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Development of an Evidence-Based Clinical Practice Guideline for a Comprehensive Care Partner Program for Postpartum Women

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Walden University

College of Nursing

This is to certify that the doctoral study by

Abibat Yusuff

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.

Review Committee

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Walden University
2025

Executive Summary: Clinical Practice Guideline
Development of an Evidence-Based Clinical Practice Guideline for a Comprehensive
Care Partner Program for Postpartum Women

by

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MS, Walden University 2022

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Executive Summary Submitted in Partial Fulfillment
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Summary

This doctoral project focuses on the development of a clinical practice guideline (CPG) aimed at addressing a critical gap in postpartum care, particularly postpartum depression (PPD), inconsistent follow-up, and low breastfeeding continuation rates, which disproportionately affect African American women and other underserved populations. These gaps contribute to preventable morbidity, poor maternal experiences, and health inequities, making this issue a priority for nursing and public health. The guiding practice-focused question asked if an interdisciplinary team would achieve consensus on a clinical practice guideline for the development of a comprehensive care partner program for postpartum women. Analytical strategies included a systematic evidence review using the Johns Hopkins Evidence-Based Practice (JHEBP) model and synthesizing research and non-research evidence. The draft CPG was reviewed by an interdisciplinary panel of four expert reviewers, one each from obstetrics, nursing, behavioral health, and social work. They used the Appraisal of Guidelines for Research and Evaluation (AGREE) II tool, which is a validated instrument used to evaluate the quality of clinical practice guidelines. Expert reviewers demonstrated a mean of 6.45/7 on the six AGREE II domains, with reviewers recommending the guideline for clinical use. The project has important implications for nursing, advancing equity, and reducing racial disparities in healthcare. By emphasizing diversity and inclusion to ensure culturally competent care for all postpartum women, the guideline fosters trust between healthcare providers and patients while enhancing maternal health outcomes.

Background

Postpartum care is a critical public health priority with lasting impacts on maternal physical and mental health, infant outcomes, and family well-being. Approximately one in eight women experience PPD, with disproportionately higher rates among African American women and those with limited access to care (Ahmadpour et al., 2023). In the United States, most women receive only one follow-up visit at 6 weeks, leaving physical recovery, psychosocial needs, and breastfeeding support insufficiently addressed during a vulnerable period (Najmi et al., 2024). Fragmented care contributes to missed opportunities for mental health screening, education on warning signs, and timely referrals, which can lead to preventable readmissions, poor maternal satisfaction, and inequities in care.

Inconsistent partner engagement and variability in follow-up practices further exacerbated these gaps. Studies demonstrated that women with strong family and spousal support experience fewer depressive symptoms, better quality of life, and greater maternal functioning (Ahmadpour et al., 2023; Damsarsan & Ören, 2024). Lewkowitz et al. (2023) reported that partner status is significantly associated with reduced risk for PPD, underscoring the need for family-inclusive care strategies.

I conducted the project within a maternal health service that serves a diverse population with elevated risk for postpartum complications. The interprofessional team included obstetricians, midwives, nurses, social workers, and behavioral health providers. Organizational leadership identified limited partner integration, inconsistent education, and gaps in depression screening as key areas for improvement. Readiness assessments and stakeholder feedback confirmed support for developing a structured, evidence-based

guideline to address these concerns.

The guiding practice-focused question asked if an interdisciplinary team would achieve consensus on a clinical practice guideline for the development of a comprehensive care partner program for postpartum women. The project purpose was to design and obtain expert reviewer appraisal of a culturally responsive CPG that integrated structured education, partner engagement, standardized mental health screening, and coordinated follow-up.

I synthesized evidence using the JHEBP model, with 10 studies and guidelines appraised at Levels 2–5. Najmi et al. (2024) demonstrated that guideline-based postpartum care improved breastfeeding rates, contraceptive use, and maternal satisfaction. Kumari et al. (2023) and Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN, 2022) emphasized multidisciplinary collaboration and respectful maternity care, while American College of Obstetricians and Gynecologists (ACOG, 2023) recommended universal screening using validated tools such as the Patient Health Questionnaire (PHQ)-9 and Edinburgh Postnatal Depression Scale (EPDS). Additional evidence highlighted the importance of culturally competent training (Gulbransen et al., 2024; Yee et al., 2021) and patient-reported outcomes to guide individualized care (Hannon et al., 2022). Together, this consistent and high-quality evidence supports the development of a standardized, partner-inclusive postpartum care guideline.

