Improving Maternal Wellbeing and Postpartum Depression through Implementation of Virtual Maternal Support Group Therapy

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PROBLEM INTRODUCTION

POSTPARTUM DEPRESSION

Postpartum depression (PPD) is one of the most common and debilitating mental health conditions affecting women during the childbearing years

PREVALENCE

Prevalence of PPD ranges from 8.9 - 37% at any point in the first year postpartum and if left untreated, there can be an interference with infant care and an increased risk of maternal self-harm or suicide

RISK FACTORS

Social isolation, stigma, unawareness of symptoms, and limited access to care contribute to underdiagnosis and untreated PPD

LITERATURE REVIEW

SOCIAL SUPPORT

- Strong social support is linked to lower PPD scores and depressive symptomology due to enhancement of maternal emotional well-being
- Women value the decreased sense of loneliness and isolation when they're able to connect with other PPD women and have the evidence based education/tools they need to feel more prepared and confident in themselves

VIRTUAL MENTAL HEALTHCARE

- Eliminates the access barrier to healthcare during the perinatal phase
- Mitigates inconveniences such as finding childcare or coordinating transportation
- Promotes validation, normalization, acceptance, and common ground

COMMON THEMES OF LITERATURE

- Education and awareness have demonstrated positive effects in reducing stigma while also boosting maternal confidence and support
- Conclusive that virtual therapy is a realistic solution that offers mental health care and peer support for women going through the same illness

PROJECT METHODS

Project Consent: Project committee and IRB approval was obtained before initiation of virtual maternal group therapy sessions

Initiate Advertisement: Welcoming maternal client participation for maternal wellness group therapy via online portals

Pre-Implementation: Pre-registration survey composed of client demographics and EPDS scores would be obtained

During implementation: Lit review findings (i.e. PPD education, therapeutic techniques, self-care tips, etc.) were to be incorporated into group sessions

Post-Implementation: Anonymous survey was to evaluate for improved EPDS scores, strengthened maternal support networks, and improved overall maternal well-being though PPD awareness and empowerment

EVALUATION

- Over a 4 month period of attempted live virtual sessions, the sessions lacked maternal client participation despite re-scheduling and marketing attempts
- As an alternative intervention, a PPD brochure was created and sent via email to perinatal employees at the national telehealth company, whom (n=12) reviewed the brochure and completed the anonymous post-survey
- **The PPD Brochure:** Included evidence-based material from the lit review (awareness of PPD symptoms, empowerment to ask for help, encouragement to prioritize maternal self-care, and a resource for joining PPD virtual group therapy) and followed with a 5 question Likert scale survey
- **The Post-Survey:** Assessed for maternal feelings of support, awareness of PPD, empowerment, and interest in group therapy (*options ranging from "Strongly agree" to "Strongly disagree")

IMPACT ON PRACTICE

The PPD brochure demonstrated a positive impact on the perinatal employees at the telehealth company, as indicated by the results below:

- **100%** (n=12) scored within the "Strong" to "Strongly agree" category of feeling supported, better prepared for PPD symptoms, and empowered to ask for help
- **58.3%** (n=12) had interest in joining virtual group therapy and/or connecting with other pregnant or postpartum employees at the company

This project highlights the importance of flexible interventions and demonstrates that educational tools can effectively promote maternal mental health in telehealth settings

CONCLUSIONS

Despite participation issues with virtual sessions, the PPD brochure and survey demonstrated a measurable positive impact

PPD brochure was proven to be a useful pedagogic resource that supported perinatal mental health and should continue to be shared with perinatal staff and maternal wellness clients

Virtual group therapy at the national telehealth company should continue to be attempted for the social support and mental health of perinatal women

Educational outreach can be a valuable tool when direct engagement is challenging

LIMITATIONS

The PPD brochure survey limitations include sample size, response bias, and survey distribution time-frame

Lack of follow-up data limits understanding of long-term impact

Lack of maternal participation in live virtual sessions may have been due to scheduling conflicts, unawareness, or lack of interest

Implementation of Evidence-Based Practice Change: Assessing the Effectiveness of Education and a Standardized Depression Screening for African Immigrants in the United States.

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PURPOSE

The purpose of this study is to assess how well a standardized screening and educational training program can be implemented to improve Black immigrant population's awareness of depressive symptoms and to improve mental healthcare access.

STUDY QUESTION

In African Immigrants aged between 18-89 years old in a primary care setting, what is the change if any in the level of depression after an educational program and PHQ-9 screening?

INTRODUCTION

Depression is one of the most prevalent mental health disorders, affecting approximately 264 million individuals worldwide and ranking as the second leading contributor to global morbidity.

The National Institute of Mental Health (NIMH) reported that in 2021, approximately 21 million adults in the United States experienced at least one major depressive episode, accounting for 8.3% of the adult population.

