Translating post-partum care guidelines into clinical practice: Nursing interventions to prevent post-partum depression in older Japanese primiparas

Hiroko Iwataa, Emi Moria,*, Akiko Sakajo, Kunie Maeharaa, Kyoko Aokia, Miyako Tsuchiay

aGraduate School of Nursing, Chiba University, Chiba, Japan
bDivision of Cancer Survivorship Research, National Cancer Center, Tokyo, Japan

ABSTRACT

Purpose: To report a detailed procedure for translating care guidelines into clinical practice to prevent post-partum depression in older Japanese primiparas during the first month post-partum.

Design: The procedure to translate the guidelines into clinical practice involved: (i) development of an intervention manual for practitioners and booklet for mothers; (ii) training sessions for nurse practitioners; (iii) revision of the intervention tools; and (iv) introducing the interventions to hospital settings.

Results: The final intervention manual for practitioners comprised three interventions during hospitalization and one intervention after discharge from a birthing facility. The training sessions provided education for practitioners and clarified the practicability and flexibility of the interventions in hospital settings.

Discussion and conclusions: To translate guidelines into clinical practice, we developed two types of intervention tools and educated practitioners through training sessions. An intervention study is in progress, and future evaluation of the study will contribute to revision of our guidelines.

Keywords: depression, maternal age, post-partum, primiparas

ARTICLE INFO

This non peer-reviewed article was produced to share the latest information that has been already published in Japanese with English readers.

This article reports a detailed procedure to translate post-partum care guidelines into clinical practice. The guidelines were published in 2014 as a result of our research project begun in 2011 to help older primiparas more smoothly adapt themselves physically and psychosocially to the childrearing stage of life. The electronic version of the guidelines are now available on the following website.

http://minds4.jcqhc.or.jp/minds/childrearing_support_in_older_primiparas/childrearing_support_in_older_primiparas.pdf

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*Corresponding author
E-mail address: mori@faculty.chiba-u.jp (E. Mori)

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INTRODUCTION

In Japan, the rates of first-time mothers aged 35 years and over (older primiparas) increased from 5.6% to 9.5% between 2006 and 2013 (Ministry of Health, Labour and Welfare, 2006, 2013). Studies have suggested that older primiparas have increased vulnerability for perinatal complications (Sugiura, 2013; Vaughan, Cleary, & Murphy, 2014), depressive symptoms (Matsumoto et al., 2011; Satoh et al., 2009), more severe fatigue (Hattori & Nakajima, 2000), and difficulty in maternal role adaptation (Bryanton, Gagnon, Hatem, & Johnston, 2008; Emmanuel, Creedy, St John, Gamble, & Brown, 2008). In 2011, we began a research project “Developing nursing guidelines for childrearing support in older Japanese primiparas” to better understand and support older primiparas from a nursing perspective. Recommendations for nursing care were formed in 2014. A full version of the guidelines was posted on a website, with free access to facilitate broad dissemination (Mori, 2014). The primary aim of the guidelines was to help older primiparas adapt physically and psychosocially to the childrearing stage of life and achieve a pleasurable experience of childrearing. The guidelines comprised a set of nursing care recommendations for the first month postpartum. Preventing post-partum depression (PPD) was one of the five outcomes in the guidelines.

For broad dissemination, guidelines need to be introduced and implemented in clinical practice. However, recommendations in guidelines are usually abstract and often present challenges for implementation in practice. Therefore, we considered it necessary to translate the guidelines into clinical practice. This paper aimed to report the detailed procedure used to translate post-partum care guidelines into clinical practice to prevent PPD in older Japanese primiparas during the first month post-partum. This article is based on a study first reported in Japanese language entitled “A training course for a practical use of ‘Nursing guidelines for childrearing support in Japanese older primiparas’” in Journal of Graduate School of Nursing Chiba University (Aoki et al, 2016). The present article is intended for a different group of readers, such as those who do not read Japanese but English.

METHODS

Figure 1 illustrates the procedure used to translate the post-partum care guidelines into clinical practice.

Development of intervention tools

Based on the nursing recommendations in the guidelines (Mori, 2014), the present researchers held discussions to develop drafts of two intervention tools: an intervention manual for practitioners and an intervention booklet for mothers. The intervention manual was intended to be used as a step-by-step guide for nurse practitioners in implementing nursing interventions. The intervention booklet was intended to provide mothers with useful information about PPD.