Clinical Practice Guideline Development

Developing a standardized CPG for a comprehensive care partner program was the central objective of my doctoral project (see Appendix A). I followed a structured,

evidence-based methodology that emphasized interdisciplinary collaboration, organizational alignment, and rigorous appraisal using the AGREE II instrument (see Appendix B). My goal was to create a high-quality, stakeholder-informed guideline that could improve postpartum outcomes and reduce disparities.

I selected an expert panel of four professionals to review and appraise the CPG, ensuring a range of perspectives and specialized expertise. The panel consisted of a certified nurse-midwife with extensive experience in postpartum clinical management and patient education, an obstetrician-gynecologist with leadership experience in maternal health quality improvement, a psychiatric mental health nurse practitioner specializing in perinatal mood disorders and mental health screening implementation, and a licensed clinical social worker with expertise in care coordination, culturally responsive family engagement, and maternal mental health support. These individuals were chosen based on their formal qualifications, direct experience in maternal and behavioral health, and their ability to represent nursing, medical, and psychosocial perspectives. My stakeholder analysis further informed the selection process, emphasizing the importance of multidisciplinary involvement to ensure the successful adoption of the CPG.

I began by conducting a systematic review and appraisal of the evidence using the JHEBP model. Ten peer-reviewed studies and national guidelines were critically appraised. Key findings supported structured postpartum follow-up, family and partner involvement, culturally competent staff training, standardized screening, and shared decision-making (ACOG, 2023; Ahmadpour et al., 2023; AWHONN, 2022; Damsarsan & Ören, 2024; Lewkowitz et al., 2023; Najmi et al., 2024). This evidence formed the foundation for my draft CPG, which included six graded recommendations,

implementation considerations, and an evaluation plan.

I used the AGREE II instrument to guide both the development and formal evaluation of the CPG. Prior to distributing the draft, I held a virtual orientation session with the expert panel to introduce the project objectives, walk through the synthesized evidence, and review the AGREE II tool's domains and scoring system. Panel members independently rated each of the 23 items using a 7-point Likert scale. After collecting the ratings, I facilitated a consensus meeting to address discrepancies and review qualitative comments. Panelists praised the clarity of recommendations but suggested adding more detail on the search strategy and inclusion criteria to strengthen rigor. Based on this feedback, I revised the guideline to include transparent descriptions of the evidence review process and added care partner education checklists, sample EMR prompts, and workflow diagrams to support implementation.

The completed CPG was organized into six major components. The guiding principles and scope define the purpose, target population, and outcomes. The evidence-based recommendations include six graded recommendations with strength-of-evidence ratings. The partner engagement framework provides tools and strategies for including partners in prenatal education, discharge, and follow-up care. Standardized screening protocols cover EPDS and PHQ-9 timing, scoring, and referral pathways. Implementation tools include checklists, educational handouts, staff training modules, and EMR prompts. Finally, the evaluation plan outlines processes, outcomes, and equity metrics to monitor quality and ensure continuous improvement.

This rigorous, collaborative process ensured that the final CPG was evidence-based, clinically relevant, and adaptable to both inpatient and outpatient settings. The

AGREE II process enhanced transparency and quality, while stakeholder involvement increased buy-in and feasibility. The resulting guideline provides a practical, interdisciplinary framework that supports nursing leadership, improves postpartum outcomes, and advances health equity.

Results

Each of the 23 items was rated on a 7-point Likert scale (1 = *strongly disagree*, 7 = *strongly agree*). Four expert reviewers independently scored the CPG and then participated in a consensus meeting to discuss scores, address discrepancies, and finalize recommendations. The results identified a mean of 6.45 out of 7 on the six AGREE II domains which validated strong endorsement of the guideline's scope, clarity, and interdisciplinary relevance, with opportunities identified to enhance transparency and strengthen implementation tools.

The highest-scoring domain was scope and purpose ($M = 6.9$), indicating clear objectives, well-defined maternal outcomes, and a precise target population of postpartum women. Clarity of presentation received the second highest rating ($M = 6.8$), with reviewers commenting on the well-organized, actionable recommendations and consistent formatting that will facilitate frontline staff adoption.

Stakeholder involvement scored a mean of 6.2, with strong interdisciplinary representation but a recommendation to include direct patient input in future revisions. Rigor of development achieved a score of 6.0, with reviewers praising the systematic use of the JHEBP model but suggesting more detail on search strategies and update procedures. Applicability scored 6.2, with reviewers advising the addition of more implementation tools like cost estimates, staff training resources, and workflow

examples. Editorial independence received a score of 6.6, confirming the transparency of the development process and the absence of conflicts of interest (see Table 1).

