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KNOWLEDGE, BELIEFS AND PRACTICES OF NURSES REGARDING SCREENING AND MANAGEMENT OF POSTPARTUM DEPRESSION IN A TERTIARY CARE SETUP OF PAKISTAN

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Abstract:

Background: *Postpartum depression has a global incidence of 10-15% in women worldwide. Nurses being the integral part of the healthcare team can play a vital role in screening and providing healthcare to the mother and the newborn according to the guideline directed intervention.*

Aim: *To ascertain nurse's level of knowledge, beliefs and practices regarding screening of post-partum depression.*

Methods: *A cross-sectional study was conducted from June to September 2021 in Sheikh Zayed Hospital Rahim Yar Khan, Pakistan using a self-structured and expert validated questionnaire. A total of 100 nurses were enrolled through purposive convenient sampling working in gynecology and obstetrics department and involved in postpartum patient care*

Results: *The majority of the participants were female (98%), married (88%), Muslim (82%) with a mean age of 29.12 ± 5.58 years. The median total knowledge score was 19 out of the maximum of 24 points, and 60% of the participants scored above this value. Participants did better in addressing risk factors, symptoms and complications, but performed poorly in the general information and the treatment section. Almost 76% agreed that "mothers and family hesitate to discuss their symptoms with nurses and 78 % of the "mothers prefer substitute methods of treatment other than psychiatric intervention". 96% believed that screening is essential 86% agreed that screening does not take too much time. Overall, the participants possessed positive beliefs towards their input in the management of postpartum depression*

Conclusion: *60% of nurses had an adequate score of knowledge and possessed positive beliefs towards screening for postpartum depression. However the screening practices were unsatisfactory depending on the social influences and lack of initiative in mobilizing resources.*

Keywords: *Postpartum depression; counselling; community; midwifery; postpartum care; mental health*

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INTRODUCTION

Postpartum depression has a global incidence of 10% to 15% with a potential of psychosocioeconomic implications. As per definition of Diagnostic and Statistical Manual of Mental Disorders, (V), postpartum depression is a major depressive event within 4 weeks after parturition.[2] and can span to 12 months in clinical practice.[3] According to the data Malaysian population has a prevalence of 14.3% to 31.7%.[4,5]

Guideline based screening of postpartum depression is a cornerstone in preventing the long term complication.[6] Various screening tools have been developed for postpartum depression e.g. the Edinburgh Postnatal Depression Scale (EPDS), the Postpartum Depression Screening Scale (PDSS), the Patient Health Questionnaire (PHQ-9), the Beck Depression Inventory (BDI) and the two-question screen test. In South Asian countries the widely used is DASS-21.

Community and staff nurses are taught basic maternity and midwifery skills including screening and managing postpartum depression in their curriculum. They have scheduled postpartum visits till one month to assess and ensure mother child health and immunization. Therefore the nurses make the ideal screening tool for postpartum depression by providing counselling sessions for mild and referring the moderate to severe symptoms to the tertiary care for further evaluation and treatment.

Various international studies has revealed the therapeutic inertia in screening the postpartum depression such as want of sufficient knowledge and skills in identifying depressive symptoms in the mothers, lack of routine follow ups, stigmatization and sticking to alternative medicines [7,8] None of these studies assessed nurses knowledge, beliefs, and practices objectively. Therefore, this study is aimed to determine the nurse's knowledge, beliefs and practices regarding screening of postpartum depression.

MATERIALS AND METHODS:

This cross-sectional study was conducted from June to September 2021 in Sheikh Zayed Hospital Rahim Yar Khan, Pakistan. A total of 100 nurses were enrolled through purposive convenient sampling working in gynecology and obstetrics department and involved in postpartum patient care. Proper informed and written consent was obtained from all the participants after due approval from the ethical committee. Those not willing to participate and having no postpartum care experience were excluded. Confidentiality was maintained at every level during the study

A self-structured questionnaire was developed using the conceptual framework of Leiferman et al. and previous studies (**Figure 1**)[1112,13] It consisted of socio demographic data, 24 statements to check for basic knowledge such as (concept, risk factors, symptomatology, complications, management and prognosis), 12 phrases based to assess the beliefs (socio-cultural influences and parameters, importance of screening, responsibility and confidence) and 11 questions determined practice and skillfulness.

The knowledge section had three response options i-e: "true", "false" and "I do not know". The belief section, utilized a 5-point Likert scale to gauge the level of agreement of the participant: "strongly disagree", "disagree", "neutral", "agree" and "strongly agree". The questionnaire was later validated by the worthy teachers, psychiatrist and gynecologists and their feedback was incorporated. Data was analyzed by the SPSS version 23.0. A P-value of <0.05 was considered significant.

RESULTS:

Table.1. Socio demographic data of the participants

Variables	n=100	Frequency (%)
Age (Years)		
20-24	22	22
25-29	36	36
30-34	12	12
35-39	14	14
40-44	10	10
45-49	04	04
>50	02	02
Gender		
Male	02	02
Female	98	98
Religion		
Muslim	82	82
Christian	14	14
Hindu	04	04
Marital Status		
Married	88	88
Single	09	09
Divorced	02	02
Widowed	01	01

The majority of the participants were female (98%), married (88%), Muslim (82%) with a mean age of 29.12 ± 5.58 years. 46% were charge nurses and 92% had attained formal training. The median years of experience in postpartum nursing were 10.00 (5.00–15.00). (**Table 1**).

