

**Title:**

Interprofessional Healthcare Team Knowledge of Post-Adoption Depression in Adoptive Mothers

**Valerie F. Burris, DNP**

*Dwight Schar College of Nursing and Health Sciences, Ashland University, MANSFIELD, OH, USA*

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**Session Title:**

Maternal Health in Adoptive Mothers

**Slot:**

I 01: Monday, 30 October 2017: 3:45 PM-4:30 PM

**Scheduled Time:**

4:05 PM

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**Keywords:**

Assessment and screening, Interprofessional health care team and Post-adoption depression

**References:**

Foli, K. J., South, S., Lim, E., & Hebdon, M. (2012). Maternal postadoption depression, unmet expectations, and personality traits. *Journal of the American Psychiatric Nurses Association*, 18(5), 267-277. doi: 10.1177/1078390312457993

Truitt, F. E., Pina, B. J., Person-Rennel, N. H., & Angstman, K. B. (2013). Outcomes for collaborative care versus routine care in the management of postpartum depression. *Quality in Primary Care*, 21, 171-177.

Quevedo, L. A., Silva, R. A., Godoy, R., Jansen, K., Matos, M. B., Tavares Pinheiro, K. A. & Pinheiro, R. T., (2012). The impact of maternal post-partum depression on the language development of children at 12 months. *Child: Care, Health and Development*, 38(3), 420-424.

**Abstract Summary:**

In the United States, postpartum depression (PPD) prevalence is 10-15%. Literature suggests a similar pattern exists in adoptive mothers. This phenomenon is known as postadoption depression (PAD). This project sought to identify knowledge of post-adoption depression of the team working with adoptive mothers.

**Learning Activity:**

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will be able to gain knowledge about postadoption depression.	1. Comparing post-partum depression prevalence and symptomology with post-adoption prevalence and symptomology. 2. Contributing factors to post-adoption depression.
The learner will be able to express the role of the health care team in postadoption depression screening.	1. Interprofessional health care teams knowledge of post-adoption depression. 2. Future education development for the health care professional team.

**Abstract Text:**

Post-partum depression (PPD) is comprehensively documented in maternal and newborn care. Routine assessment for symptoms of PPD, including irritability; appetite changes; feelings of worthlessness; deficiency of energy, difficulties with concentration or completion of tasks; anxiety; insomnia; and suicidal ideation is standard of care. In the United States, PPD prevalence is 10-15%, and places mother, child and the entire family at risk for impending problems. Contemporary literature suggests a similar pattern exists in adoptive mothers. This phenomenon is known as post-adoption depression (PAD) (CDC, 2008; Ertel, Rich-Edwards & Koenen, 2011; Fields, Meuchel, Jaffe, Jha, & Payne, 2010; Foli, et al., 2012; Gilbert, 2011; Montgomery, Massey, Adams & Bailey, 2012; McKay, Ross, & Goldberg, 2010; Mott, Schiller, Richards, O'Hara, & Stuart, 2011; postpartum depression, n.d.; Senecky et al., 2009). This project sought to identify knowledge of post-adoption depression (PAD) of the interprofessional team working with recently adoptive mothers. A mixed-method design survey was selected to gather preliminary data about what is and is not, known about PAD. Additionally inquiry regarding education, assessment, and interventions used in dealing with PAD.

Twenty-five surveys were obtained via personal face-to-face, telephone, or email interview. This investigation queried interprofessional adoptive health care team members using directed convenience and snowball sampling technique. Only 24% (n=6) of respondents indicated they had heard of PAD. Of these respondents, 83% (n=5) had a personal history of adoption. No interprofessional adoptive health care team member provided screening or education prior to the adoption, and only the counselor indicated screening for generalized depression would be conducted if the patient presented with depressive signs and symptoms. No respondent had a plan for treatment and evaluation specifically for PAD.

This pilot study demonstrated knowledge deficit of PAD by adoptive interprofessional health care team. Adoptive families are lacking education regarding PAD. Deficiencies in screening, diagnosing, or treating for PAD are evident. Education for providers, adoption agencies, and adoptive families is essential to raise awareness, followed by programs to support adoptive families experiencing PAD.