Table 1

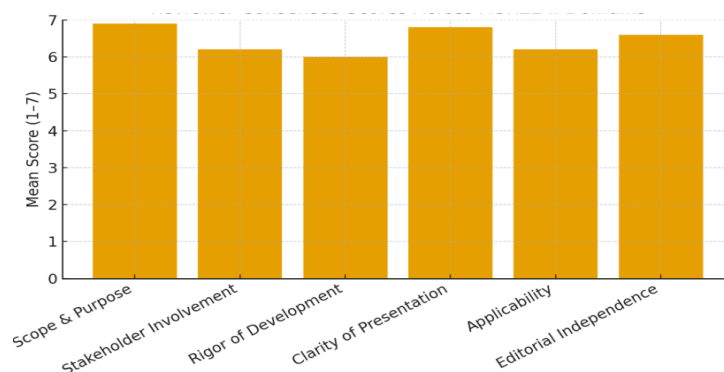
AGREE II Domain Scores From Expert Panel Review

AGREE II Domain	<i>M</i> score (1–7)	Reviewer comments summary
Scope and Purpose	6.9	Objectives, health questions, and population clearly defined; strong alignment with postpartum outcomes.
Stakeholder Involvement	6.2	Interdisciplinary representation strong; recommend including more direct patient participation.
Rigor of Development	6.0	Evidence synthesis well-structured; suggest adding detail on search strategy and update procedure.
Clarity of Presentation	6.8	Recommendations clear, concise, and actionable; formatting praised.
Applicability	6.2	Useful, but add more resource planning, workflow examples, and cost considerations.
Editorial Independence	6.6	Transparent process; no conflicts of interest identified.

The mean scores across all domains were consistent with ratings between 6.0 and 6.9. Clarity of presentation and scope & purpose were rated the highest, while applicability and rigor of development received slightly lower ratings due to requests for more detailed implementation guidance (see Figure 1).

Figure 1

Reviewer Consensus Scores Across AGREE II Domains



Feedback was verbally solicited from stakeholders, including postpartum nurses, discharge planners, and care coordinators. Their input emphasized the need for culturally tailored partner education, clear workflows, and the integration of mental health screening tools into the electronic health records (EHRs). Nurses requested laminated checklists for bedside use, while case managers suggested structured referral pathways to behavioral health services. Additionally, stakeholders recommended educational materials for partners in multiple languages and culturally inclusive formats. These recommendations were incorporated into the final guideline, resulting in updated EMR prompts and expanded implementation tools).

Adopting this CPG has the potential to improve postpartum outcomes at the organizational level. Standardizing postpartum follow-up and integrating mental health screening can increase early detection of postpartum depression, leading to timely referral and treatment. Partner and family engagement strategies are expected to enhance maternal support networks, improve breastfeeding continuation rates, and promote patient satisfaction. The guideline also strengthens interdisciplinary collaboration by clarifying team roles, streamlining communication, and embedding reminders in the EHR to ensure consistent practice. These improvements align with national priorities for reducing maternal morbidity and advancing health equity (ACOG, 2023; AWHONN, 2022).

This project was limited to guideline development and expert appraisal; implementation and outcome evaluation were not performed. As a result, the findings represent theoretical benefits rather than measured clinical outcomes. Additional limitations include the absence of direct patient participation in the expert panel and the

lack of a formal cost analysis. Future work should focus on pilot testing the guideline in a clinical setting, evaluating process metrics.

Beyond the local setting, this project contributes to the broader movement to improve maternal health outcomes and address racial disparities in postpartum care. The CPG provides a scalable, evidence-based framework that can be adopted across health systems to standardize postpartum follow-up, integrate family engagement, and support culturally competent, patient-centered care. By empowering nurses and interprofessional teams to lead this initiative, the project advances nursing practice, promotes health equity, and supports positive social change.

Conclusions

The adoption of the comprehensive care partner program CPG has the potential to significantly improve postpartum care outcomes by standardizing follow-up and integrating mental health screenings. Early detection of PPD enables timely referrals and treatments. Family and partner engagement will strengthen maternal support networks, enhance breastfeeding rates, and promote patient satisfaction. Interdisciplinary collaboration will be reinforced through clarified roles and embedded reminders in the EHR, aligning with national priorities for reducing maternal morbidity and advancing health equity (ACOG, 2023; AWHONN, 2022). To ensure the guideline's success, pilot testing in clinical settings should be prioritized to evaluate process metrics like EPDS screening rates and partner participation. A cost analysis and direct patient input are essential to assess the feasibility and sustainability of the guideline. Future revisions should incorporate feedback from a broad range of stakeholders to improve its cultural relevance and inclusivity.