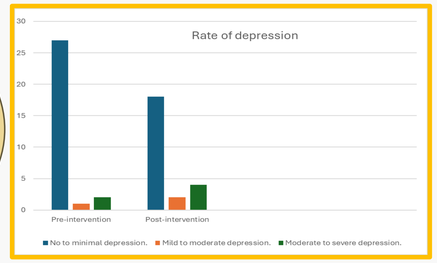
From 2000 to 2019, the Black African immigrant population increased by 246%, reaching 2.0 million, now constituting 42% of the total foreign-born Black population, nearly double the percentage in 2000.

Evidence indicates that immigrants in the United States do not receive mental health services to the same level as nonimmigrants, which may have an impact on immigrants' and their communities' mental health and well-being .

PROJECT METHODS

1. Meeting with stakeholders to identify problem/need.
2. Proposal of project and objectives to stakeholders.
3. Review of literature and current evidence-based guidelines.
4. Development of mental health assessment tool.
5. Approval obtained from IRB.
6. Recruitment and obtaining demographics for a period of two weeks.
7. Administration of a pre-assessment questionnaire and PHQ-9 for a period of two weeks.
8. Depression education for a period of four weeks.
9. Administration of a post-assessment questionnaire and PHQ-9 for a period of two weeks.
10. Evaluation of depressed participants by provider, referral to psychiatry, and resources provided for mental health services.
11. Evaluation of project.

The PHQ-9 is a self-report questionnaire that asks patients to rate the frequency of their depressive symptoms in the last 2 weeks.



EVALUATION

Key findings

- The study began with 30 participants; 24 participants completed the post-assessment.
- Positive depression symptoms were reported by 3 participants at pre-assessment and by 6 participants at post-assessment.
- The percentage of participants screening positive for depression increased from 10% to 25% post-intervention.
- Statistical analysis (paired samples t-test) showed no significant difference ($t = 0.95$, $p = 0.35$); the p-value exceeds the standard threshold of 0.05, indicating no statistically significant change.

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STRENGTHS & LIMITATIONS

+

- Educational program increased knowledge of depression leading to more self-awareness of symptoms.
- PHQ-9 screening helped to identify individuals who are depressed or at risk of depression leading to mental health interventions.
- There is an Increased awareness of mental health resources for the population.
- There is more openness to seeking access to mental health services.
- The intervention was low cost, simple, effective, and sustainable.
- Tools utilized can be applied to other settings like the emergency room.

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- Six participants were unable to return to the clinic for the final phase of the survey.
- Participants' pre-established beliefs about depression.
- Stigmatization of depressed patients.
- African immigrant population is dispersed leading to small sample size.
- A short study duration may have impacted the results.

RECOMMENDATIONS

Future research

- Future investigation should include a larger sample size to allow for a broader range of patients to be seen. Also, conducting the study during a longer period may yield more reliable results as participants would participate during various stages of their life in the United States.

Implication for practice

- This approach could be adopted by all providers caring for African immigrants in the United States, including in emergency room settings, by offering culturally sensitive mental health resources.
- A follow-up protocol could be established to track the treatment progress of patients identified as experiencing depression.

CONCLUSIONS

- The increase from 10% to 25% reflects an increase in positive depression screening within the African immigrant population.
- The drop from 30 (pre-assessment) to 24 (post-assessment) was due to factors such as missed follow-ups. Therefore, the lack of statistical significance may have occurred due to the smaller sample size (n=24 used in the t-test after matching sample sizes).
- Although the two-tailed paired t-test showed a lack of statistical significance, this doesn't mean the change isn't important. It just means we can't confidently say it wasn't due to chance based on the data.
- Despite these challenges, clinical trends highlight a growing mental health need, often hindered by barriers such as limited information, scarce resources, cultural stigma, and fear of discrimination. These findings emphasize the critical need for culturally sensitive mental health education, screening, and improved access to care within this underserved population.

Acknowledgements
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References Available Upon Request

Implementing Substance Use Disorder Screening in Mental Health

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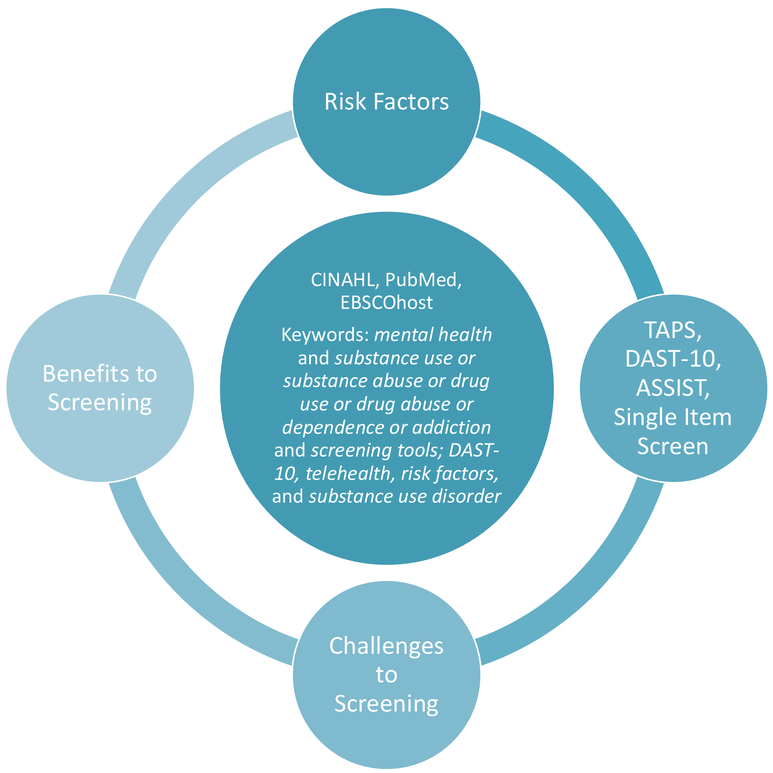
PROBLEM INTRODUCTION