Table.2. Level of knowledge of the participants regarding postpartum depression

Variables	n=100	Frequency (%)
Designation		
Staff Nurse	24	24
Charge Nurse	46	46
Head Nurse	30	30
Maternity/Midwifery Experience (Years)		
5-9	26	26
10-14	64	64
>15	10	10
Formal Training in Postpartum Depression?		
Yes	92	92
No	08	08
No. of Children		
1	22	22
2	46	46
3	08	08

>3	04	04
Family History of postpartum depression?		
Yes	16	16
No	84	84
Own Experience?		
Yes	06	06
No	94	94
Knowledge (Marks=24)		
Basic Information (5)	36	36
Risk factors (5)	78	78
Signs and symptoms (3+3)	84	84
Treatment (4)	60	60
Complications (4)	54	54

The median total knowledge score was 19 out of the maximum of 24 points, and 60% of the participants scored above this value. Participants did better in addressing risk factors, symptoms and complications, but performed poorly in the general information and the treatment section (**Table 2**).

Table.3. Beliefs of the participants regarding postpartum depression

Variables	**Agree n=100 Percentage (%)**	**Disagree n=100 Percentage (%)**
Is postpartum depression a social stigma?	62	38
Mothers and family hesitate to discuss their symptoms with nurses?	76	24
Mothers prefer substitute methods of treatment other than psychiatric intervention?	78	22
Is screening of depressive symptoms essential?	96	04
Does a thorough screening consume too much time?	86	14
Does screening of postpartum depression comes under my responsibility?	94	06
Am I responsible for first hand counselling of mothers with depression?	98	02
Should I refer the patients with moderate to severe symptoms?	100	00
I can identify depressive symptoms in mothers confidently?	82	18
I don't feel reluctant in giving counselling sessions to the mothers with depression	80	20
I feel comfortable and rewarding in managing the cases of postpartum depression	74	26

Almost 76% agreed that "mothers and family hesitate to discuss their symptoms with nurses and 78 % of the "mothers prefer substitute methods of treatment other than psychiatric intervention". 96% believed that screening is essential 86% agreed that screening does not take too much time. A majority (94%, 98%, and 100% respectively) perceived of screening for postpartum depression, counselling depressed mothers and referring moderate to severe cases for further evaluation and management as part of their job responsibilities. However, only 82% and 80% of them felt confident while identifying symptoms of postpartum depression and counselling depressed mothers, respectively. Overall, the participants possessed positive beliefs towards their input in the management of postpartum depression **(Table 3).**

DISCUSSION:

Postpartum depression is a topic included and taught in the undergraduate nursing and midwifery curriculum. 92% percent of the participants stated to have acquired formal training programs and workshops regarding screening and addressing postpartum depression. Nurses responded adequately in the knowledge assessment component of the study but showed a mixed and confused picture in practical management of the disease. This was due the fact that nurses are merely familiar with the first generation antidepressants and not well versed with the disease spectrum i.e. blues and psychosis and novel treatment modalities such as electroconvulsive therapy. The relation of the drug "alpha-methyldopa" frequently used for pregnancy induced hypertension with the incidence of Postpartum depression was also not known to most of the nurses.

It was revealed by the study that there exist no correlation between the background knowledge and the practical approach of the nurses as evidenced by global counterparts .[15] therefore concentrated efforts for midwifery training programs need to apply to optimize clinical methods to screen high risk patients and abridge the theory practical gap.

In our study only 6 % the participants reported that they had experienced depressive symptoms during their motherhood and 16% had a family history. Which is comparable to the international prevalence rates (10-15%)[1] and (14.3%)[4] About 62% of the nurses agreed that postpartum depression is a social stigma because majority (76%) and (78%) of the mothers were reluctant to discuss their symptoms with the nurses and prefer alternative medicine also evidenced by Jalil [7] with a higher proportion belonging to the rural areas.[16] 96% of the nurses agreed that screening for PPD is essential and 94% owned that identifying and reporting comes under their responsibility. As determined by Leiferman et al. that those members of the healthcare team who shared the responsibility for identifying postpartum depression were better able to manage it.[11,13] Thus maintaining this positive association between the belief and practice can equip more nurses to engage in the prompt management of postpartum depression.

According to the Bandura's theory of self-assessment those nurses who agreed that screening for PPD is a time taking process felt less interested in the filtration process due to their innate lack of initiative attitude.

Lack of resources and patient load leads to sub-optimal results in achieving healthcare directed goals.[1718.19] Therefore, every effort should be made to make the screening process simple and straightforward to prevent the working environment from becoming hostile.

The results of our study pertaining to inadequate screening practices were synchronous to those reported by Golbasi et al.,[10] because of the identical study population of under-developed country but were contrary to those extracted by Zander.[20] who enrolled skillful and competent nurses and midwives from the American College of Nurse-Midwives having postpartum care experience of greater than 10 hours a week.

It is established that the results of the study was greatly influenced by the type of the screening tool being applied. Since our study population was well attuned to the DASS-21 tool addressing depression, anxiety and stress through the 21 items. Therefore the longevity of the survey and interpretation of the items might have dented the actual results due to the response bias. The scoring method and interpretation of results used for the DASS-21 is more complicated. Hence, these issues might lead to poor utilization of the screening tool.

There is a dire need of a user friendly screening tool which can been utilized in routine practice through a flowchart based response form by the mothers on their follow up.

CONCLUSION:

Despite achieving a higher percentage (60%) in basic knowledge assessment the poor practice was attributed to their shared sense of responsibility of realizing the

sensitivity of the problem. The nurses who had an urge to take the initiative had no objection to the longevity of the screening protocol and mobilizing resources. Therefore aim-directed health policies should be devised to inculcate positive beliefs and constructive practices among nurses.

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