The implications for nursing practice are significant, as nurses will play a central role in education, mental health screenings, and coordinating care that includes partners. This will enhance maternal health outcomes and foster trust between healthcare providers and patients. The guideline emphasizes diversity and inclusion, ensuring culturally competent care for all postpartum women. The evaluation will focus on key outcomes such as EPDS screening rates, breastfeeding continuation, and patient satisfaction, with ongoing feedback from frontline staff to guide continuous refinement and ensure the guideline remains relevant and effective.

This evidence-based CPG focused on enhancing comprehensive postpartum care, particularly PPD, inconsistent follow-up, and low breastfeeding continuation rates, which disproportionately affect African American women and other underserved populations. Ongoing staff training will need to be prioritized, and individual barriers will need to be addressed to maintain CPG implementation. Long-term follow-up will be needed to sustain implementation compliance. This CPG has the potential to improve postpartum patient quality of life and thus affect positive social change.

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Appendix A Clinical Practice Guideline

Title: Developing a Comprehensive Care Partner Program for Postpartum Women

Introduction

Gap in Practice or Problem

This project focused on developing a clinical practice guideline (CPG) to address the lack of standardized, interdisciplinary postpartum care partner programs. Based on a synthesis of high-quality evidence, the guideline outlines strategies to improve maternal outcomes through structured follow-up, mental health screening, family engagement, and culturally competent care. The CPG was evaluated by content experts using the AGREE II instrument and refined based on their feedback. No implementation occurred as part of this project.

Purpose of the Clinical Practice Guideline (CPG)

The purpose of this Clinical Practice Guideline (CPG) is to provide evidence-based recommendations to guide the development of a comprehensive care partner program for postpartum women. This guideline is intended to support healthcare professionals in designing coordinated, person-centered postpartum care that involves interdisciplinary teams and family partners. The goal is to improve maternal outcomes by promoting structured follow-up, mental health screening, and enhanced support for postpartum functioning. While not implemented in this project, the CPG is designed to inform future practice across diverse clinical settings.

Practice-Focused Question

The guiding question for this Clinical Practice Guideline (CPG) is: Will an interdisciplinary team achieve consensus on clinical practice guidelines for the

development of a comprehensive care partner program for postpartum women? This question guided the evidence review and stakeholder engagement process to ensure the resulting recommendations promote interdisciplinary alignment and patient-centered support in postpartum care planning.

Content Experts

The CPG review panel will include a diverse group of content experts to ensure comprehensive feedback on clinical relevance, applicability, and evidence interpretation.

These experts will include:

- An obstetrician with at least 10 years of clinical practice and experience in postpartum care.
- A psychiatric nurse practitioner specializing in perinatal mental health.
- A maternal-child health nurse educator with curriculum development experience.
- A social worker experienced in family dynamics and care coordination.
- A public health practitioner with expertise in health equity and women's health policy.

These experts were selected based on their qualifications, clinical or academic experience, and roles in maternal health. They represent the disciplines central to interdisciplinary postpartum care and will evaluate the CPG using the AGREE II framework criteria.

Targeted User Group

The primary users of this CPG include nurses, nurse practitioners, midwives, obstetricians, social workers, and behavioral health professionals involved in postpartum care. These healthcare providers often face time and resource constraints, which can

result in inconsistent follow-up and limited integration of care partners. This guideline provides actionable, evidence-informed practices to guide the development of structured, team-based postpartum support. Hospital administrators and policy makers may also use the CPG to support systemic integration of respectful maternity care models.

Clinical Context

This CPG is intended for use in diverse clinical settings, including hospitals, federally qualified health centers, community clinics, and home visitation programs. It is adaptable to both high-resource urban institutions and lower-resource community settings. The evidence used in the development of this guideline reflects data from randomized controlled trials, cohort studies, clinical guidelines, and qualitative research conducted across various geographic and cultural contexts.

Constraints and Considerations

Several constraints were identified during stakeholder analysis and evidence synthesis.

These include:

- Variability in available resources (e.g., personnel, technology, funding) across different healthcare systems.
- Cultural and linguistic barriers that may limit engagement of certain patient populations.
- Resistance to change among staff due to lack of training or institutional support for interdisciplinary collaboration.
- Limited access to behavioral health specialists, especially in rural or underserved communities.
- Need for sustained education and follow-up mechanisms to maintain program

fidelity.

