

Implementation of the Postpartum Bonding Questionnaire to Improve Recognition of Mother-Infant Bonding Disorders in a Pediatric Primary Care Complex Clinic

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PROBLEM STATEMENT

- The mother-infant bond describes the postpartum period when the mother cultivates a maternal relationship with the infant
- Disorders in mother-infant bonding may lead to adverse outcomes
- Mother-infant bonding disorders occur in approximately 25% of postpartum mothers
- Failure to address impairment in the mother-infant bond can result in premature cessation of breastfeeding, childhood emotional disorders, malnutrition, and neglect

PROJECT PURPOSE

- **Project purpose:** To increase recognition of mother-infant bonding disorders in a pediatric primary care complex clinic through the implementation of the Postpartum Bonding Questionnaire (PBQ) at the 1, 2, 4 and 6-month well child visits
- **Overarching aim:** To capture the percentage of postpartum mothers who experience impairment in mother-infant bonding
- **Clinical question:** In a pediatric primary care complex clinic, does the implementation of the PBQ at the 1, 2, 4 and 6-month well child visits improve recognition of mother-infant bonding disorders compared to current practice over a 12-week time frame?

MODEL/NURSING THEORY

- Plan-Do-Study-Act (PDSA) model
- Orem's Self-Care Deficit Nursing Theory
 - Provides a foundation for mothers to maintain health and well-being throughout the postpartum period

METHODOLOGY

Participants

- Identified through consecutive sampling
- All mothers of male and female infants one to six months of age
- 45 mothers were identified as the projected number of participants

Setting

- Pediatric primary care complex clinic

Instruments/Tools

Postpartum Bonding Questionnaire

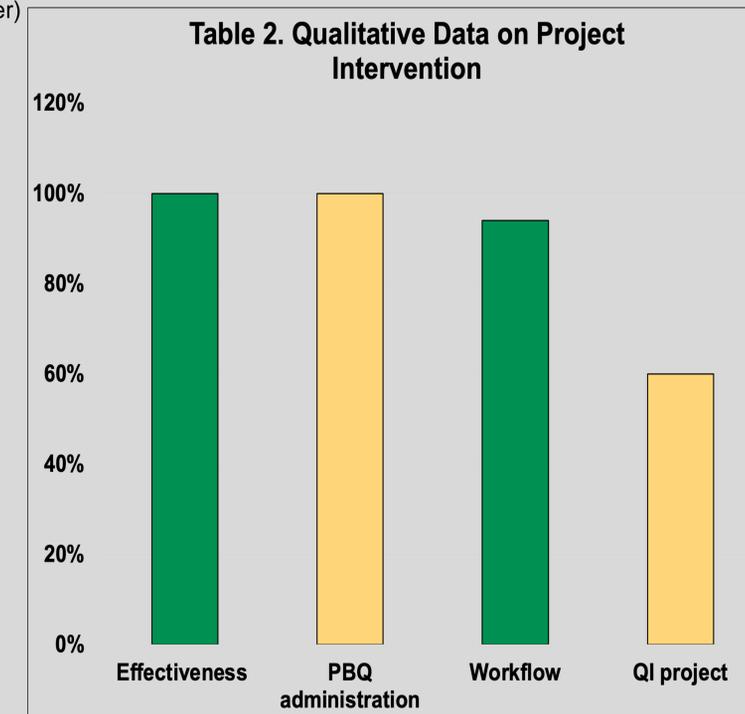
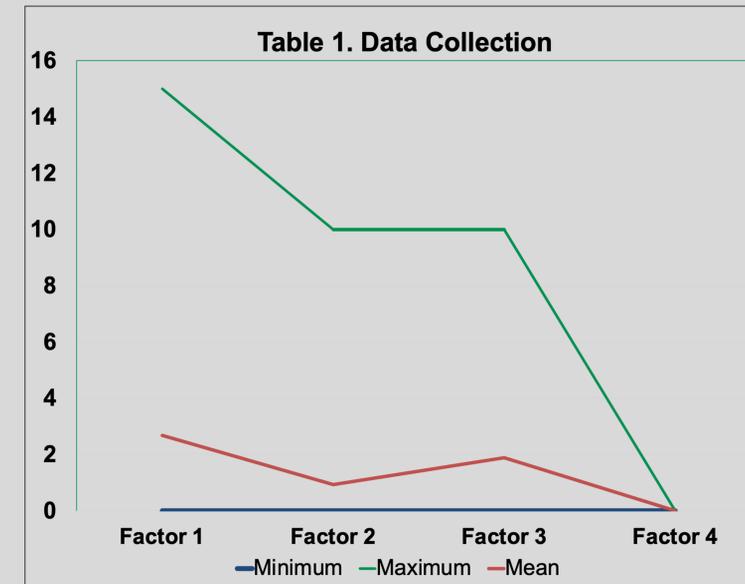
- Validity of the PBQ measured according to four key areas: content, factor analysis, criterion and construct
- PBQ: Cronbach's alpha ranged from .57 to .95
- PBQ: Sensitivity of .61, specificity of .84, positive predictive value of .79
- 25 statements on a 6-point Likert scale
- **PBQ scored according to four factors:**
 - **Factor 1:** mild delays in the mother-infant bond (Score 12 or greater)
 - **Factor 2:** severe disorders in the mother-infant bond (Score 17 or greater)
 - **Factor 3:** infant-focused anxiety (Score 10 or greater)
 - **Factor 4:** anger, harm or abuse (Score 3 or greater)

Intervention and Data Collection

- Two training sessions for project team members
- Implementation of PBQ at well child visits over 12-weeks
- Documentation of quantitative data onto data tracking sheet
- Data Collection: adherence and utilization rates of PBQ, rates of mothers with high scores in one or more factors, use of in-house Healthy Start representative, referrals
- Quantitative data was collected from electronic health record (EHR) and in-house Healthy Start representative
- Interview sessions were conducted with project team members every four weeks to garner qualitative data

RESULTS

- 28 participants: 23 (82%) English PBQ; 5 (18%) Spanish PBQ



DISCUSSION

- Implementation of the PBQ provides mothers the opportunity to subjectively express their experiences and receive clinical or community resources to improve their critical dyadic relationship
- Implementation of a clinical site champion to lead the continued use of the PBQ at prescribed well child visits
- Adaption of the PBQ into the EHR for a streamlined screening and scoring process at well child visits
- Strong implication for inpatient use in the Neonatal Intensive Care Unit (NICU)
- Limitations included decreased well child visits

IMPLICATIONS FOR ADVANCED PRACTICE NURSING

- Implementation of the PBQ in tandem with the Edinburgh Postnatal Depression Scale (EPDS) permits the pediatric primary care Advanced Practice Registered Nurse (APRN) the distinct opportunity to provide early diagnosis, intervention and treatment to improve the dyadic relationship
- The PBQ self-report and early diagnostic measurement tool can be utilized by pediatric primary care providers to ascertain bonding quality and subsequent interventions in pediatric primary care and primary care complex clinics in the care of patients with special health care needs

SUSTAINABILITY

- Continued use of the PBQ in tandem with the EPDS at well child visits
- Implementation of a clinical site champion
- PBQ into EHR; MyChart

REFERENCES



The use of the Postpartum Bonding Questionnaire in the pediatric primary care complex clinic is an effective screening tool to improve recognition of mother-infant bonding disorders.