

NR603 Week 7 Discussion Post

Iron-deficiency anemia & postpartum depression

- a. Compare and contrast your assigned client's presentation for each assigned diagnosis. Consider factors such as demographics, onset of symptoms, history of present illness, and associated risk factors.

The client's presentation is consistent with both iron-deficiency anemia and postpartum depression, and it is very common for these 2 to occur together. Iron-deficiency anemia is likely occurring as this client states she has a history of it prior to pregnancy, also considering her current symptoms of pallor, fatigue, and dizziness. She also admits to low consumption of iron-rich foods. Being 8-weeks postpartum also puts her at risk for iron-deficiency anemia, especially considering she has pre-existing iron deficiency (Neef et al., 2024).

The client's presentation is also consistent with postpartum depression as she is complaining of feelings of anxiety, persistent fatigue, brain fog, and admitting to having limited family support. Symptoms of fatigue and brain fog can be symptoms of iron-deficiency anemia as well as postpartum depression and therefore it is important to consider both diagnosis in this scenario.

- b. Compare and contrast the diagnostic criteria (assessment findings and diagnostic tests) for your assigned client and diagnoses. Support your response with the most current clinical practice guidelines (CPG) for each diagnosis.

Assessment findings of pallor and fatigue during the telehealth visit, as well as her labs reflecting low hemoglobin of 10.2 and a ferritin of 10 meet the guidelines for a diagnosis of iron-deficiency anemia (Elmore & Ellis, 2022). These lab values reflect low levels of iron reserve, as do her physical symptoms, suggesting that her iron-deficiency anemia is poorly controlled despite her taking her iron supplement.

Alongside reported symptoms of fatigue, anxiousness, and admitting to limited familial support, this patient's EPDS score is suggestive of postpartum depression. The patient received a total score of 12, which is consistent with mild to moderate risk for postpartum depression.

- c. Compare and contrast the evidence-based management of each assigned diagnosis, including similarities and differences in pharmacologic and non-pharmacologic treatment, client education, referral, and follow-up care. Consider how the client's unique past medical history and social history impact care decisions.