



Nursing Intervention in Postpartum Psychosis Care: A Poster for Nursing Students

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**Nursing Intervention in Postpartum Psychosis care- A Poster for
Nursing Students**

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Postpartum psychosis (PP) is a psychiatric condition that affects women shortly after child delivery. The condition presents in form of mood disorders, mania, insomnia, and hallucination. Factors that increase the risk for the condition include a history of psychiatric illness, primiparity, among others. If not properly managed, PP can lead to complications such as problems with mother-baby bonding and can endanger both mother and baby. Despite the seriousness of the symptoms, the condition is very rarely discussed in nursing teaching. Hence there is a need to increase the awareness among future nurses about the condition and the roles nurses play in its management. Nurses are the professionals of interest due to the close relationship they have with mothers throughout the perinatal period.

The purpose of this thesis is to design an educational poster about the main nursing interventions in Postpartum Psychosis care for nursing students of Laurea University of Applied Sciences (Laurea UAS). The research thesis aims to increase the knowledge of the nursing intervention and roles of nurses in Postpartum Psychosis Care among Nursing Students. This thesis is a Learning by Developing project; a functional thesis to design an educational poster on the nursing interventions in PP care. The poster was designed using PowerPoint as the graphic tool for the design. The poster is to be placed in the Nursing workshop room in Laurea University of Applied Sciences (Laurea UAS), Tikkurila Campus. The poster designed was evaluated by final year Degree Nursing Students of Laurea UAS. The results of the evaluation obtained from 13 respondents; 82% of the participants responded that the poster was very self-explanatory, while 58% of the respondents said that the poster improved their knowledge of PP (fairly) well. The researcher hopes that the poster serves as an easily accessible teaching tool of the PP for nursing students especially in Laurea UAS.

Keywords: postpartum psychosis, mother-baby unit, poster, learning by developing

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1 Introduction

Postpartum (or puerperal or postnatal) psychosis (PP) is a rare, severe, and acute mental illness that begins shortly after childbirth. Although, not as common as postpartum depression, it presents in the form of mania, severe depression, or a mixed feature of both extreme moods (Jones and Smith 2009; Heron, Craddock and Jones 2005). Even though PP occurs in only about 0.1 - 0.2% of deliveries (Vanderkruik, et al. 2017; Kendell, Chalmers, and Platz 1987), it is an emergency that requires immediate medical intervention (Doucet et al. 2011). The devastating consequences resulting from PP include neglect and infant abuse (Chandra et al. 2006), infanticide (Brockington 2017; Spinelli 2004), increased risk of maternal suicide (Knight 2019; Appleby et al. 1998), mother-infant bonding problems (Hipwell et al. 2000), and adverse effect on infant development (Hoffman, Dunn and Njoroge 2017). Postpartum psychosis patients present with delusions, elated, dysphoric, or labile mood, hallucinations, mania, bizarre behaviours, insomnia, agitation, and depression within 2 weeks postpartum which necessitates hospitalizations (Davidson, et al. 2017; Ganjekar et al. 2013; Gordon-Smith, et al. 2020; Kamperman et al. 2017; Monzon, Lanza di Scalea & Pearlstein 2014; Heron et al. 2008; Sit, Roschild & Wisner 2006). Nurses play critical roles in the care of the mother and the baby during pregnancy, at birth, and in the postpartum period. In Finland for instance, the registered nurse (Sairaanhoitaja), public health nurse (Terveydenhoitaja), and the midwife (Kättilö) are all involved in the care of the mother and baby through the municipal childcare clinics and hospitals (Ministry of Social Affairs and health, STM 2020; Finnish Institute for Health and Welfare, THL 2020). The public health nurse carries out regular pregnancy checks before birth. After delivery, she is responsible for postpartum checks of the mother and the baby's regular health checks too (THL 2020). The registered nurse is involved in care during doctor's visits, which can be the obstetrician, or any other specialist doctor involved in the care of the mother if she has an underlying health condition (Oulu University hospital, OYS 2020). The midwife delivers the baby and is involved in the care of the mother and baby during the immediate postpartum period until discharge from the hospital after which the public health nurse takes over the care responsibilities (Suomen Kättilöliitto 2020). The important roles played by nurses during the perinatal period as well as the constant interaction between the nurse and the pregnant woman make it important for future nurses to be aware of the risk factors, symptoms of postpartum psychosis, and nursing interventions in the management of postpartum psychosis. This also makes them critical role players in the management and care of mothers suffering from PP.

Hence, this thesis is a form of functional thesis and an educational poster for nursing students is the product of the thesis. The purpose of this thesis is to design an educational poster about postpartum psychosis care for nursing students and the aim is to increase the knowledge of nursing interventions in postpartum psychosis care among nursing students. As a visual

educational aid, a poster is a simple and effective way to get nursing students to learn about postpartum psychosis. The poster is to be placed in one of the workshop rooms for degree nursing students at the Laurea University of Applied Sciences, Tikkurila campus.