- 1 in 4 with a serious mental illness also have SUD (HHS, 2022).
- 48.7 M people (12+) reported SUD in 2022. (SAMHSA, 2023).
- COVID-19 pandemic increased anxiety/depression globally (WHO, 2022).
- Amaze Health screened for substance use disorder in various ways but sought to implement a standardized screening tool in practice.

LITERATURE REVIEW

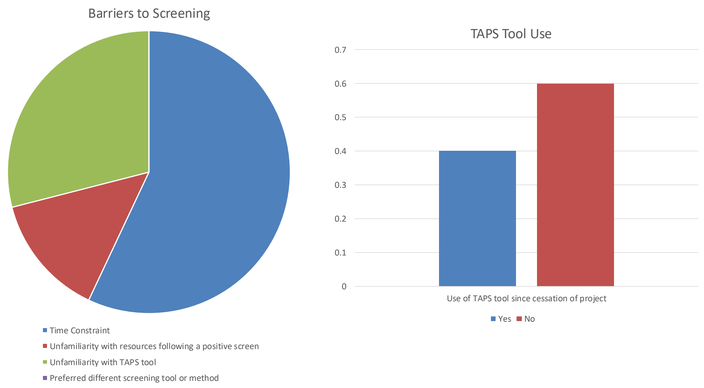


PROJECT METHODS

- Conducted initial stakeholder meetings to identify the clinical need for standardized SUD screening.
- Reviewed current literature and evidence-based guidelines related to substance use disorder (SUD) screening tools.
- Presented findings from the literature review to stakeholders to support decision-making.
- Selected the Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS) tool as the validated screening instrument.
- Provided stakeholder education on the use and benefits of the TAPS tool. Implemented the TAPS tool over a two-month period in clinical practice.
- Evaluated outcomes using anonymous post-implementation staff surveys.

EVALUATION

- The TAPS tool was used to screen 77 patients for substance use disorder (SUD).
- Staff participants included nurse practitioners, registered nurses, and licensed therapists, who were surveyed post-implementation.
- In the initial survey, 100% of respondents agreed that screening for SUD was necessary.
- 100% of participants also indicated they would consider using the TAPS tool in the future.
- However, in the follow-up survey, only 40% reported integrating the TAPS tool into their clinical practice post-implementation.



IMPACT ON PRACTICE

Though usage declined post-project, staff found TAPS valuable and were open to adopting it.

To improve execution, future efforts could prioritize training and integration into daily use.

Staff Testimonials:

"I think the taps tool was very valuable in the assessment of our clients."

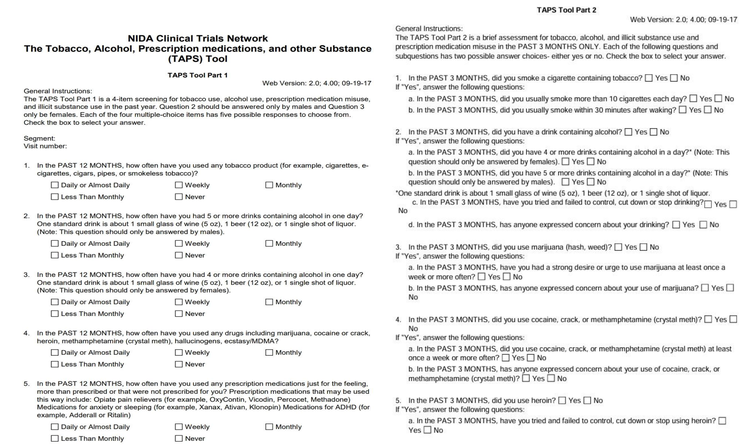
"I think the TAPS has been the easiest tool to use to screen for SUD and the most user friendly as well."

CONCLUSIONS

Screening for SUD is essential.

Reinforcement is needed for consistency.

