

FROM THE FLOOR

By Genevieve M. Clavreul, RN, Ph.D.

Beyond the Baby Blues

How nurses can recognize post-partum depression

Ten percent of new mothers suffer from PPD — and researchers believe the number would be higher with universal screening



As nurses we play an important role in people's lives; some we directly affect when we are their "assigned" nurse and others we affect through our advocacy at city, county, state and federal levels. Poll after poll continues to show that the American public sees nurses as some of the most trusted professionals in our nation. This honor can weigh heavily on us, but most nurses acquit themselves well and thus earn this privileged position in our society.

One way nurses can affect the well-being of their community is by attending meetings and being involved with groups that share a core interest or concern. These groups can be organized around a nursing specialty or a governmental body, such as a city council meeting or commission meeting. You'd be surprised how often health issues are discussed during a council or a commission meeting, especially when said commission is the Los Angeles County Commission for Women.

The Los Angeles Commission for Women meets once a month and often invites speakers to help educate its membership. Recently, Kimberly Wong, from the Los Angeles County Public Defenders' Office, presented a riveting presentation about postpartum depression (PPD). Her presentation was as insightful as it was personal.

The Inner Darkness Emerges

She shared with us the story of her battle with PPD, suffered after the birth of her first child. The story she

shared was of an up-and-coming young professional, an attorney with the Los Angeles County District Attorney's office — a well-educated, self-assured young mother-to-be — someone who did not fit the typical PPD profile.

Her pregnancy had been without complications and she returned to

work at the end of her maternity leave. It wasn't long afterward that she began to sense not all was right with her world. Unsure of her doubts, she simply ignored the nagging suspicion, but then the dark feelings of depression became stronger, "pulling" at her.

Though this commitment might appear extreme, for Kim this was a necessary step in regaining her mental well being. Kim credited the treatment and care she received while in the psych ward for her ability to overcome her PPD and return home to her husband and newborn.

Ultimately Kim would accept vol-

untary commitment twice, returning for treatment one week after she was released, realizing that she'd been released from treatment too early. Kim's experience with identifying and treating her PPD (although it was at a critical state) brought an awareness that there was much work to be done to differentiate between PPD and "Baby Blues."

Feelings of sadness

Mood swings, highs and lows, feeling overwhelmed

Difficulty concentrating

Lack of interest in things you used to enjoy

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What is PPD?
Listening to her story revealed just how pernicious PPD can be for the sufferer and their family, and how our medical/nursing community often misses the symptoms of this illness, especially when the patient doesn't fit the profile.

National studies indicate that PPD affects roughly 10 percent of women during both pregnancy and in the postpartum period. General consensus is that this percentage would be higher if there were universal screening in place.

A definition of PPD from The National Center for Biotechnology Information, US National Library of Medicine (NCBI/NLM) says this:

Saved by the Treatment

PPD is moderate to severe depression in a woman after she has given birth. It may occur soon after delivery or up to a year later. Most of the time, it occurs within the first 3 months after delivery.

Though she didn't describe being suicidal or wanting to harm her child, she did describe feeling as though she'd wouldn't care if she died. She shared her concerns with her husband. He believed her feelings were cause for alarm, and when she ask for professional help, he took her to their local emergency room to have a physician look at her.

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Some of the symptoms of postpartum depression are as follows*:

Changes in sleeping and eating habits

Panic attacks, nervousness, and anxiety

Excessive worry about your baby

Thoughts of harming yourself or your baby

Fearing that you can't take care of your baby

Feelings of guilt and inadequacy

Difficulty accepting motherhood

Irrational thinking: seeing or hearing things that aren't there.

**A more complete definition, along with signs, symptoms and treatment, can be found at www.ncbi.nlm.nih.gov; search "PPD."*

We Didn't Know

As a NICU/PICU nurse I don't recall any of our mothers being diagnosed with PPD. I'm not so naïve to think that none of our patients' mothers were at risk; the adrenaline-charged and emotion-filled NICU/PICU may have held the mother's symptoms at bay until the crisis passed.