2 Theoretical Framework

2.1 Postpartum Period

The Postpartum Period or Postnatal period is the period immediately after childbirth till about six weeks (42 days) after delivery. This period may be divided into the immediate postnatal period, early postnatal period, and late postnatal period. (World Health Organisation, WHO 2010.) The immediate postnatal period is the first 24 hrs after childbirth which begins with delivery (WHO 2010) and is also known as Puerperium, hence, postpartum psychosis is sometimes referred to as Puerperal Psychosis. The postpartum period is a critical stage in the lives of mothers and their new-born babies (WHO 2014), and it is sometimes referred to as the 4th trimester as infants' transition and adjust to life outside the womb and mothers adjust to parenthood (Verbiest, Trully, & Stuebe 2017). This period is marked by significant biological, psychological, as well as social changes (Verbiest, Trully, & Stuebe 2017). In the postpartum period, the care provided by nurses is vast. They include monitoring vital signs, pain management, monitoring and establishing parent-baby bonding and breastfeeding, monitoring, and providing information about the symptoms of postpartum psychotic disorders, referral to appropriate resources for community support and follow-up care (Butcher et al. 2018).

2.2 Postpartum Psychosis

Postpartum psychosis or puerperal psychosis is a rare gynaecologic or obstetric disease characterised by the sudden onset of psychiatric symptoms during the first weeks after childbirth which presents clinical features such as mood changes, depression, anxiety, delusions, and hallucinations (Orphanet 2020). Occasionally, symptoms present within 48-72 hours postpartum (Burgerhout 2016, 10). Women suffering from PP usually have feelings of guilt and shame about not being able to care for their baby properly (Engqvist, Ferst, Ahlin, & Nilsson 2011; Engqvist & Nilsson 2013), as well as negative thoughts about their baby (Glover, Jomeen, Urquhart & Martin 2014). PP increases the risk of suicide and infanticide significantly (Bergink, Rasgon & Wisner 2016). The first description of the relationship between birth and mental illnesses was made by Hippocrates in his book "Third Epidemics" where he described the symptoms of PP in a woman who later dies from the condition 17 days after childbirth (Burgerhout 2016). Despite the low incidence of Postpartum psychosis, its potential for serious consequences makes it morbidity of significance from a global public health perspective (VanderKruik et al. 2017).

2.2.1 Risk Factors

The exact cause of PP is unknown as no study has been able to confirm a specific risk factor to be responsible for triggering the onset of symptoms, apart from childbirth. However, multiple factors are believed to be responsible for the pathogenesis of PP (Monzon et al. 2014). The risk factors associated with the condition include bipolar disorder and other psychiatric conditions, pregnancy complications such as pre-eclampsia, sleep disturbances, genetics, hormone fluctuations, etc. (Osborne 2018). Bipolar disorder and a history of postpartum psychosis or any other psychiatric condition are the most significant risk for PP. An existing bipolar disorder diagnosis increases the risk of psychosis symptoms being triggered in the postpartum period. A study showed that only about 33% of women that experience PP have a prior psychiatric history, but a third of them were diagnosed with bipolar disorder (Blackmore et al. 2013). Primiparity (first childbirth) is one of the factors implicated in PP. Primiparous women are overly represented in cases of postpartum psychosis (Di Florio et al. 2014). Primiparous women have been shown by multiple studies to have a higher risk of PP (Blackmore et al. 2006; Di Florio et al. 2014; Munk-Olsen et al. 2014; Blackmore et al 2006 1982; Videbech and Gouliaev 1996). Although only some of the women who experience PP in their first childbirth go on to have it in subsequent pregnancies (Blackmore et al. 2013), research restricted to women who went on to have subsequent pregnancies still showed a consistent risk in primiparous women (Blackmore et al. 2006). Psychosocial stress having with first child, as well as biological differences between first pregnancies and subsequent pregnancies are speculated to play a role in this disparity (Blackmore et al. 2006, Di Florio et al 2014, Osborne 2018). Also, a woman with no experience of PP during her first pregnancy has a significantly lower risk of experiencing it during subsequent deliveries (Di Florio et al 2014 and Valdimarsdóttir et al. 2009). Primiparity together with existing bipolar or related psychiatric disorders result in an increase in the risk of PP by 25-50% (Noorlander, Bergink, and van den Berg 2008). Pre-eclampsia like PP is more prevalent in primiparous women and has a high risk in a subsequent pregnancy. Although the relationship between PP and pre-eclampsia is not established, a study has shown that a strong relationship between pre-eclampsia and first-onset psychiatric episodes post-partum at a ratio of nearly 5 in primiparous mothers (Bergink et al 2016). Hormone fluctuation is a part of the normal physiologic process in the postpartum period which has been implicated in PP. In the first 24 hours after childbirth the levels of oestrogen and progesterone drop. However, this drop in hormone levels does not show a significant difference in healthy mothers and mothers that suffer from psychiatric episodes (Schiller, Meltzer-Brody and Rubinow et al. 2015; Yim et al. 2015), indicating that it is not responsible for the increasing the risk of PP. Rather, sensitivity to hormonal fluctuations has been observed in many women (Bloch 2000). Very little research has been carried out on how hormones contribute specifically to PP (Osborne, 2018). Pre-eclampsia like PP is more prevalent in primiparous women and has a high risk in subsequent pregnancy (Hernández-Díaz, Toh and Cnattingius 2009; Luo et al. 2007).

