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Developing a Comprehensive Program Plan for Postpartum Mental Health Assessment and Follow-Up Care

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Walden University

College of Nursing

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Executive Summary: Executive Leadership System Improvement
Developing a Comprehensive Program Plan for Postpartum Mental Health Assessment
and Follow-Up Care

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Executive Summary Submitted in Partial Fulfillment
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Summary

This Doctor of Nursing Practice project was an executive leadership proposal to develop an evidence-based program plan for standardized postpartum mental health screening and structured referral processes within an obstetric clinic. The practice problem was inconsistent postpartum mental health screening and follow up. Internal organizational data demonstrated elevated no-show and cancellation rates among obstetric patients referred for mental health services, reflecting gaps in care coordination, particularly for rural and underserved populations.

The purpose of this project was to develop a comprehensive program plan guided by the following practice-focused question: Will a standardized postpartum mental health screening and structured referral program improve consistency in screening and follow-up care for postpartum patients within an obstetric clinic? Analytic strategies included review of baseline organizational data and synthesis of peer-reviewed evidence.

The major product of this project was a comprehensive, evidence-based program plan outlining standardized screening workflows, structured referral pathways, staff training recommendations, evaluation metrics, and an implementation framework. The implications for nursing practice are that this initiative establishes clear, consistent processes that enable nurses to confidently screen, identify, document, and coordinate care for postpartum mental health needs as part of routine clinical workflows. Anticipated outcomes include improved screening consistency, increased referral completion, strengthened continuity of care, and positive social change through equitable access to postpartum mental health services, reinforcing nursing leadership in systems-level practice improvement.

Background

Postpartum mental health remains an underserved component of women's health services when screening and referral practices are inconsistent (American College of Obstetricians and Gynecologists [ACOG], 2023; Association of Women's Health, Obstetric and Neonatal Nurses, 2021). Without standardized workflows, patients experiencing depression or anxiety may not be identified promptly or may encounter delays in follow-up care, increasing the risk for missed intervention opportunities (Hughes & Gianelis, 2024).

Internal data from the project site reflect these challenges. Elevated outpatient no show and cancellation rates, combined with workforce shortages and increasing patient complexity, limit consistent engagement in postpartum care. Community level factors, including transportation barriers, childcare demands, and limited access to behavioral health services, further exacerbate these challenges across the organization's rural service area (see March of Dimes, 2024).

I reviewed baseline internal data to assess referral patterns and barriers to behavioral health access prior to implementation. An audit of referrals ($N = 28$) from the obstetric and gynecologic clinic to behavioral health services revealed inconsistent follow up, with only 32% scheduled and completed or awaiting appointments and 14% scheduled but not attending. The remaining patients experienced delayed or incomplete follow up due to inability to contact, refusal of services, or care occurring outside the referral pathway.

Overall, fewer than half of referred patients were engaged in behavioral health services, highlighting system-level gaps in communication, scheduling, and referral

tracking between women's health and behavioral health teams. Community-level data further reinforce this need, with 17.6% of Kentucky mothers reporting frequent postpartum depressive symptoms (March of Dimes, 2024). Structural barriers common in rural settings, including limited access to behavioral health services, transportation challenges, and stigma, underscore the importance of standardized screening and integrated referral processes (Singla et al., 2025).

Published research has demonstrated that standardized postpartum mental health screening and structured referral workflows improve detection, follow up, and care coordination, particularly in resource limited settings (EpeeBounya et al., 2025; Woofter et al., 2025). Professional guidelines recommend universal screening and coordinated referral pathways, aligning this initiative with evidence-based standards and organizational priorities (ACOG, 2023; Association of Women's Health, Obstetric and Neonatal Nurses, 2021).

In a literature search conducted between August and September 2025, I examined sources of evidence on postpartum mental health screening, referral models, and implementation strategies using the databases of CINAHL, PubMed, and ProQuest as well as Google Scholar. Fifteen peer-reviewed studies met inclusion criteria and informed development of the proposed program plan, including eight Level I randomized controlled trials, two Level III qualitative and nonexperimental studies, and five Level V quality improvement and implementation studies. Four studies were rated high quality (A) and 11 were rated good quality (B) using the Johns Hopkins evidence appraisal framework. Across study designs, findings consistently supported the use of standardized screening tools, workflow integration, staff education, and collaboration with behavioral

health services to improve screening consistency and follow-up engagement (Hughes & Gianelis, 2024; Marquez et al., 2024; Singla et al., 2025).