Regardless, after learning more about the scope and impact of PPD, I thought about how helpful this knowledge would have been to my teammates and myself in our interaction with our NICU parents. Armed with what symptoms to look for, would we have been in a position to provide additional support to moth-

ers showing signs or symptoms of PPD? I believe that the answer is a resounding "yes!"

Who Is Affected?

The experts aren't always in agreement about what causes PPD and who is most vulnerable. Here is a summary:

- There is a negative correlation between the income of the mother and the likelihood of being diagnosed with PPD – the incidence of depression decreases as the mother's income increases. Additional studies have also shown a correlation between a mother's race, social class and/or sexual orientation and PPD.
- It had been postulated that the profound hormonal changes after childbirth were a causation of PPD; however, studies published in 1994 and 1995 failed to find such a relationship. Also, fathers have been diagnosed with PPD, and as we all know they don't undergo hormonal changes during pregnancy! A study published in 2004 showed that fathers indeed suffered from PPD, at times at even higher rates than mothers.

Touching the Whole Family

Mothers (and fathers) are often reticent to speak to their healthcare team about symptoms that they suspect may be signs of PPD. However, great strides have been made in recent years to educate mothers, of all socioeconomic and cultural backgrounds about the signs and symptoms of PPD, as well as providing greater access to treatment.

Unfortunately, there's still much work to do, especially in advocacy and legislation. For example, a friend who's also a practicing OB/GYN shared with me that he's not reimbursed for treating PPD via psychiatric methods and support, but is reimbursed if his patient agrees to medicate the problem. Medicating is helpful, but this is a band-aid on underlying psychiatric issues and does little in the way of long-term treatment, especially if that mother should have additional children. For a mother diagnosed with PPD, the risk increases with each subsequent child.

I learned a great deal from Kim that day and her story compelled me to dedicate my column this month to the topic of PPD. This depressive disorder touches the lives of the whole family, as well as the extended family, and if left untreated can have devastating effects.

As nursing professionals we often see ourselves getting information in the way of continuing education credits, hospital workshops, nursing journals and whatnot. Keep in mind, equally valuable information can be attained during the monthly healthcare committee meeting of the Los Angeles County Commission for Women. **WN**



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Healthcare Reform April Update

by Genevieve M. Clavreul, RN, Ph.D.

The Back Story

On March 23, 2010, President Obama signed the Patient Protection and Affordable Care Act (ACA), a sweeping package of provisions we know as "healthcare reform." Provisions go into effect during the next four years, with most changes taking place in 2014. Stay tuned as we guide working nurses through the twists and turns, and provide an answer to the question: "What is going on with healthcare reform?"

Rules proposed for Accountable Care Organizations (ACO)

On Thursday, March 31, the Obama Administration released rules for the much-anticipated Accountable Care Organization (ACO) models. ACOs are another way that groups of doctors and hospitals that enter into collaboration to treat Medicare patients will be reimbursed. ACOs are anticipated to save taxpayers hundreds of millions of dollars by helping patients stay healthier and avoid unnecessary complications.

There are fears that this new approach might provide an unfair advantage to larger systems — those that can afford computerized databases and other resources to coordinate care with hospitals and specialists for the management of care for at least 5,000 patients. To encourage participation, the federal government would share savings that are generated from more coordinated care.

White House Appeals Decision

The Obama Administration has formally asked a federal appeals court in Atlanta to rule in favor of the sweeping healthcare reform law. The Justice Department filed its brief on Sunday, April 3 with the US Court of Appeals for the 11th Circuit over the key provision of the law that requires most Americans to obtain health insurance or face financial penalties. This is the provision that a Florida judge ruled unconstitutional on January 31, setting up the current appeal. A three-judge panel of the 11th Circuit will hear oral arguments on the case in June. **WN**