a list of community resources and crisis line information

STAFF KNOWLEDGE REGARDING PND

- Understand the clinical and social impact of undiagnosed PND
- Understand how effective and initiativetaking methods can mitigate this mental condition's incidence and prevalence
- Clinical staff members must understand the clinical and social impact of undiagnosed PND

STAFF RESPONSIBILITIES

- Screening should be implemented at least twice during the prenatal period and 4 to 6 weeks after birth
- Provide warm, strength-based support
- Provide resources and referrals
- Create a safety plan for strong positive cases

SUMMARY

PND IS RELATIVELY COMMON
MAY HAVE LONG -TERM

CONSEQUENCES FOR THE MOTHER, INFANT & FAMILY

IS EASILY MISSED

SHOULD BE SCREENED FOR

CAN BE TREATED SUCCESSFULLY


THANK YOU SO MUCH
FOR YOUR PARTICIPATION
QUESTIONS?

Appendix I: Evaluation of the Staff Education Program by Participants

Objective Statement	Were the objectives met? Please circle.	
1. Discuss PND in relation to definition, common signs, symptoms, and risk factors as a major maternal health problem PND	Yes No	
2. Be able to discuss the Consensus Bundle on Perinatal Health: Depression and Anxiety and identify screening tool for PND	Yes No	
3. Be able to incorporate aspects of the bundle into the clinic	Yes No	
4. Discuss the role of the clinic staff in following the recommendations in the	Yes No	

bundle		
5. Participants will be able to support and advocate for policies which promote PND screening, discussion, primary care intervention and referral/linkage/follow ups on positive cases as the standard in the medical community	Yes No	
Additional Comments		

Appendix J: CE Letter

Dear Content Expert,

First, I would like to say thank you for your participating as a Content Expert for my Doctor of Nursing Practice project titled, Staff Education on Perinatal Depression. In the packet you will find this introduction letter and five additional documents for you to review. The directions for completing the materials are displayed at the top of each document. Numeric identifiers were assigned to maintain privacy. The documents have been delivered to you by a designated person. Once the packet is completed, please place the materials in the enclosed envelop and the designated person will deliver them to me. If you have any question, please do not hesitate to contact me at your earliest convenience, my contact information is listed below. If you need to contact my faculty/chair member, Dr. Joan Moon, please send an email at joan.moon@mail.waldenu.edu

Items list in Content Expert 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

Once again, thank you so much for participating in this project.

Very respectfully,

Kirenia Santiuste, DNP-Student

Phone: 786.326.3917. Email: kirenia.santiuste@waldenu.edu

Appendix K: Evaluation of the Staff Education Project, Process, and My Leadership by CEs

Title of Project: Staff Education on Perinatal Depression

Student: Kirenia Santiuste

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.

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 L: Curriculum Plan Evaluation by CEs Summary

Met = 1 Not Met = 2

Objective Number and Statement	Evaluator A	Evaluator B	Evaluator C	Average Score
1. Discuss PND in relation to definition, common signs, symptoms, and risk factors as a major maternal health problem.	1	1	1	1
2. Be able to discuss the Consensus Bundle on Perinatal Health: Depression and Anxiety and identify screening tool for PND.	1	1	1	1
3. Be able to incorporate aspects of the bundle into the clinic.	1	1	1	1
4. Discuss the role of the clinic staff in following the recommendations in the bundle	1	1	1	1
5. Participants will be able to support and advocate for	1	1	1	1

policies which promote PND screening, discussion, primary care intervention and referral/linkage/follow ups on positive cases as the standard in the medical community				
Comments:	Curriculum was aligned to objectives	Information provided was supported by the literature and the evidence	Very effective, properly related to the objectives	Very professional, evidence-based grounded

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

"Met = 1" "Not Met" = 2

Objective Statement	Response Met Not Met	Number of Participants
1. Discuss PND in relation to definition, common signs, symptoms, and risk factors as a major maternal health problem PND.	Yes No	15 0
2. Be able to discuss the Consensus Bundle on Perinatal Health: Depression and Anxiety and identify screening tool for PND.	Yes No	15 0
3. Be able to incorporate aspects of the bundle into the clinic.	Yes No	15 0
4. Discuss the role of the clinic staff in following the recommendations in the bundle.	Yes No	15 0
5. Participants will be able to support and advocate for policies which	Yes No	15 0

promote PND screening, discussion, primary care intervention and referral/linkage/follow ups on positive cases as the standard in the medical community.		
Average Score	Met	1
Comments: “Project provided the knowledge needed to assist our patients,” “project gave me a clearer vision about PND,” “project gave me the proper tools to help patients,” “project provided new evidence about PND,” “the project made me understand the complications associated to PND,” “this information is really good to us.”		

Appendix N: Pre/Posttest CE Validity Index Scale Analysis

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

Pretest/Posttest Item #	Expert 1	Expert 2	Expert 3	Total rating	Item CVI
1	1	1	1	3	1
2	1	1	1	3	1
3	1	1	1	3	1
4	1	1	1	3	1
5	1	1	1	3	1
6	1	1	1	3	1
7	1	1	1	3	1
8	1	1	1	3	1
10	1	1	1	3	1
Proportion Relevant				I-CVI = 1 S-CVI=1	

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 O: Summary Evaluation of the Staff Education Project by CEs

Title of Project: Staff Education on Perinatal Depression

Student: Kirenia Santiuste

I. Content Expert Approach

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

Evaluator A	Evaluator B	Evaluator C
Very effective, excellent communication.	Clear, concise, very relevant to clinical practice.	Great approach to culture in healthcare, desired outcomes were met.

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

Evaluator A	Evaluator B	Evaluator C
Highly involved, great opportunity to incorporate knowledge and expertise.	Really enjoyed the process, honored to be part of the project.	Amazing interprofessional communication, great experience.

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

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

Evaluator A	Evaluator B	Evaluator C
Participated in reviewing CE packet, did not make any change.	Reviewed CE packet, products were approved without the need for changes.	I reviewed CE packet, no changes needed.

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

Evaluator A	Evaluator B	Evaluator C
I would not make any changes.	Project development was very professional, I do not recommend any change.	I would not change anything.

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

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

Evaluator A	Evaluator B	Evaluator C
The student provided clear and concise instructions.	The student gave straightforward instructions to facilitate the completion of the project.	The student was a great leader, provided all the information and resources needed for the project.

How did the student support you in meeting the project goals?

Evaluator A	Evaluator B	Evaluator C
The student maintained effective communication.	The student maintained open and clear instructions and maintained open communication.	The student was very receptive to feedback and was very passionate about the project.

IV. Please offer suggestions for improvement.

Evaluator A	Evaluator B	Evaluator C
No suggestions needed at this time.	I do not have any other suggestions.	No suggestions needed.