



## INCREASING AWARENESS ABOUT POSTNATAL DEPRESSION IN MOTHERS OF NICU INFANTS

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Postnatal depression affects 10-15% of new mothers, however in certain populations, heightened risk factors can elevate that rate by as much as 50%.

Known risk factors pertain to stressful life events such as history of marriage breakdown, death in the family, financial hardship, and premature birth or a traumatic delivery (Bicking and Moore 2012). Therefore, an increased risk of depressive symptomatology arising in women who have infants on the neonatal intensive care unit (NICU) is highly probable because these women have likely experienced a traumatic delivery or premature birth and it is unknown

if the other risk factors may also have occurred. Research has shown that the rate of postnatal depression in this population can be as high as 63% (Hall, Hynan et al. 2015).

Postnatal depression (PND) can have negative effects on the attachment between a mother and her child, and without effective treatment these consequences can be long lasting.

Early intervention is the best way to treat women with PND (Hall, Hynan et al. 2015), despite this as many as 50% of all cases of PND go unrecognised and untreated. Routine screening has been shown to be a successful way to assess and appropriately intervene in women displaying symptoms of PND, however no systematic framework is in place to screen women outside of their routine postpartum check-up. Routine assessment using screening tools such as the Edinburgh Postnatal Depression Scale has been shown to be both time-efficient and cost-effective (Vigod, Villegas et al. 2010).

The nurse-parent relationship is highlighted as one of great importance for mothers with an infant in the NICU (Parker 2011, Bicking and Moore 2012). Research shows that as the infant's health trajectory is constantly changing, the mother's ability to cope with the demands and emotions that accompany the ever-changing health status of their newborn can cause considerable strain and may result in negative mood alterations (Parker 2011). The nurse's role in helping guide and care for the mother during this phase is


paramount to not only the mother's wellbeing, but the mother-infant bond as well.

Despite research identifying the advantageous role of nurses and their optimum positioning for screening, clinical policies and procedures remain unchanged with one study stating that NICU nurses have a lack of knowledge (78% of NICU nurses declared that they had received no mental health training) or familiarity with diagnostic criteria to assess and intervene with (suspected) cases of PND (Sofronas, Feeley et al. 2011).

Integral to changing clinical practice and improving outcomes for mothers in the NICU is a better understanding of the knowledge levels of PND held by NICU staff however to date there is no literature examining this. This gap in understanding what the knowledge levels are is currently being addressed by a research project currently underway at the University of Newcastle. This study aims to capture and assess the knowledge of PND by NICU staff across Australia. For further information please contact Fiona Riches.

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