TAPS Tool



NIDA Clinical Trials Network
The Tobacco, Alcohol, Prescription medications, and other Substance (TAPS) Tool

TAPS Tool Part 1

Web Version: 2.0; 4.00; 09-19-17

General Instructions:
The TAPS Tool Part 1 is a 4-item screening for tobacco use, alcohol use, prescription medication misuse, and illicit substance use in the past year. Question 2 should be answered only by males and Question 3 only be females. Each of the four multiple-choice items has five possible responses to choose from. Check the box to select your answer.

Segment:
Visit number:

1. In the PAST 12 MONTHS, how often have you used any tobacco product (for example, cigarettes, e-cigarettes, cigars, pipes, or smokeless tobacco)?
☐ Daily or Almost Daily ☐ Weekly ☐ Monthly
☐ Less Than Monthly ☐ Never

2. In the PAST 12 MONTHS, how often have you had 5 or more drinks containing alcohol in one day? One standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor. (Note: This question should only be answered by males).
☐ Daily or Almost Daily ☐ Weekly ☐ Monthly
☐ Less Than Monthly ☐ Never

3. In the PAST 12 MONTHS, how often have you had 4 or more drinks containing alcohol in one day? One standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor. (Note: This question should only be answered by females).
☐ Daily or Almost Daily ☐ Weekly ☐ Monthly
☐ Less Than Monthly ☐ Never

4. In the PAST 12 MONTHS, how often have you used any drugs including marijuana, cocaine or crack, heroin, methamphetamine (crystal meth), hallucinogens, ecstasy/MDMA?
☐ Daily or Almost Daily ☐ Weekly ☐ Monthly
☐ Less Than Monthly ☐ Never

5. In the PAST 12 MONTHS, how often have you used any prescription medications just for the feeling, more than prescribed or that were not prescribed for you? Prescription medications that may be used this way include: Opiate pain relievers (for example, OxyContin, Vicodin, Percocet, Methadone) Medications for anxiety or sleeping (for example, Xanax, Ativan, Klonopin) Medications for ADHD (for example, Adderall or Ritalin)
☐ Daily or Almost Daily ☐ Weekly ☐ Monthly
☐ Less Than Monthly ☐ Never

TAPS Tool Part 2

Web Version: 2.0; 4.00; 09-19-17

General Instructions:
The TAPS Tool Part 2 is a brief assessment for tobacco, alcohol, and illicit substance use and prescription medication misuse in the PAST 3 MONTHS ONLY. Each of the following questions and subquestions has two possible answer choices- either yes or no. Check the box to select your answer.

1. In the PAST 3 MONTHS, did you smoke a cigarette containing tobacco? ☐ Yes ☐ No
If "Yes", answer the following questions:
a. In the PAST 3 MONTHS, did you usually smoke more than 10 cigarettes each day? ☐ Yes ☐ No
b. In the PAST 3 MONTHS, did you usually smoke within 30 minutes after waking? ☐ Yes ☐ No

2. In the PAST 3 MONTHS, did you have a drink containing alcohol? ☐ Yes ☐ No
If "Yes", answer the following questions:
a. In the PAST 3 MONTHS, did you have 4 or more drinks containing alcohol in a day?* (Note: This question should only be answered by females). ☐ Yes ☐ No
b. In the PAST 3 MONTHS, did you have 5 or more drinks containing alcohol in a day?* (Note: This question should only be answered by males). ☐ Yes ☐ No
*One standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor.
c. In the PAST 3 MONTHS, have you tried and failed to control, cut down or stop drinking? ☐ Yes ☐ No
d. In the PAST 3 MONTHS, has anyone expressed concern about your drinking? ☐ Yes ☐ No

3. In the PAST 3 MONTHS, did you use marijuana (hash, weed)? ☐ Yes ☐ No
If "Yes", answer the following questions:
a. In the PAST 3 MONTHS, have you had a strong desire or urge to use marijuana at least once a week or more often? ☐ Yes ☐ No
b. In the PAST 3 MONTHS, has anyone expressed concern about your use of marijuana? ☐ Yes ☐ No

4. In the PAST 3 MONTHS, did you use cocaine, crack, or methamphetamine (crystal meth)? ☐ Yes ☐ No
If "Yes", answer the following questions:
a. In the PAST 3 MONTHS, did you use cocaine, crack, or methamphetamine (crystal meth) at least once a week or more often? ☐ Yes ☐ No
b. In the PAST 3 MONTHS, has anyone expressed concern about your use of cocaine, crack, or methamphetamine (crystal meth)? ☐ Yes ☐ No

5. In the PAST 3 MONTHS, did you use heroin? ☐ Yes ☐ No
If "Yes", answer the following questions:
a. In the PAST 3 MONTHS, have you tried and failed to control, cut down or stop using heroin? ☐ Yes ☐ No

Improving Depression Screening in Patients with Chronic Pain Syndrome and Enhancing Education on Depression

