



Service Delivery Innovation Profile

Hospital-Based Postpartum Support Group Reduces Depression and Increases Life Satisfaction

Snapshot

Summary

St. Catherine of Siena Medical Center developed a 10-week, hospital-based support group for women suffering from postpartum depression. Facilitated by hospital staff, the program provides group and individualized contact, depression screening, support for new mothers and family members, and weekly followup for the duration of the program. The program reduced the incidence of depression, increased life satisfaction, and generated positive feedback from participants and clinicians.

Evidence Rating (What is this?)

Moderate: The evidence consists of pre- and post-implementation comparisons of the degree of depression and life satisfaction among participants, along with anecdotal reports from participants and providers.

Developing Organizations

St. Catherine of Siena Medical Center

Smithtown, NY

Date First Implemented

2009

July

Patient Population

Gender > Female; Vulnerable Populations > Women

What They Did

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Problem Addressed

Postpartum depression, the most common complication of childbearing, is a general term that describes a wide range of emotional disorders a woman can experience after giving birth.¹ Although postpartum depression can be socially isolating and sometimes debilitating, most women have little or no access to formal social support services that can help in dealing with it.

- **A common condition:** Postpartum depression and perinatal mood disorders are the single most common complication of childbearing.¹ Between 10 and 20 percent of women develop a postpartum mood disorder such as depression, anxiety, obsessive compulsive behavior, or posttraumatic stress syndrome.^{1,2} Up to 80 percent of women experience a milder form of postpartum depression commonly referred to as the "baby blues," with symptoms including sadness, irritability, frustration, and fatigue.¹
- **Lack of social support services:** Even women who receive medical treatment for postpartum depression often feel isolated and could benefit from social support; however, many communities do not have postpartum depression peer support groups,³ and even fewer hospitals provide such services. For example, no formal hospital-based or community support programs were available to women in the service area of St. Catherine of Siena Medical Center. Consequently, St. Catherine of Siena Medical Center staff struggled to provide resources to mothers who contacted them for postpartum depression support.

Description of the Innovative Activity

St. Catherine of Siena Medical Center developed a 10-week, hospital-based support group for women suffering from postpartum depression. Facilitated by hospital staff, the program provides group and individualized contact, depression screening, support for mothers and family members, and weekly followup for the duration of the program. Key program elements are described below:

- **Group logistics:** Known as the "Mothers' Circle of Hope Postpartum Depression Support Group," the program consists of 10 weekly 1.5- to 2-hour sessions held on Thursday evenings and led by two group facilitators. Approximately 8 to 12 women participate in each program.
- **Marketing the program:** To increase awareness of the program at the point of care, all women who deliver babies at the hospital receive a flyer with details about postpartum depression and the support group. The goal of this outreach is to provide women with information about the resources and support available to them before they leave the hospital. In addition, program leaders distribute flyers to local obstetricians and pediatricians, and the hospital advertises the program in local newspapers and church bulletins and on postpartum depression Web sites.
- **Initial referral:** Participants typically refer themselves to the program after learning about it while in the hospital but may also be referred by physicians, nurse practitioners, or lactation consultants. Participants typically reflect a wide spectrum of illness, ranging from those with deep depression to those well on the road to recovery.
- **Preliminary contact:** Before the first session, a program facilitator telephones participants to gather contact information, current symptoms and depression history, date of the baby's birth, nursing activity, sources of social

support, and date of return to work (if applicable). The facilitator mails the women a list of therapists and psychiatrists, and encourages them to seek treatment.

- **Depression and life satisfaction screening:** At the first and final program sessions, the facilitator administers the *Edinburgh Postnatal Depression Scale*, the *Mills Depression & Anxiety Checklist*, and a third internally developed survey instrument that incorporates a question about life satisfaction.
- **Session topics:** The program focuses on letting women know they are not alone and that their symptoms will improve with treatment. During the first and second sessions, participants share their own experiences and facilitators provide education about postpartum depression. Subsequent sessions cover various topics, including relationships with spouses, parenting, friendships, myths of motherhood, and healthy eating. At week 5 or 6, the group hosts a "family night" in which participants bring family members (e.g. husbands, mothers, sisters); during this session, the facilitators and two survivors of postpartum depression provide education about the condition, and then meet separately with family members to answer questions.
- **Weekly followup:** Every Monday during the program, a facilitator contacts each participant to follow up and offer additional support; facilitators contact participants by telephone during the first 8 weeks and by e-mail during the last 2 weeks.
- **Reunions and ongoing contact:** The facilitators hold periodic reunions so that "graduates" can visit with each other again; former participants can also call their facilitators if they have questions or need reassurance or information after the program ends.

References/Related Articles

Huiras R. St. Catherine of Siena RNs start postpartum depression support group. *Nursing Spectrum/Nurse Week*. September 21, 2009. Available at: <http://news.nurse.com/article/20090921/NY02/109210029>

Cox, JL, Holden JM, Sagovsky R. Detection of postnatal depression: development of the 10-item Edinburgh Postnatal Depression Scale. *Br J Psychiatry*. 1987;150:782-6. [PubMed]

Contact the Innovator

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Did It Work?

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Results

The program reduced the incidence of depression, increased patient life satisfaction, and generated positive feedback from participants and clinicians.

