

Summary of Recommendations

RECOMMENDATION		*LEVEL OF EVIDENCE
Practice Recommendations		
Prevention	1.0 Nurses provide individualized, flexible postpartum care based on the identification of depressive symptoms and maternal preference.	Ia
	2.0 Nurses initiate preventive strategies in the early postpartum period.	Ia
Confirming Depressive Symptoms	3.0 The Edinburgh Postnatal Depression Scale (EPDS) is the recommended self-report tool to confirm depressive symptoms in postpartum mothers.	III
	4.0 The EPDS can be administered anytime throughout the postpartum period (birth to 12 months) to confirm depressive symptoms.	III
	5.0 Nurses encourage postpartum mothers to complete the EPDS by themselves in privacy.	III
	6.0 An EPDS cut-off score greater than 12 may be used to determine depressive symptoms among English-speaking women in the postpartum period. This cut-off criterion should be interpreted cautiously with mothers who: 1) are non-English speaking; 2) use English as a second language, and/or 3) are from diverse cultures.	III
	7.0 The EPDS must be interpreted in combination with clinical judgment to confirm postpartum mothers with depressive symptoms.	III
	8.0 Nurses should provide immediate assessment for self harm ideation/behaviour when a mother scores positive (e.g., from 1 to 3) on the EPDS self-harm item number 10.	IV
Treatment	9.0 Nurses provide supportive weekly interactions and ongoing assessment focusing on mental health needs of postpartum mothers experiencing depressive symptoms.	Ib
	10.0 Nurses facilitate opportunities for the provision of peer support for postpartum mothers with depressive symptoms.	Ib
General	11.0 Nurses facilitate the involvement of partners and family members in the provision of care for postpartum mothers experiencing depressive symptoms, as appropriate.	Ib
	12.0 Nurses promote self-care activities among new mothers to assist in alleviating depressive symptoms during the postpartum period.	IV
	13.0 Nurses consult appropriate resources for current and accurate information before educating mothers with depressive symptoms about psychotropic medications.	IV
Education Recommendations		
	14.0 Nurses providing care to new mothers should receive education on postpartum depression to assist with the confirmation of depressive symptoms and prevention and treatment interventions.	III

*Please refer to page 11 for details regarding “Interpretation of Evidence”.

	RECOMMENDATION	LEVEL OF EVIDENCE
Organization & Policy Recommendations		
	<p>15.0 Practice settings establish local care pathways and protocols to guide practice and to ensure postpartum mothers with depressive symptoms have access to safe and effective treatment.</p>	III
	<p>16.0 Practice settings provide orientation and continuing education related to the care of postpartum mothers experiencing depressive symptoms.</p>	IV
	<p>17.0 Nursing best practice guidelines can be successfully implemented only where there are adequate planning, resources, organizational and administrative support, as well as appropriate facilitation. Organizations may wish to develop a plan for implementation that includes:</p> <ul style="list-style-type: none"> ■ An assessment of organizational readiness and barriers to education. ■ Involvement of all members (whether in a direct or indirect supportive function) who will contribute to the implementation process. ■ Dedication of a qualified individual to provide the support needed for the education and implementation process. ■ Ongoing opportunities for discussion and education to reinforce the importance of best practices. ■ Opportunities for reflection on personal and organizational experience in implementing guidelines. <p>In this regard, RNAO (through a panel of nurses, researchers and administrators) has developed the <i>Toolkit: Implementation of Clinical Practice Guidelines</i> based on available evidence, theoretical perspectives and consensus. The <i>Toolkit</i> is recommended for guiding the implementation of the RNAO guideline <i>Interventions for Postpartum Depression</i>.</p>	IV

Interpretation of Evidence

Levels of Evidence

- Ia Evidence obtained from meta-analysis or systematic review of randomized controlled trials.
- Ib Evidence obtained from at least one well-designed randomized controlled trial.
- Ila Evidence obtained from at least one well-designed controlled study without randomization.
- Ilb Evidence obtained from at least one other type of well-designed quasi-experimental study without randomization.
- III Evidence obtained from well-designed non-experimental descriptive studies, such as comparative studies, correlation studies and case studies.
- IV Evidence obtained from expert committee reports or opinions and/or clinical experiences of respected authorities.