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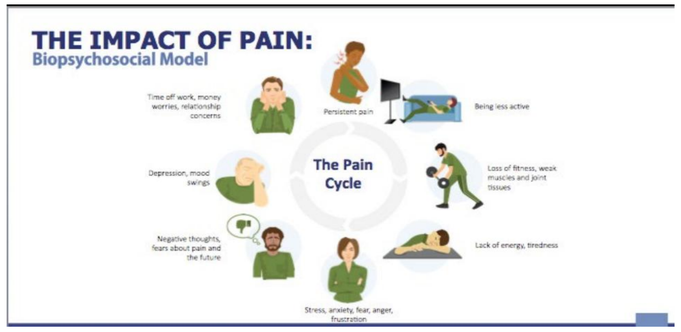
PROBLEM INTRODUCTION

- High rates of depression and chronic pain syndrome among the adult population
- The interplay between chronic pain and depression.
- Biopsychosocial model of chronic pain and depression



PROJECT METHODS

IRB and stakeholder approvals

Pre/post-education survey

PHQ-9 screening implementation

Data analysis and evaluation

IMPACT ON PRACTICE

- Early detection and diagnosis
- Improved pain management and treatment outcome
- Support risk assessment and suicide prevention
- Enhances communication and patient engagement
- Support quality improvement and evidence-based practice

LITERATURE REVIEW

- Individuals who live with long-lasting pain tend to have greater levels of anxiety and depression compared to the overall population (Ford-Gilboe et al., 2023).
- Experience of disabling pain may lead to low self-esteem, often due to work-related or financial challenges or limitations in taking part in social activities and hobbies (Meda et al., 2022).
- Chronic pain leads to a decrease in one's quality of life by causing functional limitations and feelings of depression (Çakmak et al., 2022).

EVALUATION

Time frame	Screening tools	Results
3 months before project	EMR documented PHQ-9 screening for depression	70% of patients with chronic pain were assessed
Pre-survey	Assessed staff knowledge of PHQ-9	60% of staff were well informed
Post- education survey	Staff participation in training and education	100% of staff adequately trained
3 months post education	Screening for depression using PHQ-9	97% of patients with chronic pain were assessed

CONCLUSIONS

- The PHQ-9 depression screening tool is a reliable self-report tool.
- Its simplicity, speed, and effectiveness make it reliable for screening and evaluating depression (Sun et al., 2020).
- Annual re-education of staff is necessary for consistent use of the PHQ-9 screening tool.
- Understanding the importance of depression assessment in chronic pain management is essential for optimizing care and improving patient outcomes.
- **Limitations:** Small sample size, time and workflow constraints, and sustainability challenges once the QI project ends.

The Effects of Mindfulness on Work-Related Stress and Burnout in Psychiatric Nurses

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PROBLEM INTRODUCTION

- According to NIOSH (2023), workplace stress harms both physical and mental health and increases the risk of burnout and nurse attrition.
- Burnout from stress negatively affects nurses' mental well-being and compromises patient care outcomes.
- There is an exponential increase in nurses who list stress and burnout as reasons for leaving the nursing field.
- A psychiatric unit in Wentzville, Missouri, faces ongoing staffing challenges due to high nurse turnover linked to chronic work-related stress.

PROJECT METHODS

RE-AIM Framework	
Reach	27 psychiatric nurses participated in the intervention. Eligibility was based on full- or part-time employment to ensure scheduling consistency.
Effectiveness	The goal was to assess whether the MBSR intervention could reduce perceived stress and burnout.
Adoption	The intervention was facilitated by the DNP student in a hospital setting.
Implementation	A free online MBSR course was used over four weeks, requiring minimal resources.
Maintenance	Many participants expressed interest in continuing with the full MBSR program beyond the initial study period.

IMPACT ON PRACTICE

Individual

- The program helped nurses achieve better outcomes and work satisfaction.
- Nurses learned that stress is optional by learning to control their emotions and how to direct negative thoughts.
- The confidence and ability of nurses to handle difficult situations increased.

Organizational

- Organizations receive better reputations from improved patient outcomes.

CONCLUSIONS

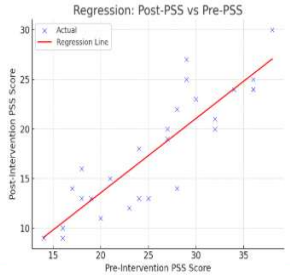
- MBSR programs effectively improved the nursing staff's stress and perceived burnout levels.
- Utilizing techniques such as mindfulness may help organizations reduce the costs associated with hiring and training new staff.
- Mindfulness may be an effective method to improve several psychosocial aspects of health and nurses' well-being.

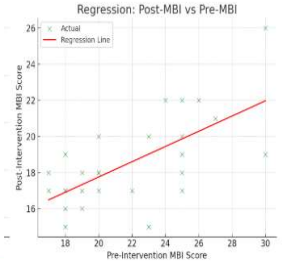
LITERATURE REVIEW

- Mindfulness-Based Stress Reduction (MBSR) is a comprehensive mindfulness program founded by Kabat-Zinn to help participants improve their psychological well-being by lowering their stress levels.
- MBSR is an interactive course that educates users on various meditative practices, specifically cultivating mindfulness (Kabat-Zinn, 2003).
- According to the American Psychological Association (2019), mindfulness is grounded in awareness and acceptance, offering a valuable tool for improving psychological health.
- Green & Kinchen (2021) reviewed multiple studies and found that Mindfulness-Based Stress Reduction (MBSR) programs effectively reduced stress and burnout in over half the studies involving nurses.