2.2.2 Symptoms

Insomnia, mania, and depression are among the early symptoms of PP. Delirium, disorientation, confusion, depersonalization as well as derealization are features observed in mothers suffering from the condition. Women suffering from PP have mood-incongruent delusions, obsessive thoughts of their baby which are atypical with patients suffering from bipolar disorder. (Bergink et al 2015b.) Anxiety, rapid mood changes, paranoia, withdrawal, agitation, and restlessness are some of the other symptoms observed in postpartum psychosis (Royal College of Psychiatrists, RC PSYCH 2020). PP as a condition has no specific test or assessment for its diagnosis because of its rarity (Osborne 2018). The patient's history of possible previous psychotic episodes is crucial in diagnosis. Usually, patients with PP presents with one of three types of the condition: Mania-mixed episodes with or without psychotic features, depression with psychotic features, and psychosis without mood symptoms. (Bergink et al. 2016.) Hence, the commonly used Edinburgh Postnatal Depression Scale (Cox, Holden & Sagovsky 1987), may detect depressive symptoms but still cannot assess the symptoms of PP effectively (Osborne 2018).

2.2.3 Treatment

Psychosocial support is critical to recovering from PP (Osborne 2018). Psychoeducation, supportive therapy, and continuous assessment of the patient's function and safety status are also part of care (Shehu and Yunusa 2015). In most cases, the condition requires hospitalization, and care may be administered in specialised mother-baby units (MBUs) (Connellan 2017). These units help to promote mother-baby attachment during treatment in the postpartum period (Osborne 2018). The units also help to ensure prompt and safe treatment. The three main treatment options used in PP treatment are Pharmacotherapy (antipsychotics, mood stabilisers), Electro-convulsive therapy, and In-patient treatment (Psychiatric units and MBUs). Electroconvulsive therapy (ECT) is the use of electric current to create a generalised cerebral seizure while the patient is under intravenous sedation or general anaesthesia. ECT is administered by an anaesthesiologist, a psychiatrist, and a nurse. (Salik and Marwaha 2020.) It is an effective treatment for PP, and it reduces possible risks associated with medication in the nursing infant. ECT is mainly used in the treatment of women that show signs of suicidality and catatonia relating to decreased food intake and inability or refusal to take medications. (Babu, Thippeswamy, & Chandra 2013.) The treatment and recovery areas should have the standard American Society of Anaesthesiologists (ASA) monitors as well as equipment to support and monitor the vital signs (Salik and Marwaha 2020). Pharmacotherapy is often necessary for the treatment of PP due to the severity of its symptoms (Osborne 2018). In initiating acute pharmacotherapy, medication such as atypical antipsychotics, mood stabilisers, anti-manic agents like lithium, and anti-epileptics are used (Spinelli 2004). Lithium may also be used for the prevention of relapse and maintenance of treatment (Bergink et al. 2015 a).

2.3 Nursing Intervention in Mother-Baby Units (MBUs)

An intervention is any treatment, based on clinical judgment and knowledge, performed by a nurse to enhance patient or client outcomes. Nursing interventions include both direct and indirect care that may be aimed at individuals, communities, or families. (Butcher et al. 2018). Nursing intervention may be defined as any task that a nurse does to or for a patient or more specifically, nursing intervention in anything a nurse does that directly leads to a patient outcome (Reising 2016). Nursing interventions are compiled and classified in the Nursing Interventions Classification (NIC), which is a comprehensive, research-based, standardised classification of interventions that nurses perform. The types of interventions recognised as the primary focus points are community, family, behavioral, health system, basic and complex physiological nursing interventions. (Butcher et al. 2018.)

In-patient care in MBUs is focused on three areas: maternal health, mother-baby outcomes, and care of the next of kin (Gillham & Wittkowski 2015; Sit et al. 2006; Spinelli, 2009; Vliegen et al. 2013). Mother-baby units (MBUs) are specialist perinatal in-patient facilities recommended when a woman with PP requires psychiatric admission (National Institute for Clinical Excellence, NICE 2020).

2.3.1 Maternal Care in MBUs

The mental and physical health of women is of the main concern of maternal health when they are admitted in the postpartum period (National Collaborating Centre for Primary Care 2006). At the acute phase of care, nursing intervention carried out as part of the care of the mother includes maintaining self-care, ensuring proper feeding, and providing postpartum care. The patient is given information to encourage compliance, and the mental and physical condition is stabilised by promoting rest, gaining trust, providing structure, preventing escalation, among other interventions. (Korteland, Koorengel, Poslawsky & van Meijel 2019.) Creating a safe environment and providing structure is also a part of this stage of care (Korteland et al. 2019). During the treatment phase of care, Interventions carried out are establishing and maintaining a therapeutic relationship, continuing the stabilization process, providing patient-specific postpartum care and support, securing activities of daily life, continuing to provide information on PP and treatment to improve compliance, and establishing strategies to prevent relapse (Korteland et al. 2019). In preparing for discharge, care interventions include providing support and psychoeducation, enhancing compliance, preventing relapse, improving compliance, promoting acceptance of PP, and return of self-confidence. Also, it is important to map out the care needs after discharge and establishing a secure home environment. (Korteland et al. 2019.)