- **Less depression:** Pre- and post-intervention measures of participant depression using the *Edinburgh Postnatal Depression Scale* and the *Mills Depression & Anxiety Checklist* have demonstrated declines in depression in all but 1 of 25 participants that have gone through the program thus far. (The degree of decline cannot be quantified due to the broad spectrum of illness severity across participants.)
- **Increased life satisfaction:** A survey of participants that included the question "Please rate your satisfaction with your life today" (on a scale from 1 to 10, with 10 being the most satisfied) found that average ratings increased from 2.83 at week 1 to 8.5 at week 10.
- **Positive feedback from participants and providers:** Written and oral feedback from participants suggests that the program has had a meaningful impact on their coping ability and communication skills; participants appreciate having a safe environment in which to share their feelings and report no longer feeling isolated. Physicians and other providers appreciate having the option to send their patients who need support to the program, and believe that their patients have been helped by it.

Evidence Rating (What is this?)

Moderate: The evidence consists of pre- and post-implementation comparisons of the degree of depression and life

satisfaction among participants, along with anecdotal reports from participants and providers.

How They Did It

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Context of the Innovation

St. Catherine of Siena Medical Center, a 318-bed community hospital located in Smithtown, NY, is part of Catholic Health Services of Long Island, a five-hospital system. The hospital has approximately 7,500 inpatient admissions per year, including 1,550 births in its 24-bed maternity unit. The impetus for the program came after staff nurses reported seeing an increasing number of new mothers experiencing postpartum mood disorder symptoms, reporting a history of postpartum depression and anxiety, and/or taking psychiatric medications during pregnancy. In addition, physicians who noticed symptoms in their patients began asking the nurses to recommend community-based support groups. With no formal community or hospital-based programs available in the area, the nurses decided to create a hospital-based program to provide support to these patients.

Planning and Development Process

Key elements of the planning and development process included the following:

- **Securing senior management support:** The director of Woman & Child Services promoted the idea of a postpartum depression support group to hospital executives, including the vice president of nursing, director of regulatory affairs, and director of public relations. The executives supported the idea because it aligned with the hospital's philosophy of serving the local community, and they expected positive feedback from both physicians and patients. Considering these factors, the executives approved a budget for the program.
- **Educating staff on program:** Representatives from Postpartum Resource Center of New York visited the hospital to host two educational sessions for Woman & Child Services staff, including social workers. These sessions focused on educating department staff about the program and its potential benefits.
- **Train-the-trainer sessions:** Three staff interested in spearheading the program attended Postpartum Resource Center of New York's "train-the-trainer" sessions on how to run a support group.
- **Curriculum development and initial promotion:** The three staff adapted the Postpartum Resource Center of New York's Mother's Circle of Caring curriculum, and then developed and distributed marketing materials. In June 2009, the hospital held an open house to solicit interest in the program.

Resources Used and Skills Needed

- **Staffing:** The program required no new staff. The four group facilitators include a clinical nurse specialist, a board certified lactation nurse, another registered nurse from the maternity unit, and a social worker who already worked for the hospital. Facilitators either incorporate the group session time into their weekly hours or are paid overtime for leading the sessions. The estimated time commitment for the facilitators averages 5 to 6 hours per week (two facilitators for each session and 1 to 2 hours of administrative duties).
- **Costs:** Ongoing costs are modest, including a small amount of overtime pay, marketing-related activities, and snacks provided to participants during the sessions.

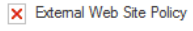
Funding Sources

St. Catherine of Siena Medical Center

Tools and Other Resources

Resources and information on postpartum depression are available from the Postpartum Resource Center of New York (<http://www.postpartumny.org>) and Postpartum Support International (<http://www.postpartum.net>).

The 10-item *Edinburgh Postnatal Depression Scale* can be downloaded at:

http://www.aap.org/sections/scan/practicingsafety/Toolkit_Resources/Module2/EPDS.pdf (If you don't have the software to open this PDF, download free Adobe Acrobat Reader® software ).

The *Mills Depression & Anxiety Checklist* is available at: <http://www.betterbirth.com/pdf/DepressionChecklist>

Adoption Considerations

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Getting Started with This Innovation


- **Let patient demand drive service provision:** Determine the number of needed support groups based on patient demand. St. Catherine of Siena nurses originally thought they would need four or five 10-week support groups per year but found that three support groups have been sufficient to meet demand thus far.
- **Identify local resources:** Identify and network with local providers of services to women with postpartum depression. For example, the clinical nurse specialist joined a county-wide perinatal mood disorder task force, thus enabling her to advertise the support group and to learn about new resources for group participants.
- **Address family concerns separately:** During family night, provide some time for separate discussion with family members so that they can ask questions or express concerns without the rest of the group being present.
- **Obtain outside training:** Program developers emphasize the value of outside training on postpartum depression and support group facilitation. Formal training helps facilitators provide accurate information and more effectively deal with participants' emotional needs and interactions.

Sustaining This Innovation

- **Continually identify and support interested staff:** The dedication and passion of the facilitators keeps the program going. To that end, encourage and support interested labor and delivery, postpartum, nursery, and neonatal intensive care unit staff in obtaining training and in completing other steps necessary to become facilitators.
- **Rotate facilitators if possible:** Working with women who have postpartum depression can be a very emotional

experience. If possible, rotate facilitators so that staff can have a several month break between programs. This approach prevents burnout among facilitators and allows them sufficient time to maintain contact with participants after a group completes its 10 sessions.

¹ The Postpartum Resource Center of New York. Learning about postpartum depression [Web site]. Available at: <http://www.postpartumny.org/whatisPPD.htm> 

² Huiras R. St. Catherine of Siena RNs start postpartum depression support group. Nursing Spectrum/Nurse Week. September 21, 2009. Available at: <http://news.nurse.com/article/20090921/NY02/109210029> 

³ Interview with Mary Ann Gulutz and Sinead Suszczynski, June 3, 2010.

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