**Institutional Review Board (IRB) DNP Project Review**

**Student: Date: 12/20/2024**
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**Project Title**: Incorporating an Anxiety Assessment Among Adult Females in an OBGYN Clinic to Provide Tailored Pre-natal counseling

**University:**
Lubbock Christian University School of Nursing

**Degree:**

Post MSN Clinical Doctor of Nursing Practice in program

**Advisor/Supervisor:**
Name: Vanessa Bolyard, DNP, APRN, FNP-C
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**Faculty Mentor:**

Name: Dr. Janice Marchildon

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**Name of other IRB** **application will be submitted to (if applicable):** Providence

**PICOT Question:**

In a local primary care clinic (P), does the addition of the Beck Anxiety Inventory (BAI) in development of tailored pre-natal counseling (I) impact the number of pre-term and low birth weight babies (O) over a 12-week time frame.

**Project Description:**

Objectives: The purpose of this DNP project is to introduce an evidence-based anxiety assessment at regularly scheduled checkups of expectant mothers to facilitate the development of tailored pre-natal counseling and lower the number of pre-term and low birth weight babies.

**Brief Review of the Literature:**

Seven studies have found a link between anxiety during pregnancy and pre-term birth (Smith, 2024; Jones, 2023; Cooper, 2022; Diaz, 2022; Hayes et al., 2020; Lin, 2020; Owens, et al., 2020). Lawler (2024) has found using the Beck Anxiety Inventory (BAI) is an effective means of assessing maternal anxiety at each stage of pregnancy and assisting in the reduction in adverse outcomes related to timing of birth and birth weight.

**Methodology:** The Local OB Clinic currently does not conduct formal ongoing assessment of maternal anxiety. Counseling related to anxiety is offered only if the patient indicates a need. To improve the process of identifying maternal anxiety, the Beck Anxiety Inventory (BAI) will be included in the initial enrollment documents sent via email to all new patients at Local OB Clinic. The BAI will be readministered at each visit throughout the patient’s pregnancy. Patient anxiety levels at each visit will be calculated and sent to the clinic nurse in charge of pre-natal counseling to assist with the development tailored pre-natal counseling for all expectant mothers.

**Area of Project Implementation:**

Lubbock OB Clinic

**Data Collection and Analysis:**

BAI Calculation.

BAI scores will be calculated using standardized scoring procedures and added to the patient records. Results from the BAI assessments will be sent to the nurse in charge of pre-natal counseling to assist in the development of tailor made pre-natal counseling programs. Length of Gestation and Birth weights of babies born in the 2025 calendar year will be compared to the 2024 calendar year. The data will be entered into an EXCEL spreadsheet for statistical analysis.

**Participant Population:** Adult expectant mothers

**Informed Consent:** No informed consent needed. The BAI inventory will be required of all expectant mothers who come to the clinic. Results will be part of the regular patient chart.

**Risk Assessment:** The BAI is quick to administer and can be easily scored. Some questions on the assessment related anxiety levels could be anxiety producing, but the benefits of identifying anxiety issues in expectant mothers outweighs the risks associated with taking the assessment. A nurse who specializes in counseling will receive the scores and implement appropriate counseling measures with expectant mothers identified as experiencing anxiety.

**Benefits:** Patients experiencing anxiety will be identified and receive tailored pre-natal counseling. Pre-term births and low birth weights are expected to be reduced after anxiety screening with the BAI is implemented.

**Confidentiality Measures**: All data will be kept on secure servers at the clinic. Only qualified staff at the clinic will have access to the patients BAI scores.

**Quality Improvement IRB Checklist**

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| --- | --- | --- | --- | --- |
|  |  | Yes | No | N/A |
| **1.** | **The project will benefit current patients or improve local processes or programs.****Explanation:** The identification of anxiety in patients seeking routine pre-natal care will allow for a tailored pre-natal counseling plan, possibly reducing pre-term and low birth rates. | X |  |  |
| **2.** | **All patients will receive the usual care at the institution.****Explanation:** All patients seeking pre-natal care will be given the BAI to assist in tailoring a pre-natal care plan. | X |  |  |
| **3.** | **All patients are expected to benefit from the intervention****Explanation:**All patients will receive the BAI, and patients identified with anxiety will receive a tailored plan addressing the anxiety. | X |  |  |
| **4.** | **Only tested, generally accepted evidence-based practice (EBP) treatments or procedures will be used.****Explanation:** The BAI is an effective means of assessing maternal anxiety at each stage of pregnancy. Studies have shown a link between anxiety during pregnancy and pre-term births. The targeted counseling for anxiety will be evidence-based. | X |  |  |
| **5.** | **The purpose is to improve the process of delivery or performance of a specific service.****Explanation:** Routine assessment information is already being obtained on each patient coming into the clinic. Adding the BAI will improve the assessment process by aiding in the identification of patients with anxiety. | X |  |  |
| **6.** | **The goal is not to produce new, generalizable knowledge or test a hypothesis.****Explanation:** Current literature already suggests a link between anxiety during pregnancy and pre-term birth. Adding the BAI will help to identify patients with anxiety so that an improved plan of care can be implemented.  | X |  |  |
| **7.** | **Any change is consistent with best practices as established in academic literature.****Explanation:** Current literature already suggests a link between anxiety during pregnancy and pre-term birth. Adding the BAI will help to identify patients with anxiety so that an improved plan of care can be implemented.  | X |  |  |
| **8.** | **There are no additional risks to patients/personnel beyond ordinary expectations.****Explanation:** The BAI is quick to administer and can be easily scored. Some questions on the assessment related anxiety levels could be anxiety producing, but the benefits of identifying anxiety issues in expectant mothers outweighs the risks associated with taking the assessment | X |  |  |
| **9.** | **No drugs or devices outside of usual medical practice will be used.****Explanation:**The only addition to regular assessment process is the administration of the BAI | X |  |  |
| **10.** | **Only employees, patients, or caregivers that are ordinarily seen in the setting are included.**Qualified staff who already assess the patient will be administering the BAI. A nurse who specializes in counseling will receive the scores and implement appropriate counseling measures to patients identified as experiencing anxiety. Referrals like this already take place in the clinic when needed.  | X |  |  |
| **11.** | **Participants will not be divided into control groups or randomized.**  | X |  |  |
| **12.** | **No data that is not normally accessed in your role at the institution will be accessed.****Explanation:**Qualified staff at the clinichave access to patient records, and will continue to have access to the BAI scores as part of the patient chart. | X |  |  |
| **13.** | **No outside funding is involved.** | X |  |  |
| **14.** | **Clinicians/decision-making personnel at the site agree that this is Quality Improvement.** | X |  |  |
| **15.** | **Protocols are not fixed; Clinicians will have the authority to override the intervention.** | X |  |  |
| **16.** | **The project will be described as Quality Improvement in any presentations/publications.** | X |  |  |

**Note:** **Students seeking additional IRB approval from another IRB:** Students must have approval from LCU IRB before submitting to another IRB. Once final approval has been obtained from another IRB, students must submit a copy of the final IRB approval letter to the LCU IRB when received. If significant changes were made to your proposal, send a copy of the revised proposal with letter.

Student Signature: \_\_\_\_\_\_\_\_Chris Garcia RN, MSN, FNP-C\_\_\_\_\_

 Date \_\_\_\_\_\_12-20-24\_\_\_\_\_\_\_\_\_\_\_\_