Training sessions for nursing interventions

We conducted a 1-day training session for nurse practitioners to help them acquire knowledge and nursing skills needed to implement the nursing interventions. Table 1 shows the schedule for the training session. To ensure the interventions worked in local settings, we held discussions about practicability and flexibility in each hospital. In total, six nurse leaders from three hospitals were invited to participate in the 1-day session. These nurse leaders were expected to disseminate the content of the training session to all staff nurses. In addition, shortened outreach training sessions were provided at each hospital to allow staff nurses to directly participate in the training.

Revision of the intervention tools and introduction to local settings

We obtained feedback from training session participants on the intervention tools to inform revision of the tools. The revised intervention manual and booklet were introduced to the hospital settings.

Ethical consideration

We obtained informed consent from all hospitals which agreed to participate in the intervention study. To protect the rights and welfare of mothers, nursing interventions were to be provided only by qualified nurse practitioners who participated in the training sessions for nursing interventions. In case that mothers indicated distress during the intervention study, counseling or consultation with psychiatrists were available. In addition, nurse practitioners were monitored carefully to be sure that they were not distressed because of participating in the study. The present study was reviewed and approved by the ethics committee of the principal investigator and all relevant institutional committees of participating hospitals.

RESULTS

Intervention tools

The final intervention manual for practitioners comprised three interventions during hospitalization: 1) encouraging mothers to express concerns at any time; 2) educating mothers about PPD using the intervention booklet; and 3)
Two types of intervention tools were developed from post-partum care guidelines.
1. Intervention manual for practitioners
2. Intervention booklet for mothers

Training sessions were held for nurse practitioners that aimed to:
- Acquire knowledge and nursing skills of interventions
- Obtain feedback on intervention tools
- Discuss practicability and flexibility in local settings

The intervention tools were revised.

Interventions were introduced to local settings.

Figure 1. Procedure used to translate post-partum care guidelines into clinical practice

Table 1. Schedule for the 1-day training session

<table>
<thead>
<tr>
<th>Content</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Overview of the post-partum care guidelines</td>
<td>15 min</td>
</tr>
<tr>
<td>2. Philosophical underpinnings and nursing recommendations</td>
<td>15 min</td>
</tr>
<tr>
<td>3. Principles and methods on nursing interventions</td>
<td>105 min</td>
</tr>
<tr>
<td>- Interventions to prevent post-partum depression</td>
<td></td>
</tr>
<tr>
<td>* Interventions to prevent accumulated fatigue, interventions to promote breastfeeding, interventions to prevent physical symptoms, and interventions to promote maternal confidence and satisfaction were also included in this designated time.</td>
<td></td>
</tr>
<tr>
<td>4. Discussion for adapting to local settings</td>
<td>50 min</td>
</tr>
<tr>
<td>5. Role-play practice of nursing interview</td>
<td>120 min</td>
</tr>
<tr>
<td>- Demonstration of nursing interview using the EPDS</td>
<td></td>
</tr>
<tr>
<td>- Role-play practice</td>
<td></td>
</tr>
<tr>
<td>6. Questions and answers</td>
<td>20 min</td>
</tr>
</tbody>
</table>

EPDS: Edinburgh Postnatal Depression Scale.

Performing a nursing interview after conducting the Edinburgh Postnatal Depression Scale (EPDS). The intervention after discharge from the birthing facility involved provision of support via home visits or telephone calls for high-risk mothers. Detailed intervention methods are described in Table 2. The final three-page intervention booklet for mothers covered the symptoms of depression, self-help behaviors, and family support. Figure 2 shows a sample page of the booklet.

Introduction of nursing interventions to local settings
Four hospitals agreed to participate in the intervention study and introduce the nursing interventions. Before introducing the nursing interventions to the hospitals, we clarified how much change or adaptation was permissible and discussed this at the training sessions.

The first intervention, encouraging mothers to express concerns at any time, was accepted by all four hospitals without adaptation. The second intervention, educating mothers about PPD using the intervention booklet, needed some clarification rather than adaptation. As some hospitals were educating mothers as a group, we asked nurses to set aside additional time for individualized education. The third intervention, performing a nursing interview after conducting the EPDS, needed a degree of adaptation. One hospital was already screening mothers using the EPDS during hospital-stay as standardized care. However, the subsequent nursing interview was not exactly the same as our intervention. Therefore, we asked those
Table 2. Nursing interventions intended to prevent post-partum depression