EVALUATION

Perceived Stress Scale	Maslach Burnout Inventory	Regression Analysis
The mean PSS pre-intervention score was 25.81, and the post-intervention score was 17.93, with 100% of the respondents having reduced stress.	The MBI had a mean score of 21.89 pre-intervention and a post-score of 18.56, with an improvement percentage of 85.19% of respondents having a reduction in burnout.	Both surveys showed significant statistical improvements after participating in the intervention. In addition, a regression analysis of data was completed, suggesting that the MBSR intervention effectively lowers stress and burnout, with a stronger effect on stress.





PSS & MBI Surveys

PSS

- **0-13**: Low stress
- **14-26**: Moderate stress
- **27-40**: High perceived stress

MBI

- **0-17**: Low-level burnout
- **18-19**: Moderate burnout
- **30 or more**: High level burnout

DIABETES MELLITUS TYPE 2: USE OF BLOOD GLUCOSE LOG TO ENHANCE SELF-MANAGEMENT AND PROVIDER FOLLOW-UP

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PROBLEM INTRODUCTION

Type 2 Diabetes Mellitus

- As of 2021, 38.4 million people in the United States have been diagnosed with type 2 diabetes mellitus, which is the 8th leading cause of death (Centers for Disease Control and Prevention, 2023b).
- Type 2 diabetes mellitus has resulted in over $412.9 billion in total costs in the United States in 2022 (Parker et al., 2024).

Provider Follow-Up

- Providers who can evaluate blood glucose trends are more likely to provide specific patient education on lifestyle modifications (Kulzer et al., 2018).
- Appropriate documentation of blood glucose helps patients not only evaluate their disease but also plays a substantial role in how providers evaluate the disease and provide further care (Knapp et al., 2016).
- Clinicians in an urban clinical setting expressed concerns about the management and follow-up of type 2 diabetes mellitus. There was a need to establish a method for improving blood glucose monitoring and provider follow-up for patients with type 2 diabetes mellitus.

LITERATURE REVIEW

- The American Association of Clinical Endocrinology (2023) highly recommends using continuous blood glucose monitoring to help patients with type 2 diabetes mellitus achieve their glycemic goals.
- The use of blood glucose logs motivated patients to immediately change their dietary habits, adhere to their prescribed medication routine, and improve other lifestyle decisions (Ng'ang'a et al., 2022).
- Levine et al. (2016) found that through self-monitoring and blood glucose logs, practitioners focused on educating about lifestyle changes and behaviors rather than focusing strictly on numbers.
- Barriers to establishing blood glucose logs are due to patients' attitudes, motivation, and adherence to the management of type 2 diabetes mellitus (Khairnar et al., 2017).

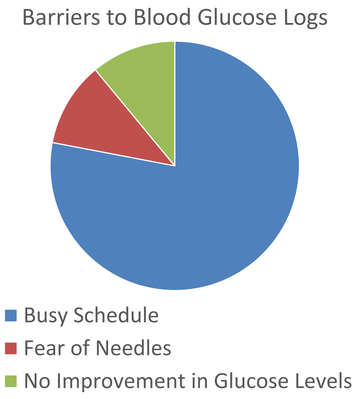
Databases used included: CINHAL, Cochrane Database, Google Scholar, and PubMed

PROJECT METHODS

1. Researched type 2 diabetes mellitus and outpatient management
2. Researched and developed use of blood glucose logs
3. Provider and staff education on blood glucose logs implementation
4. Blood glucose logs and education were provided for the selected patient population
5. Collected and evaluated anonymous patient and provider surveys on use of blood glucose logs

EVALUATION

- 9 patients were compliant with blood glucose log completion and follow-up
- Blood glucose log improved patient confidence on factors affecting self-management of type 2 diabetes mellitus
  - 56% strongly agreed, 33% agreed, 11% neutral
- Improvement of provider follow-up
  - 89% of patients either strongly agreed or agreed
  - 100% of providers strongly agreed



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IMPACT ON PRACTICE

Readily available blood glucose log for better manage of type 2 diabetes mellitus

Increases patient knowledge about specific lifestyle factors that affect their type 2 diabetes mellitus management

Predicted long-term impact: providing better patient follow-up, improving patient education, and patient outcomes

CONCLUSIONS

- Participants who completed the blood glucose logs discovered what specific lifestyle factors directly affected their blood glucose levels. Further educating and motivating them on better glucose management.
- Patients and providers acknowledged blood glucose logs are beneficial in follow-up on type 2 diabetes mellitus.
- All participants and providers agreed patient compliance was a barrier.
- This project indicated that further education and intervention are needed for improvement in type 2 diabetes management and follow-up in the outpatient setting.