The proposed Postpartum Mental Health Screening and Referral Program aligns with the project site organization's mission to advance quality, equity, and patient-centered care across all service lines and reflects national standards emphasizing patient safety, continuity of care, and evidence-based practice (see ACOG, 2023). Potential risks include increased staff workload, documentation challenges, and funding limitations. These risks will be mitigated through phased implementation, leadership engagement, and use of existing funding mechanisms. Ongoing evaluation will support sustainability and continuous improvement.

All screening and referral activities will comply with Health Insurance Portability and Accountability Act requirements and organizational policies. Screening and follow-up processes align with licensed clinical social worker scope of practice. No staffing or union-related changes are anticipated.

This project promotes positive social change by advancing equitable access to postpartum mental health screening and follow-up care for all women, regardless of race, socioeconomic status, insurance coverage, or geographic location. Standardized screening reduces implicit bias and variability in care delivery, ensuring consistent identification of mental health needs across diverse populations. Integration of telehealth options and coordinated social work follow up further supports inclusion for women facing transportation, childcare, and workforce barriers. Collectively, this initiative reinforces health equity in alignment with the project site organization's commitment to serving the needs for all postpartum patients by ensuring their access to postpartum

mental health screening. For the profession of nursing, the program strengthens nurses' roles in standardized assessment, early identification of postpartum mental health needs, care coordination, and advocacy while supporting evidence-based, systems-level practice improvement.

Project Development

The development of the Postpartum Mental Health Screening and Referral Program followed a structured, evidence-based process guided by the Johns Hopkins nursing evidence-based practice model (see Dang & Dearholt, 2018). The goal of this project was to improve identification, referral, and follow-up care for women experiencing postpartum or perinatal mood and anxiety disorders through standardized screening and structured referral pathways. To support structured program planning and evaluation, I developed a logic model to illustrate the relationship between program resources, planned activities, and expected outcomes for the Postpartum Mental Health Screening and Referral Program. The logic model provides a visual framework demonstrating how inputs, such as leadership support, electronic health record integration, and interdisciplinary staffing, support key activities, including standardized screening, staff education, and coordinated referral processes. These activities are designed to produce measurable outputs and progressive short-term, intermediate, and long-term outcomes that align with organizational quality goals and maternal mental health priorities. This initiative aligns with the organization's mission to provide equitable, patient-centered, and high-quality care across the continuum of women's health services.

Project development included collaboration with key stakeholders, including obstetric and gynecologic providers and clinic leadership, behavioral health and medicine (BEHM) leadership, nursing education, and information technology teams. Obstetric and gynecologic leadership supports workflow integration and screening compliance, while BEHM leadership facilitates referral processes, care coordination, and follow-up capacity. Nursing education supports staff training, and information technology teams assist with electronic health record integration. Stakeholder engagement will be maintained through interdisciplinary meetings, workflow feedback, and routine review of outcome data to support sustainability.

I designed the program using a phased approach consisting of preparation and training, program rollout, and sustainability. Training will include competency-based education for providers and nursing staff on screening administration, documentation workflows, referral processes, and care coordination expectations. This initiative aligns with accreditation and quality standards emphasizing patient safety, documentation consistency, and continuity of care. Screening and referral activities will comply with Health Insurance Portability and Accountability Act requirements and licensed clinical social worker scope-of-practice regulations. No regulatory, legal, staffing, or union-related barriers are anticipated.

Existing Epic electronic health record functionality will be leveraged to embed the Edinburgh Postnatal Depression Scale (EPDS) within clinical workflows, automate referral triggers for positive screening results, and support outcome reporting through dashboards. No additional software platforms are required, and no significant supply chain disruptions are anticipated. The screening tool is a validated public-domain

instrument, and limited supplies include printed education and training materials that can be produced internally.

Financial feasibility and sustainability are supported through 340B program savings, internal resource reallocation, and integration into existing workflows. Budget considerations include provider and staff training, electronic health record optimization, and evaluation activities. Leveraging existing infrastructure minimizes cost burden and supports cost-effective implementation with long-term sustainability. I anticipate cost-effectiveness through improved screening compliance, reduced missed diagnoses, and decreased downstream utilization associated with untreated perinatal mood and anxiety disorders.

Evidence has demonstrated that integrating the EPDS into routine workflows, combined with structured referral pathways, improves screening compliance and follow-up outcomes (EpeeBounya et al., 2025; Woofter et al., 2025). Based on these findings, implementation will occur over 6 months: Months 1–2 focus on EPDS integration, workflow development, and staff training; Months 3–4 include universal screening with automated licensed clinical social worker referrals and compliance monitoring; and Months 5–6 focus on outcome evaluation, leadership reporting, and planning for expansion. Each phase will include defined goals, responsible parties, deliverables, and timelines, with obstetric and gynecologic leadership overseeing screening compliance, BEHM leadership managing referral workflows, nursing education coordinating training, and information technology supporting electronic health record integration and reporting.