2.3.2 Mother-Baby Dyad Care in MBUs

Outcomes related to the mother-baby dyad are related to baby development and parenting skills (Gillham & Wittkowski 2015), and the mother-baby relationship (Vliegen et al., 2013). Parent-baby bonding in the first weeks of birth is crucial for the physical and psychological development of the infant (Leadsom, Field, Burstow, & Lucas 2013), which is an advantage MBUs present. At the acute stage of care, the priority is ensuring the safety of the mother and (especially) the baby and this may be ensured by continuous assessment of the mother for possible hostile thoughts or psychiatric symptoms towards the baby. (Korteland et al. 2019.) Mother-baby interaction is prioritised, and the level of supervision required during interaction is determined by the mother's mental and physical condition. The nurse also provides care for the baby, teaches the mother how to care for the baby, and gives feedback to the mother about interactions to ensure the baby's safety while ensuring the feedback does not distress the mother more. (Korteland et al. 2019.) In the treatment stage, the baby's safety is maintained, mother-baby interaction and relationship are further supported and promoted, and the patient's role as a mother is strengthened (Korteland et al. 2019). At the later stage of care, care is aimed at improving the development of mother-baby interaction and relationship, providing information according to patient's needs, giving the patient autonomy, establishing a secure home, and mapping the care needs for post-discharge (Korteland et al. 2019).

2.3.3 Care of Partners in MBUs

The partner and family of the woman are very important in the recovery (Plunkett et al. 2016; Plunkett et al. 2017), hence, the professionals need to promote a functional family system as part of the intervention. This is done by educating the family about the condition and how long recovery may take (Heron et al. 2012). Studies show that the recovery process was slower for mothers whose families cannot understand or cope (Glover, et al. 2014). Partners of women who suffer from PP often suffer from a sense of loss of their partner, separation from their baby and partner and they feel powerless from not understanding the situation, inability to help their partner as well as fear of the unknown (Holford, Channon, Heron, and Jones 2018). During the acute stage of care, a therapeutic alliance is built with the partner, his trust is gained, and the partner is involved in care of both mother and baby. The partner is also given the needed support and information about PP is provided. (Korteland et al. 2019.) At this stage, monitoring the patient is a form of care of the partner too. As care progresses, the partner's wellbeing is also monitored, the support given is continued, and the partner is involved in the care of the mother and baby (Korteland et al, 2019). As discharge approaches, psychoeducation is provided for the partner, an effort is made to regain the partner's trust for the patient, and care needs of the partner after the patient's discharge is mapped out (Korteland et al. 2019).

3 Purpose, Aim, and Research Question

The purpose of this thesis is to design an educational poster about the main nursing interventions in Postpartum Psychosis care for nursing students,

This research thesis aims to increase the knowledge of the nursing intervention and roles of nurses in Postpartum Psychosis Care among Nursing Students.

Research Question

What are the main nursing interventions in Postpartum Psychosis Care?

4 Methodology

4.1 Learning by Developing Project (LbD Project)

This thesis is a Learning by developing project (LbD-project) and the product of the project is an educational poster. Learning by Developing (LbD) is an innovative operating model that requires students to undertake work-life projects in collaboration with teachers and work-life partners and/or experts to produce new practices. The model helps the students to develop work/life knowledge/ skills as well as competencies related to the subject. (Vyakarnam, Illes, Kolmos, Madritsch 2008.) The LbD operational model was developed at Laurea University of Applied Sciences in the year 2000. The model was developed to achieve the objectives of the Universities of Applied Sciences (UAS) in Finland as obligated by the Ministry of Education and Culture (Juvonen, Marjanen, & Meristö 2018). The objectives were pedagogy, regional development, and research and development. The Universities of Applied Sciences were obliged to work in cooperation with the surrounding society and to improve their contribution to society with research (Finnish Law, Act 558/ 2009). The UAS Act (Finnish Law, Act 351/2003) also mandates that universities of applied sciences provide research-based education, to support students' professional growth and to carry out research and development work that supports instruction with special emphasis on promoting regional development. LbD has now become a trademark for Laurea UAS (Laurea UAS) and has made Laurea UAS an outstanding UAS in Finland (Vyakarnam et al. 2008). As an LbD project, this thesis will promote and support the learning-, research- and professional skills of the author. It will also contribute to the learning of other nursing students at Laurea University of Applied Sciences. The theoretical background of this thesis work was carried out by searching for information from reliable databases for academic and research journals. The materials were sourced mainly from CINAHL (EBSCO), Google Scholar, ProQuest, and PubMed. Materials used were mainly published between 2010 and 2020 to ensure the most recent findings of the idea of interest are obtained.

4.2 Posters as Educational Tools

A poster is a monochrome or multi-colored sheet of paper, designed with texts and graphics, usually placed in a public area to convey a message (Apostposter.com 2020). Posters are widely used in academics and research to present and summarise the information of a research at conventions across many disciplines, attractively with the use of brief texts, pictures, tables, and graphs (SUPI, University of Manchester 2020; New York University libraries 2020). Posters have been used to develop the intellectual, academic, and professional competencies of students with relevance to practice. In making a poster, it helps to organise, evaluate, and reflect on information and communicate theoretical knowledge. (Bagger & Kelly 2008.) Posters are visual aids that can be used as independent sources of information or as support for other forms of presentation (Duchlin and Sherwood, 1990).

4.2.1 Posters in Nursing Education

Many academic works of literature have been published on the use of poster presentation in health-related professions (Berg 2005; Lang, Wyr & Haynes 2007; Rowe & Ilic 2009a&b). Posters have been well used by nurses to present innovative practices and the most recent research findings in regional, national, and international professional meetings (Berg, 2005; Keely 2004; Moore et al. 2001). This dissemination of clinical innovations and research findings is crucial to the growth of knowledge and development of the nursing practice (Moore et al. 2001; Taggart & Arslanian 2000). In designing the poster, the student is involved in a project benefits in many ways such as information-gathering, analysis and dissemination of knowledge which are vital for professional and personal growth (Bracher, Cantrell, & Wilkie 1998; Halligan, 2008). Posters have also been used as educational strategy and assessment for students in fields of study including nursing which benefits both students and instructors (Brown & Knight 1994; Conyers 2003; Handron 1994; Ross, Dlungwane, T. & Van Wyk 2019).