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>During hospital-stay</strong></td>
<td></td>
</tr>
</tbody>
</table>
| 1. Should the mother exhibit any warning signs, let her know that she can consult with the nursing staff at any time about even the most trivial matters. | • Provide this intervention soon after delivery.  
• Convey a message continuously, that she can consult with the nursing staff at any time.  
• Provide this intervention at least once a day. |
| 2. Explain post-partum depression by using the intervention booklet. | • Hand the intervention booklet to the mother soon after delivery.  
• Explain post-partum depression.  
• Make time to discuss depending on the situation. |
| 3. Screen the mother for symptoms of post-partum depression by using the EPDS. Conduct a nursing interview subsequently. | • Assess the mother about:  
History of mental disorder  
Traumatic experiences during pregnancy  
History of counseling  
Unmarried  
Poverty  
Emergency Caesarean section  
Post-partum health status  
• On 1-2 days before hospital discharge, ask the mother to answer the EPDS.  
• Conduct a nursing interview.  
• Refer the mother for counseling or consultation with a psychiatrist if necessary. |

**After discharge of the hospital**

1. Between her hospital discharge and one-month health examination, make an in-person visit to the home of, or contact by phone. (Applicable to high-risk mothers only)  
• Assess the mother if she is at high-risk for post-partum depression. High-risk mothers include: scored ≥9 in the EPDS; scored affirmative in response to Question 10, which asks, “The thought of harming myself has occurred to me”; and had a history of mental disorder.  
• Make an in-person visit to the home of, or contact by phone. Discuss the following:  
  - Has she experienced any undue difficulties with daily life?  
  - Does she have any concerns about her child’s health or care?  
  - Have family members and others around her acknowledged and praised her for her efforts?  
  - Do her family members and others around her listen to her complaints or concerns?  
  - Has she received the childrearing information she needs?  
  - Is she satisfied with the assistance she has received with her childrearing and household tasks?  
• Provide follow-up support that reflects the new mother’s needs. |

EPDS: Edinburgh Postnatal Depression Scale.
needs. The other two hospitals did not contact mothers by telephone after discharge. A home visit was not standardized care in either hospital. After discussion, the hospitals agreed to implement either a home visit or telephone contact depending on work situations. The interventions were provided to older primiparas from January 2016.

**DISCUSSION**

Nursing care guidelines are expected to improve the quality of nursing care. However, the existence of guidelines alone does not directly lead to improvement of care. Appropriate strategies for guideline dissemination and implementation are indispensable. These include broader dissemination of recommendations such as posting guidelines on a website and allowing free access (Mori, 2014), and providing practitioners with education about use of guidelines (Nast, Erdmann, Pathirana, & Rzany, 2008).

We used a two-fold strategy to translate our guidelines into everyday clinical practice. First, we developed two intervention tools based on guideline recommendations (the intervention manual for practitioners and the intervention booklet for mothers). These tools gave the guidelines a concrete form, as they were considered rather abstract in the original form. Second, we educated practitioners through training sessions on the implementation of the guidelines. In designing the training sessions, practical feasibility was an important consideration for successful guideline implementation, as noted in a previous study (Grimshaw et al., 2004). Given the length of the training session (1 day) and the distance from participants’ workplaces, we invited limited number of practitioners (i.e., two nurse leaders from each hospital) to the full 1-day session and provided shortened outreach training sessions at each hospital.

In addition to these strategies, we considered it important to allow a degree of adaptation to the hospital settings. The literature suggests that interventions work better if a degree of flexibility or tailoring of interventions is allowed for local settings (Craig et al., 2013). Therefore, we discussed standardized care at each hospital and the practicability and flexibility of implementing the interventions in participants’ hospital settings during the training sessions. We clarified how much change was permissible in implementing interventions in each case.

The interventions were first provided to older primiparas at four hospitals in January 2016. An intervention study is in progress to examine the effectiveness of the interventions. The findings of that study will contribute to the refinement of the guidelines and future dissemination and implementation.
LIMITATIONS

This paper described a procedure for translating post-partum care guidelines into clinical practice, which is considered a strength in proper and broad guideline implementation. One limitation might be the convenience sampling used to select hospitals to introduce the guidelines. It is possible that the enthusiasm of lead nurse practitioners made it easier and feasible to introduce the guidelines into their local settings in the present study (Grimshaw et al., 2004). This suggests a need for further consideration when translating guidelines into more diverse clinical settings. More difficulties may be inherent in guideline implementation.

CONCLUSIONS

We used two strategies to translate guidelines into clinical practice. First, we developed two types of intervention tools (the intervention manual for practitioners and the intervention booklet for mothers). Second, we held training sessions to educate practitioners about implementing the interventions. The degree of adaptation was also discussed before introducing the interventions into clinical settings. An intervention study is in progress, and future evaluation will contribute to revision of our guidelines.

DISCLOSURE

The authors declare no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

REFERENCES


fatigue during the postpartum 13 month.