Implementation of the Postpartum Mental Health Screening and Referral Program requires modest, targeted investment to support technology integration, staffing, training,

and evaluation. The EPDS screening tool carries no direct cost because it is a validated public-domain instrument. The primary startup expense is a \$4,000 Epic electronic health record build to support EPDS integration, automated referral triggers, and reporting functions. Ongoing operational support includes 0.5 full-time equivalent licensed clinical social worker services (\$40,000) to manage referrals and care coordination, \$2,500 for staff training, and \$3,000 for program evaluation and dashboard reporting, resulting in a total estimated first-year cost of \$49,500. This investment supports early identification and timely treatment of postpartum mental health needs, which is expected to reduce emergency utilization, prevent costly complications, and improve quality metrics and reimbursement performance, strengthening the long-term return on investment for the organization.

Table 1 presents the logic model outlining the inputs, activities, outputs, and anticipated outcomes of the proposed program. The logic model illustrates how inputs and activities lead to short-, intermediate-, and long-term outcomes for the postpartum mental health screening initiative.

Table 1*Logic Model for the Postpartum Mental Health Screening and Referral Program*

Inputs	Activities	Outputs	Short-term outcomes (0–6 months)	Intermediate outcomes (6–12 months)	Long-term outcomes (1–3 years)
<ul style="list-style-type: none"> • 340B funding and leadership support • Electronic health record integration capability • LCSW and nursing staff time • Educational and screening resources • Interdisciplinary collaboration 	<ul style="list-style-type: none"> • Integrate EPDS into Electronic health record • Train staff and providers on screening and referral workflows • Develop structured referral pathways with LCSW involvement • Implement pilot digital screening/telehealth options • Monitor and evaluate outcomes 	<ul style="list-style-type: none"> • Number of postpartum patients screened • Number of referrals completed • Staff trained • Data reports produced 	<ul style="list-style-type: none"> • Increased screening compliance • Improved provider knowledge and confidence • Enhanced detection of PMADs 	<ul style="list-style-type: none"> • Consistent follow-up and decreased no-show rates • Improved collaboration between OB/GYN and Behavioral Health teams • Better care coordination 	<ul style="list-style-type: none"> • Reduced postpartum depression rates • Improved maternal and infant health outcomes • Decreased health disparities in rural populations • Sustained evidence-based screening and referral model

Results

The purpose of this project was to improve consistency in postpartum mental health screening and referral processes through a standardized, evidence-based program plan. Anticipated benefits to the organization include improved quality metrics, strengthened compliance with maternal health standards, enhanced care coordination, and potential reductions in preventable complications and downstream healthcare utilization associated with untreated perinatal mood and anxiety disorders (see ACOG, 2023).

A pre- and postimplementation design will be used to assess program effectiveness. Baseline data include current screening rates, referral completion rates, cancellation and no-show rates, and follow-up timelines for postpartum patients referred

for behavioral health services. Interim and outcome data will be collected through electronic health record reporting dashboards and reviewed during the implementation phase and quarterly thereafter. Key performance indicators include the percentage of eligible postpartum patients screened using the EPDS, the proportion of positive screens resulting in completed behavioral health referrals, and the percentage of patients receiving follow-up within 14 days of a positive screen (see EpeeBounya et al., 2025; Woofter et al., 2025).

Staff feedback will be gathered through structured surveys to evaluate workflow efficiency, satisfaction, and perceived barriers to implementation. Evaluation findings will inform plan–do–study–act cycles to support continuous quality improvement. Program success will be defined as achieving at least 90% screening compliance and 75% referral completion within the first year of implementation.

This project advances positive social change by promoting universal, standardized postpartum mental health screening and timely referral to behavioral health services, thereby improving access to care for women in rural and underserved populations. Integration of standardized screening within routine obstetric and gynecologic workflows supports reducing variability and implicit bias in care delivery and ensuring consistent assessment and follow up for all postpartum patients. From a nursing leadership perspective, the program strengthens nurses' roles in early identification, care coordination, and advocacy while supporting evidence-based, systems-level practice improvement.

Conclusions

In this Doctor of Nursing Practice project, I developed an executive leadership proposal to address gaps in postpartum mental health screening and follow up through standardized, evidence-based workflows embedded within routine obstetric and gynecologic care. By leveraging interdisciplinary collaboration, electronic health record infrastructure, and structured evaluation methods, the proposed program supports improved identification of perinatal mood and anxiety disorders, strengthened continuity of care, and sustainable quality improvement while advancing organizational goals, nursing leadership, and equitable access to maternal mental health services.

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