4.3 Planning and Designing a Poster

Designing a poster requires planning and many factors need to be considered. It is important to choose the right graphic tools like PowerPoint, Adobe Illustrator, Photoshop, Canva, etc. that one is familiar with and can use properly (Gundogan et al, 2016; Gresh, 2019; NYU, Libraries, 2020). In designing a poster, it is important to view a lot of posters to collate ideas on how to create an informative and aesthetically pleasing poster. The poster should be designed in a manner that the information is minimal with key points only and the images should not be distracting from the key information. (Gundogan et al. 2016.) The flow of information in the poster should be logical and the colour system should have effective contrast to ease reading (Gundogan et al. 2016). San serif fonts like Times New Roman, Arial, or Calibri should be used, the font size for the subheadings should be 48 or larger and the font size for the narrative texts should be between 30-36 (Argonne National Laboratory 2020). The poster should be designed

in a manner that is self-explanatory to the reader. Before the poster is finalised and printed, it should be reviewed by colleagues and teachers and be proof-read. (Gresh 2019.)

4.3.1 Features of a Good Poster

- The most important information should be readable from about 2-3 metres away.
- The title should be short and interesting.
- The total word count should be about 300-800 words with a maximum of 1000 words.
- The text should be concise and straight to the point.
- Bullets, numbering, and headline are used to ease reading.
- Effective use of colour, fonts, graphics.
- The poster should contain the author's name, acknowledgment, and institutional affiliation. (NYU Libraries 2020.)

5 Result- The Poster

In the design of this poster, PowerPoint was used as a graphic tool because it is easy to use, and it is a more familiar tool to the author. However, the author had to learn how to use PowerPoint as an infographic tool through educational videos and articles.

The vector images of different colours were used to give the poster an aesthetic feature while also keeping the poster simple and not distracting the readers from the contents of the poster. The images also aimed at conveying a message, mainly about the subheadings. The sub-headings were underlined since they were in lower cases and were also designed to have different colours to highlight them. Short sentences were used primarily in the design and the number of words in the poster was well within the 800-1000 words recommendation limits. Only key messages were kept in the poster. The Calibri Text font type was used and the size of the font for the Title bar was 90. The font size for the sub-headings was 48 while the narrative texts had a font size of 36, which is the maximum size according to the recommendation in order to improve legibility. To achieve an orderly arrangement, the poster was designed using grouped text boxes. The grid feature of PowerPoint was used to ensure uniform spacing between textboxes while the line spacing was 1.5. The main points were listed with coloured bullets and images representing points. A central vector image of a mother and her baby was added to the design to symbolise the postpartum period.



Figure 1: The Poster



Poster draft 2 - Copy. - Copy.pdf

5.1 Evaluation of the Poster

To carry out the evaluation survey, a research permit was obtained from Laurea UAS (see Appendix 2). The students' evaluation of the poster was done using a short questionnaire. The questions were geared towards getting information about how the poster can be improved in its content and design as well information about how well the language used in the poster gives a self-explanatory understanding of postpartum psychosis. The question was presented in form of an anonymous online questionnaire (Google forms) which was sent to the class's WhatsApp group page where it can be easily accessed by participants on their mobile devices. A cover letter (see Appendix 3), a short introductory message, as well as an electronic copy of the poster were attached with the Google Form link to the class's WhatsApp group. The target group was the final year Degree Nursing students of Laurea, UAS, Tikkurila campus. The group was selected because they close to graduating and they fit the criteria of the purpose the thesis wants to fulfil. Although the thesis targets specifically nursing students studying in the English language, the poster will also benefit the Finnish speaking students because a good number of Finnish students speak English well and the poster will be placed in a common area for all

nursing students. The survey aimed to get the opinions of the students on the poster and how they think the poster supports their knowledge of the topic as well as how the poster can be improved. The findings from the survey were then used to correct possible errors and to improve the quality of content and design of the poster for the final design.

The Likert satisfaction scale was used in the questionnaire and it is a scale that has a neutral option which makes it a better option for this survey compared to the two-options of binary questions (SurveyMonkey 2021).

Questions presented in the questionnaire.

