Postpartum Mental Health Assessment

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As a nurse working with a postpartum woman who appears to be having some postpartum mental health issues, I would include Perinatal Scary Thoughts Action Algorithm (PPSC). The PPSC assessment is used to examine patients presenting with scary intrusive thoughts (Brummelte & Galea, 2016). The PPSC protocol involves the determination of the mother's scary thoughts to rule out suicidal ideation. I will examine the extent to which distress interferes with normal functioning by asking her if she is experiencing panic, shame, or guilt about the newborn. After the assessment, I would provide psychoeducation regarding the nature of scary thoughts during the perinatal period. Drastic loss of weight by a mother with postpartum mental health issues may indicate that the newborn is not getting enough care (Brummelte & Galea, 2016). As a nurse working with such a woman, such a drastic loss of weight should get me concerned that the newborn may not be getting adequate care.

Differences between Postpartum "blues" and Postpartum Depression

Having a baby is stressful no matter how much the mother loves her baby or how much she looks forward to it. Postpartum blues are perfectly normal emotional distress that occurs within two weeks after birth. However, if the symptoms of postpartum blues do not go away after a few weeks or get worse, the mother may be suffering from postpartum depression (Suri et al., 2017). Postpartum depression and blues share many pathophysiology and symptoms, including irritability, insomnia, sadness, crying jags, and mood swings. However, the difference is that with postpartum depression, the symptoms are more severe and longer lasting. Coping with postpartum blues and postpartum blues by creating a secure attachment with the baby. Learning to bond with the baby not only benefits the baby but also enables the mother to release endorphins that make her feel more confident and happy as a mom.

Postpartum Psychosis

Postpartum psychosis is an extremely serious disorder that can develop after birth. It is characterized by reality. Due to the high risk of infanticide or suicide, hospitalization is usually needed to keep the mother and the baby safe. Postpartum psychosis may develop immediately after birth, usually two weeks after delivery, and sometimes it develops within 48 hours. The symptoms include thoughts of rapid mood swings, confusion and disorientation, suicidal thoughts, extreme anxiety or agitation, delusions, and hallucinations. Postpartum psychosis is regarded as a medical emergency that requires immediate medical attention. Treatment may involve a combination of medications such as mood stabilizers, antipsychotic drugs, and antidepressants (Wesseloo et al. 2015, p. 123).

Treatment of Postpartum Depression

Postpartum depression is often treated with psychotherapy medication or both. Various medications can be used as treatment options in both lactating and non-lactating medication patients (McKinney et al. 2017). Examples of these drugs include sertraline, carbamazepine, and Compazine. Sertraline and carbamazepine are antidepressants and mood stabilizers, respectively. Compazine is an example of an antipsychotic drug. These drugs modify the activity of neurons in different ways by modulating ion channels and increasing monoamine levels. Sodium channels are molecular targets for mood stabilizers. Antipsychotic drugs work by either blocking dopamine D_2 receptors in the dopaminergic pathways of the brain or through partial agonism. Some adverse effects associated with these drugs include sexual problems, sleepiness, diarrhea, weight gain, nausea, and vomiting (Wesseloo et al., 2015).

Interested in religious affiliations regarding

Muslim

As a nurse, I have a great interest in being aware of and understanding Muslim cultural beliefs and practices. I have an interest in intrapartum and postpartum beliefs. It is estimated that about 2.5 to 3.5 Muslims live in the United States (Mujallad & Taylor, 2016). As a nurse, I would like to be aware of the spiritual needs of childbearing Muslim mothers and their children. This awareness will help me to meet the needs of Muslim mothers and their babies during prenatal, intraportal, and postpartum periods.

Hinduism

The other religious culture I would like to be aware of and understand is Hinduism. In the United States, the Hindu population is approximately 2.8 million, mainly of the Indo-Caribbean and Indian descent (Holland, 2017). As a nurse, I would like to be aware of the spiritual needs of childbearing Hindu mothers and their newborns. This awareness will help me to meet the needs of Muslim mothers and their babies during prenatal, intraportal, and postpartum periods.

African-American Cultures

In order to become a culturally competent nurse, I would like to be aware of and understand the African-American culture. The high rates of immigration contribute to cultural diversity in the United States (Burkett, Anthony & Shambley-Ebron, 2015). I would like to provide competent patient care to African-American mothers and their babies. As a nurse, I would like to be aware of the spiritual needs of childbearing African-American mothers and their children. This awareness will help me to meet the

needs of African-American mothers and their babies during prenatal, intraportal, and postpartum periods.

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