Limitations:
-Size of study/limited participation of patients and follow-up
-Convenience sampling

Enhancing Providers' Management of Perinatal Depression

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PROBLEM INTRODUCTION

- Perinatal depression (PD) is a public health issue occurring in 1:7 pregnant women and 1:5 postpartum (American College of Gynecologists & Obstetrics [ACOG], 2023).
- PD is the leading cause of non-obstetric admissions in the United States during pregnancy and post-partum periods (Kroska & Stowe, 2020).
- 50% of women with PD are undertreated (ACOG, 2023).
- Untreated PD can have a detrimental impact on the mother, child, and family (ACOG, 2023).
- This project aimed to implement a treatment protocol to assist providers in identifying and effectively treating PD.

LITERATURE REVIEW

- **The Edinburgh Postnatal Depression Scale (EPDS)** is recommended to screen for PD. The scoring and the patient's presenting symptoms are necessary to guide the treatment plan (ACOG, 2022).

- **EPDS >10 + self-harm:** Requires the providers to detain the mother/baby in the office, call for an ambulance and consult a psychiatrist (ACOG, 2023).
- **EPDS Score of 10-14 (Mild Depression):** Refer the patient for cognitive behavioral therapy or interpersonal therapy (ACOG, 2023) and consider including prescribing antidepressants for a patient with a history of severe depression (Dama & Lieshout, 2023).
- **EPDS Score of 15-19 (Moderate Depression):** Psychotherapy + Selective Serotonin Reuptake Inhibitors. An alternative pharmacological treatment is the use of Serotonin-Norepinephrine Reuptake Inhibitors.
- **EPDS > 19 (Severe Depression):** Psychotherapy + **t**reat as moderate depression above. May use up to 2 different antidepressants (ACOG, 2023).

- If a patient has used antidepressants in the past, use the same medication if it has been effective in controlling depression, irrespective of the class of antidepressants (ACOG, 2023).
- If depression occurs in the 3rd trimester up to 4 weeks to 6 months post-partum, consider Brexanolone infusion over 60 hours in an inpatient setting.

PROJECT METHODS

- The PD treatment protocol was created and used guidelines from ACOG
- Conducted pre-test through Qualtrics to determine the knowledge base of the provider.
- An education session via Zoom was conducted focusing on the adverse impacts of untreated PD depression, the preferred screening tools for PD, and treatment management.

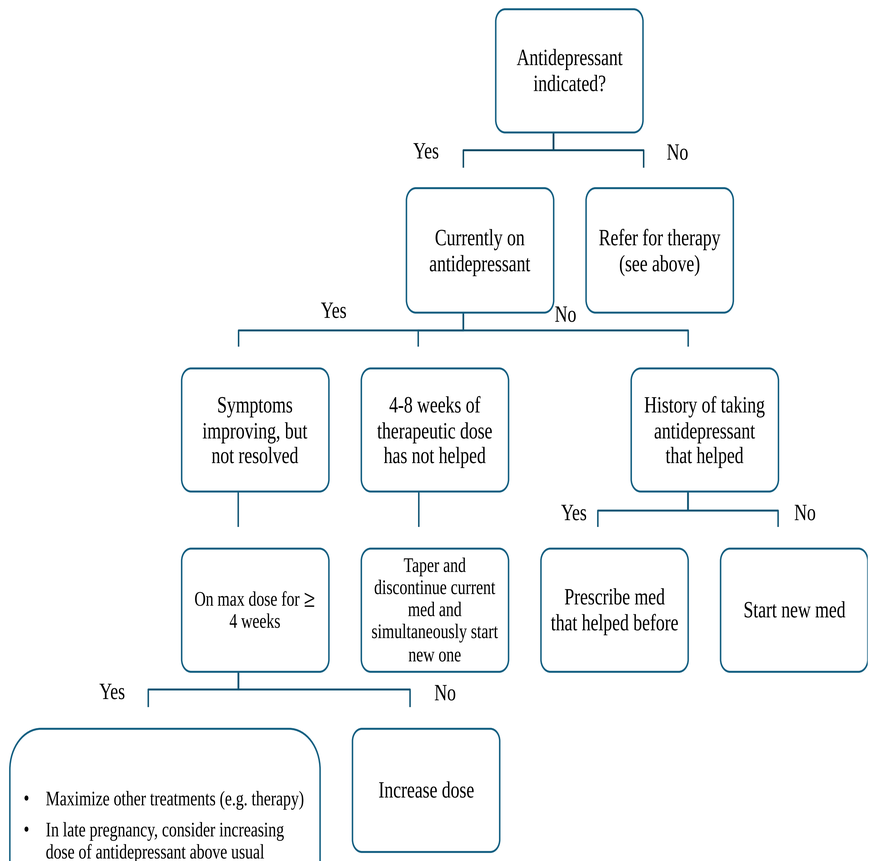

Diagram by Byatt et al.., 2022

EVALUATION

- Pre-Test Evaluation
  - Less than 30 % of providers feel comfortable treating PD
  - 43% consult a mental health specialist for depression
  - 14% report they frequently assess maternal depression
  - 57% often refer their depressed patient for psychotherapy

IMPACT ON PRACTICE

- Enhances use of evidence-based practice
- Improves standardization of care
- Provides a guide to assist with treatment
- Improves quality of care.
- Decreases statistics of untreated PD

Limitations

- An obstacle in this project was the inability to retrieve the post-survey test due to a lack of participant responses.
- The target population for this project was relatively small.
- A convenient sample was used, so pre-test evaluation may not have captured the actual proficiency of the providers who manage PD.