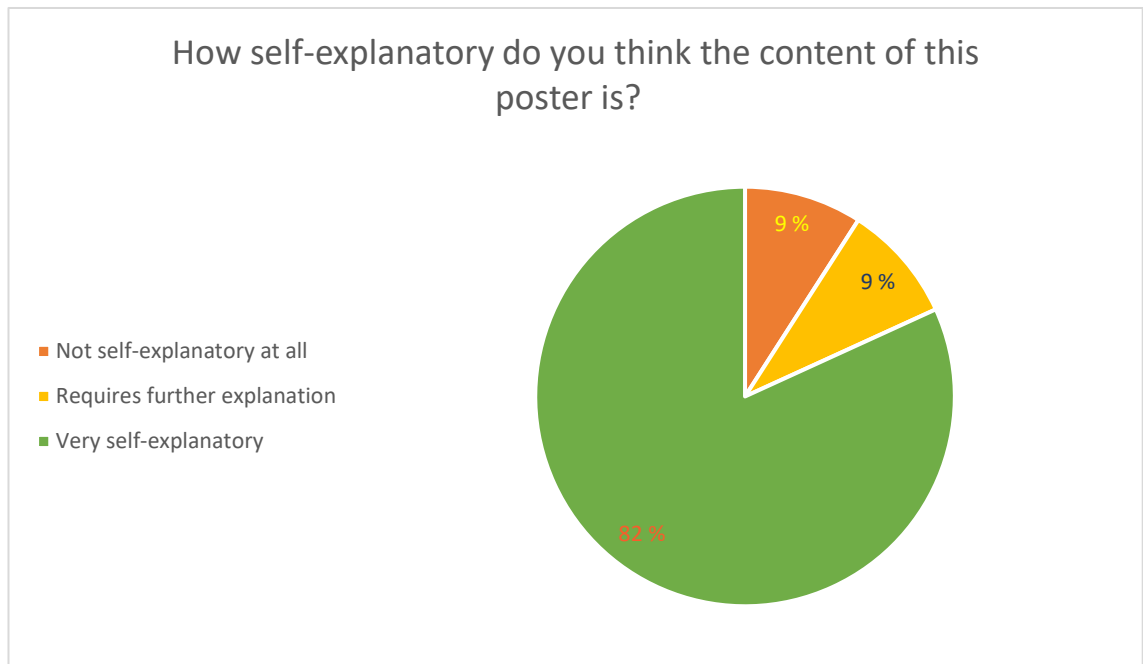
- How self-explanatory do you think the content of this poster is?
 - I. Not self-explanatory at all
 - II. Requires further explanation.
 - III. Very Self-explanatory
- How well do you think this poster has improved your knowledge of postpartum psychosis as a nursing student?
 - I. A little
 - II. Fairly well
 - III. Very Well
- How do you think the content and the design of this poster can be improved?

The results of the survey are automatically saved in google forms in form of pie charts and bar charts which will be attached to this thesis and the findings from the results will be used to improve the poster in its content and design.

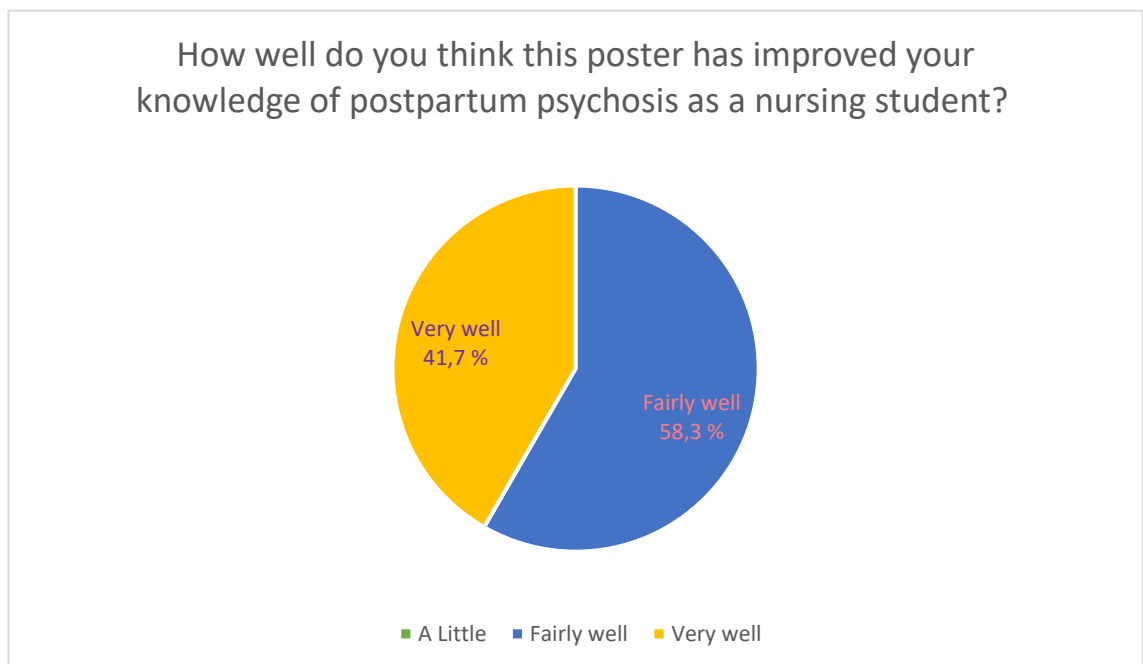
5.2 Results of the Poster Evaluation

There are about 28 students in the group selected for the evaluation and 13 respondents participated in the survey. The results obtained from the survey for each of the questions are as follows:

Question 1: How self-explanatory do you think the content of this poster is?



Question 2: How well do you think this poster has improved your knowledge of postpartum psychosis as a nursing student?



Question 3: How do you think the content and the design of this poster can be improved?

Some of the short answers and comments that were given to this question are:

- Very simple and fun looking, easy to read, and nice colours. Check for Spelling errors.
- Maybe use less text and more key ideas.
- Looks good but try to use easy to understand terminologies for regular people.
- I think the poster does not need 2 Laurea logos.
- Good content and design! But Laurea logo overlaps with the first heading on the left side of the poster
- Looks good and I learned new things.

