Postpartum Depression, Postpartum Blues, And Postpartum Psychosis

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Complete three nursing diagnoses for postpartum depression, postpartum blues, and or postpartum psychosis. You must have three separate nursing diagnoses, and they each need their own measurable goal, a minimum of 3 nursing interventions for each diagnosis

Nursing Diagnosis # 1

Nursing Diagnosis & Client Outcome	Nursing Interventions	Evaluation
Postpartum Depression Outcome: After the intervention, the patient will be diagnosed with Postpartum Depression. (McKinney et al., 2018) (Ackley et al., 2019, 2018)	1. Encourage the patient to talk about her feelings. 2. Take the patient's history of any such past experiences in case of prior pregnancies and how she coped with that. 3. Identify if there is already any psychological or medical issue the patient is facing. 4. For the initial assessment, use only the two-question tool, which will provide you with an easy assessment and try to figure out any sign of depression or detachment. 5. In case of a positive response to either question, ask the more detailed 10-item Edinburgh Postnatal Depression Scale (EPDS). 6. In case of positive findings from screening questionnaires, refer the patient for a comprehensive clinical interview to ascertain a diagnosis. (McKinney et al., 2018) (Ackley et al., 2019, 2018)	

Nursing Diagnosis #2

Nursing Diagnosis & Client Outcome	Nursing Interventions	Evaluation
Postpartum Blues Outcome: After the intervention, the patient will be diagnosed with Postpartum blues. (McKinney et al., 2018) (Ackley et al., 2019, 2018)	1. Encourage the patient to talk about her feelings. 2. Take a history of her mood changes during menstruation and pregnancy. 3. Ask her about a history of depression, pregnancies, or a family history of postpartum depression. 4. Ask her how long she has been feeling like that. 5. In case the period is longer than two weeks after delivery, refer her to get diagnosed with postpartum depression. 6. Encourage her partner to attend sessions with her and help her cope with the mood changes. (McKinney et al., 2018) (Ackley et al., 2019, 2018)	

Nursing Diagnosis #3

Nursing Diagnosis & Client Outcome	Nursing Interventions	Evaluation
Postpartum Psychosis Outcome: The patient will be identified for postpartum psychosis. (McKinney et al., 2018) (Ackley et al., 2019, 2018)	1. Assess the patient's behaviour during the session. 2. Observe any agitation, irritability, rapid shifting, or disorganized behaviour of the patient. 3. Check for delusions and hallucinations of the baby in the patient. 4. Ask her partner about any personal or family history of postpartum psychosis in the patient's family. 5. Refer her immediately for hospitalization and psychiatric care. (McKinney et al., 2018) (Ackley et al., 2019, 2018)	

References

Ackley, B.J., Ladwig, G.B., Makic, M.B., Martinex-Kratz, M., & Zanotti, M. (2019). *Nursing diagnosis handbook e-book: An evidence-based guide to planning care* (12th ed.). Elsevier Health Sciences.

McKinney, E. S., James, S. R., Murray, S. S., Nelson, K. A., & Ashwill, J. W. (2018). *Maternal-child nursing*. Elsevier.

Research two cultures or religious affiliations (do not include Indian cultures because I already wrote about them) that you have an interest in regarding intrapartum and postpartum beliefs. You should consider both the mother and the newborn regarding the beliefs or practices. Once you have selected two different cultures or religious affiliations, discuss each individually regarding the beliefs and or practices of these cultures or religious groups. You must have at least one well-developed paragraph on each culture and use appropriate reference/s

Intrapartum beliefs and Postpartum beliefs in Mexican American women:

For Mexican women, the social support of family and friends is essential in the intrapartum period. Most women prefer to have their mother, husband, or another close female relative with them during labour. The belief in God is also prominent in Mexican women during their intrapartum time, reflecting an external locus of control during labour. The women believe that everything will go well if they entrust themselves to the Virgin and God. Another common practice among Mexicans during labour is making prayers to the Virgin and God for the baby's health instead of screaming in pain (Hascup et al., 2011). The central belief and practice during the postpartum period in Mexican women is La Cuarentena. La Cuarentena is 40 days of rest. In this rest span, mothers are not allowed to do extraneous house chores, are provided with particular foods, and are provided with enough time to

bond with the new baby. Family care and societal gestures help the new mother and the baby; it is mostly observed that friends or elder relatives assist the new mother in one way or another in taking care of the baby. The helping gestures are usually providing the meals, looking after the children, or actively doing the house chores. (Hascup et al., 2011).

Intrapartum beliefs and Postpartum beliefs in Chinese women:

Many Chinese women depend heavily on others for assistance during pregnancy and do not like healthcare providers that encourage independence. Pregnancy and especially childbirth are marked as a time when it is crucial to maintain between hot and cold food. So they encourage special soups and food during pregnancy, intrapartum, and postpartum periods to keep the baby and mother physically healthy. During the intrapartum period, Chinese people believed that mothers should not cry or scream. Chinese women prefer their traditions over Western culture in labour and during birth. Ideally, the mother or mother-in-law assists the labouring woman and assists in childbirth instead of the child's father (Withers et al., 2018). *Zuo Yuezhi* is standard practice in rural and urban families in China during the postpartum period to assist the new mother in regaining her strength and defending her impending health. *Zuo Yue Zi* includes dietary precautions like eating more food and avoiding any cold food, behavioural precautions like staying more at home and avoiding home chores, hygiene precautions like not taking a bath, and dental hygiene. It also includes infant feeding and care practices like supplemental feeding and providing honeysuckle herb to the newborn (Raven et al. 2007).

Reference

Hascup, V. (2011). Cultural expressions, meanings, beliefs, and practices of Mexican American women during the postpartum period: An ethnonursing study.

Withers, M., Kharazmi, N., & Lim, E. (2018). Traditional beliefs and practices in pregnancy, childbirth, and postpartum: A review of the evidence from Asian countries. Midwifery, 56, 158-170.

Raven, J. H., Chen, Q., Tolhurst, R. J., & Garner, P. (2007). Traditional beliefs and practices in the postpartum period in Fujian Province, China: a qualitative study. BMC Pregnancy and Childbirth, 7(1), 8.