CONCLUSION

- Adequate treatment of PD can significantly enhance the well-being of both mother and child, leading to a much higher quality of life for the entire family.
- Providers who are effectively trained to manage PD can become champions in this area and help reduce the percentage of untreated women with depression.
- This protocol can be implemented in various clinical settings. The Family Practice Nurse Practitioner and Women's Health Nurse Practitioner can utilize this protocol to enhance their knowledge base.

Enhancing Education for Caregivers of Asthmatic Children

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INTRODUCTION

- According to the Centers for Disease Control (2023), 6.5% of children under the age of eighteen have asthma and rates are higher in those who live below the 100% poverty threshold.
- Children are more likely to visit the emergency room and be hospitalized for asthma exacerbations than adults, adding an increased risk for children with asthma (Centers for Disease Control, 2023).
- Caregivers play an essential role in the health outcomes of asthmatic children. Margolis et al. (2022) found that parents become depressed because they do not have the proper support to reduce their workload and concerns. Depression among caregivers can be a limiting factor for children living with asthma to receive quality care.
- The We Care Clinic currently operates in an underserved community, where many families reside in low socioeconomic conditions. The clinic offers an asthma management program with 28 participants and is actively screening referrals to increase participation This project focused on supporting those participants, bridging the gaps in asthma knowledge, as well as creating mentally and emotionally supportive environments to decrease asthma disease-related complications and depression rates among the asthma caregiver population.

EVALUATION

Assessment	Pre-Test	Post-Test	Post-Test Assessment Comments
Asthma management	20%	70%	More caregivers recognized recommended practices and medication to minimize the risk of asthma attacks.
Mental/emotional management and mental health effects on asthma management	3%	80%	Caregivers recognized the role of their mental health in influencing the outcomes of their caregiving.
Caregiving support groups for parents of children with asthma	0%	94%	Caregivers understood the importance of care groups and many requested that care support groups be formed.

LITERATURE REVIEW

Parents reported having the best knowledge about aggravating factors and symptoms of asthma, while having the least knowledge about the mechanism of asthma and its complications (Al-Sammak et al, 2020).

According to, Kwok et al. (2018), education topics of interest included instructions on: asthma goals, when to give asthma medications, how to avoid triggers, how to administer asthma medications via inhaler or nebulizer, addressing adverse effects concerns, goals for asthma treatment, and emphasis on when to give asthma medications.

Poor psychosocial health in asthma primary caregivers can be directly tied to worse asthma control in children (Morllo-Vanegas et al., 2020). Depression was also linked to lower medication adherence and poorer asthma control in low-income caregivers of urban Black youth (Margolis et al., 2021).

Comprehensive asthma education, follow-up from healthcare professionals, and care from support groups have significantly reduced emergency visits and hospital admissions (Fawcett et al., 2019).

IMPACT ON PRACTICE

- The project had a significant impact on how healthcare providers can effectively educate caregivers of children with asthma.
- The project demonstrated numerous benefits of provider education focusing on asthma attack prevention rather than treatment.
- In the future, the project is expected to continue growing and establish additional branches within the community. The focus of this project could be shifted to organizing meetings for asthma caregivers, allowing them to share experiences and support each other.

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PROJECT METHODS

- The project aimed to educate caregivers and parents of children with asthma to achieve the best possible outcomes for their children, while also promoting their mental and emotional well-being.
- Caregivers of pediatric clients in the asthma program were surveyed in person and via telephone regarding their interest in participating.
- Graduate assistants and/or Doctor of Nursing Practice students then present information in a lecture-based framework to identify educational needs.
- Open-ended style question-and-answer discussions about the emotional needs and stressors of caregivers managing asthma were also collected through telephone encounters and recorded via an online survey by the surveyors.

LIMITATIONS

- Limited sample size
- Limited respondents due to caregiver schedules

CONCLUSIONS

Multifactorial asthma education and awareness equip asthma caregivers with the knowledge to effectively manage asthma and minimize adverse asthma events.

Depression remains one of the most critical issues that affect caregivers managing asthmatic children. Increasing caregiver acceptance and commitment to controlling asthma can improve the caregiver and child's quality of life.

Both children and their caretakers are affected by an asthma diagnosis, and both parties must be adequately supported and educated to improve outcomes.