6 Ethical Considerations

In carrying out research it is important to conduct the research ethically, and responsibly. The research must be conducted with integrity in the methodology, data acquisition and dissemination of scientific knowledge. This also means that the work and achievements of other researchers are respected, and their publications are appropriately cited. (The Finnish National Board of Research Ethics, TENK 2020.) Hence, this thesis work was done following the ethical guidelines of the Rectors' Conference of Finnish Universities of Applied Sciences (ARENE), for universities of applied sciences, as well as the Laurea UAS guidelines. Recognition of intellectual property by avoiding plagiarism in all forms, with proper referencing and acknowledgment of content owners was be done. In writing this research work, all articles used as information sources were mainly academic and research articles that were sourced from databases such as CINAHL EBSCOHost, Google Scholar, and ProQuest. The author read and reviewed the texts, and the information was added to this thesis work in the author's own words while ensuring that the intended message conveyed in the source texts is not lost. The source texts used were carefully documented with in-text referencing and the full references were listed in the references section of this thesis work. All images used in the poster design are either free from the PowerPoint graphic tool or the author obtained a licence to use them in the design. By Laurea's ethical requirement for researching students, all research carried out involving students requires a research permit which the author obtained before sending out the feedback forms to the students.

7 Validity and Reliability

Reliability and validity are very important concepts in any research, and they are even more so in nursing as it is the basis by which evidence-based research and practices are built and developed. Reliability is the ability of a measurement method to consistently measure the attributes of a variable. In some research types, it is the exact replicability of the process and results (Leung 2015). In this thesis, while the exact poster design may not be replicated by another researcher, the content of the poster with regards to the topic is consistent and are replicable anywhere else. This is ensured using national and international articles and books from reliable sources which are appropriately referenced. Validity, on the other hand, is the accuracy by which the instrument or measurement method measures the variable. (Lo-Biondo-Wood and Haber 2014.) It is the measure of how appropriate the tools, processes, and data are for the research. It is also a measure of how the research question, methodology, and outcome suit and complement each other. (Leung 2015.) The tools and processes used in this thesis process are appropriately such that the outcome of the research (a poster) is consistent with the aim and research question stated by the author at the beginning of the thesis. The features of a good quality poster based of evidence, were used to design the poster in this thesis. The poster was also evaluated by nursing students of Laurea UAS and changes were made based on the feedback of the respondents that participated in the evaluation survey.

8 Conclusion

Postpartum psychosis is a public health concern despite its low incidence due to its severity. This thesis used evidence-based information about the condition to create an educational poster for nursing students in order to increase the knowledge of the condition and create awareness about the roles played by nurses in mother-baby units in the care of mothers suffering from PP and their families. The thesis process included literature review, planning, and designing the poster. The process also includes applying for research permits for survey and carrying out an evaluation survey for the poster. In the course of this work, the author learnt to improve on her existing skills as well as learnt new ones such as graphic design in order to complete this work.

The information gathered from the literature showed that postpartum psychosis management is best achieved with the family care model which considered the family as a unit and care is not just focused on the mother with the condition. It was discovered that this system not only caters for the care needs of the partner as a member of the unit, but also uses the partner as a resource to deliver care for the baby and mother with nurses playing the roles of professional caregivers, educators, and support source. While medication is important in the management of PP, non-pharmacotherapeutic forms of care like building therapeutic relations with the

patient and family and psychosocial support are also very important. The researcher focused on the care in mother-baby unit as the most ideal form of in-patient care system in special situations in the postpartum period.

The author believes that the poster designed will be a pleasant and an easily accessible resource in the education of nursing students about postpartum psychosis especially in Laurea UAS which will later influence these students in their future roles as registered nurses in the health care. The researcher recommends that more (paper and digital) posters should be incorporated in nursing education, particularly for topics that may not be covered in detail during teaching hours.

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Appendix 1: The Poster Design



Poster draft Corrected - Copy.pdf



Postpartum Psychosis Care

Maryam Jimoh-Olundegun

Introduction

Postpartum (or puerperal or postnatal) psychosis (PP) is a rare, severe, and acute mental illness that begins shortly after childbirth.

Even though PP is rare, it is still an emergency which requires immediate medical intervention.

Nurses interact regularly with mothers and play important roles during the perinatal period. Hence, it important for future nurses to be aware of the risk factors, symptoms of postpartum psychosis and nursing interventions in the management of postpartum psychosis. This also make them critical role players in the management and care of mothers suffering from PP.

Symptoms

- Depression, Mania and rapid mood changes
- Harmful thoughts towards self and baby
- Baby neglect and bonding problem
- Feeling of guilt and shame



Risk Factors

- Bipolar disorder or other psychiatric conditions
- Primiparity
- Pregnancy complications like pre-eclampsia
- Genetic disposition

Consequences if untreated

- Neglect and infant abuse
- Infanticide and suicide
- Mother-infant bonding problems



Care of Mother-Baby dyad

- Ensuring safety of mother and baby by continuous assessment of the mother
- Establishing, prioritizing and supervising mother-baby interaction
- Caring for the baby, teaching the mother to care for the baby
- Promoting and supporting mother's autonomy in child's care

Treatment

- Psychosocial Support
- Psychoeducation
- Electroconvulsive therapy
- Pharmacotherapy
- In-patient care



Care of the Partner

- ❖ Educating the partner about postpartum psychosis
- ❖ Building therapeutic alliance with the partner
- ❖ Supporting the partner in coping with the situation
- ❖ Involving the partner in the care of mother
- ❖ Mapping out the care needs of the partner and the family after discharge and drafting a plan accordingly

Care of Mother

- Promoting rest and adequate postpartum care/support
- Stabilizing mental and physical condition
- Establishing therapeutic relationship
- Preventing escalation
- Ensuring compliance and preventing relapse.