These considerations were factored into the development of the guideline to ensure flexibility, cultural responsiveness, and feasibility across diverse clinical contexts. Future adoption efforts may benefit from stakeholder engagement, adaptable training models, and periodic feedback mechanisms.

Appendix B: Guide for CPG Development

Clinical Practice Guideline (CPG): Comprehensive Care Partner Program for Postpartum Women

1. Guideline Title

Development of an Interdisciplinary Care Partner Program to Improve Postpartum Outcomes

2. Scope and Purpose

Practice Problem (Gap):

Many postpartum women do not receive structured, coordinated support after discharge, leading to gaps in follow-up, maternal depression, and suboptimal functioning. A care partner program designed through interdisciplinary consensus is needed to promote continuity, education, and maternal well-being.

Purpose of the CPG:

To guide the development of a comprehensive care partner program supported by an interdisciplinary team to enhance postpartum maternal mental and physical health, improve family involvement, and standardize follow-up care.

Practice-Focused Question:

Will an interdisciplinary team achieve consensus on clinical practice guidelines for the development of a comprehensive care partner program for postpartum women?

3. Recommendations and Evidence

Recommendation 1: Develop Structured Postpartum Follow-Up with Education and Interdisciplinary Support

- **Action:** Recommend a structured follow-up model with standardized education

and behavioral strategies.

- **Evidence:** Level II, High Quality (Najmi et al., 2024; Kumari et al., 2023; Ahmadpour et al., 2023)
- **Rationale:** Structured care improves maternal outcomes through education, stress management, and interdisciplinary coordination.
- **Note:** Guideline outlines components to inform future care models for postpartum support.

Recommendation 2: Integrate Family/Partner Support into Postpartum Care

- **Action:** Recommend family and partner involvement in prenatal education and postpartum follow-up.
- **Evidence:** Level II and III, High Quality (Lewkowitz et al., 2023; Ahmadpour et al., 2023; Damsarsan & Ören, 2024)
- **Rationale:** Spousal support is linked to better maternal mental health, functioning, and quality of life.
- **Note:** Guideline includes strategies for engaging partners through educational tools and shared care planning.

Recommendation 3: Develop Culturally Competent, Trauma-Informed Training

- **Action:** Recommend training modules on cultural humility and trauma-informed care for interdisciplinary teams.
- **Evidence:** Level III and V, Good Quality (Gulbransen et al., 2024; Yee et al., 2021; Hannon et al., 2022)
- **Rationale:** Culturally responsive, respectful care improves outcomes and trust, especially in marginalized populations.

- **Note:** Guideline suggests simulation, workshops, and patient-centered communication strategies for future training models.

Recommendation 4: Promote Shared Decision-Making and Use of Patient-Reported Outcomes

- **Action:** Recommend integrating shared decision-making and patient-reported outcomes (PROs) into postpartum care planning.
- **Evidence:** Level III and IV, High Quality (Hannon et al., 2022; ACOG, 2023)
- **Rationale:** PROs and individualized care improve engagement, satisfaction, and maternal well-being.
- **Note:** Guideline suggests use of validated tools (e.g., PHQ-9, EPDS) and decision aids for future care models.

Recommendation 5: Standardize Mental Health Screening and Referrals

- **Action:** Recommend use of validated tools (e.g., PHQ-9, EPDS) at routine postpartum visits.
- **Evidence:** Level III and IV, High Quality (Lewkowitz et al., 2023; ACOG, 2023)
- **Rationale:** Early screening improves detection of depression and anxiety and facilitates timely referral.
- **Note:** Guideline outlines standardized tools and referral pathways for future clinical integration.

4. Guideline Development Process

- Recommendations were developed using synthesis from high- and good-quality evidence across levels II–V.
- Interdisciplinary team members included nurses, obstetricians, psychologists, and

public health educators.

- AGREE II criteria were applied to assess development rigor and transparency.

5. Target Users

- OB/GYN physicians
- Nurse-midwives
- Postpartum and NICU nurses
- Case managers and social workers
- Community maternal health advocates
- DNP and APRN professionals

6. Clinical Context and Implementation Setting

This guideline is intended for future use in hospital-based maternity units, outpatient postpartum clinics, and community-based maternal health programs. Rural, low-income, and minority-serving facilities should consider prioritizing elements related to spousal engagement, navigator support, and respectful care adaptation.

7. Evaluation and Review

- Stakeholders and content experts will review the CPG using the AGREE II tool.

Evaluation will involve a feedback survey, face-to-face review sessions, and a review panel composed of interdisciplinary clinicians.