Conclusion

Postpartum psychosis is rare psychiatric emergency which usually requires immediate care. For care to be effective, family care interventions involving the mother, baby and the partner should be carried out. Building therapeutic relationship, support, positive feedback are some of the non-pharmacological interventions a nurse can carry out during care



Appendix 2: Research Permit

Research permit application should contain at least following elements.

If needed you may give additional information in attachments. Send the application in Word document -format to Laurea's contact person.

Name: <i>Maryam Jimoh-Olundegun</i>	
Title: <i>Research Permit for Survey of Quality of design and content of Poster</i>	
Address:	
Tel:	
E-mail:	
Date: <i>08/03/2021</i>	
[Research, thesis, etc.] <u>Author(s)</u> <u>/investigator(s):</u>	<i>Nursing Interventions for Postpartum psychosis care- A poster for Nursing students.</i> <i>Maryam Jimoh-Olundegun</i>
Degree programme / college / university:	<i>Degree Programme in Nursing/ Laurea University of Applied Sciences</i>
Unit/ department:	<i>Nursing</i>

<p><i>[Research, thesis, etc.] Instructor(s):</i></p>	<p><i>Riikka Mulder Sanna Soini</i></p>
<p><i><u>Title</u> of the {research, thesis, etc.}:</i></p>	<p><i>Nursing Interventions for Postpartum psychosis care- A poster for Nursing students.</i></p>
<p><i>Objectives / research problem:</i></p>	<p><i>The purpose of this thesis is to design an educational poster about the main nursing interventions in Postpartum Psychosis care for nursing students. The aim of this research thesis is to increase the knowledge of the nursing intervention and roles of nurses in Postpartum Psychosis Care among Nursing Students.</i></p> <p><i>Research question: What are the main nursing interventions in Postpartum Psychosis Care?</i></p>

<p><i>Concise definition of what information is needed, the format in which they are needed and how the information is delivered:</i></p>	<p><i>Survey Questions</i></p> <ul style="list-style-type: none"> • How self-explanatory do you think the content of this poster is? <ul style="list-style-type: none"> I. Not self-explanatory at all II. Requires further explanation. III. Very Self-explanatory • How well do you think this poster has improved your knowledge of postpartum psychosis as a nursing student? <ul style="list-style-type: none"> I. A little II. Fairly well III. Very Well • How do you think the content and the design of this poster can be improved?
<p><i>Timetable (in two months accuracy):</i></p>	<p><i>Survey and feedback collection- 15.3.2021 - 28.03.2021</i></p> <p><i>Presentation of results- 7.4.2021</i></p> <p><i>Maturity test and plagiarism check - 7.4.2021- 14.4.2021</i></p> <p><i>Final drafts and publication of thesis - 14.4.2021 - 21.4.2021</i></p>
<p><i>Attachments (research plan, questionnaire, framework for theme interview etc.):</i></p>	<p><i>Research permit form</i></p> <p><i>Research plan</i></p> <p><i>Cover letter</i></p> <p><i>Questionnaire</i></p> <p><i>Google forms link to the questionnaire Soft copy of poster design</i></p>

Filled by issuer of permit at Laurea	Research permit is granted	X	Research permit is not granted
	Grounds		
	Education development		
Name of the issuer of permit: Date:	Sanna Partamies 9.3.2021		

Research permit is granted on the condition that applicant complies with legislation when processing and saving personal data. All data is confidential and provided only for purposes of survey/research in question. The applicant is responsible for securing identity and anonymity of persons in data provided. After the survey/research is completed, the applicant is responsible for deleting the data in appropriate manner.

If personal data file is created during the research (Personal Data Act -523/1999- Section 10) then applicant must comply with the provisions of law when processing and protecting of personal information. If necessary, the application must be accompanied by Scientific Research Register Description.

The applicant is responsible for providing positive decision to a person who will provide information at Laurea. Practical implementation of survey is negotiated at this point.

Appendix 3: Cover Letter

**Cover Letter for Thesis Survey.**

Academic year 2020 - 2021

08/03/2021

Dear Participant:

My name is Maryam Jimoh-Olundegun and I am a degree nursing student at Laurea University of Applied sciences. For my final thesis, I am examining the quality of the content and design of the poster that I have designed as part of my thesis. Because you are a final year degree nursing student, I am inviting you to participate in this research study by completing the attached surveys. The following questionnaire will require approximately to 2 minutes to complete. In participating in this survey, there is no risk or compensation for responding. To ensure your anonymity, please do not include your name and all information will remain confidential. An electronic copy of the poster will be attached with the survey link.

If you choose to participate in this survey, kindly answer all questions as honestly as possible after thoroughly checking the contents and design of the poster. Participation is strictly voluntary, and you may refuse to participate at any time.

Thank you for taking the time to assist me in completing my thesis. The data collected will provide useful information regarding how the poster can be improve in its content and design.

Sincerely,

Maryam Jimoh-Olundegun ([redacted]@student.laurea.fi)

Supervisors

Riikka Mulder ([redacted]@laurea.fi)

Sanna Soini ([redacted]@laurea.fi)