CRGI SNAPSHOT

Strength is in the Knowing: Identifying Risk of Postpartum Depression During Pregnancy to Decrease Prevalence
Charlene Hann, M.Sc., R. Psych

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Background
Childbirth is a life-changing event for new mothers. For some, it is an exciting time where hopes and dreams formed during pregnancy become reality. For others, however, reality does not meet expectations. As a result, these mothers may be at risk for postpartum depression.

Mothers with postpartum depression typically have several disabling symptoms which can be quite negative for themselves and their infants. Common symptoms related to depression include a loss of interest in activities, always feeling tired, not sleeping well, a change in appetite, and suicidal thoughts. Symptoms specifically related to motherhood include extreme worry about the infant’s wellbeing, little interest in the infant, feelings of lost independence, fear of being alone with the infant, and interfering too much with the infant (American Psychiatric Association, 2000). Infants whose mothers had postpartum depression have been found to also have attachment disorders, impaired cognitive development, emotional developmental delays, and behavioural issues (Beck, 2001; Dennis, 2004).

Since postpartum depression affects mothers, infants, and their families, it is important to understand how to prevent, detect, and treat it. Research at the Northern Lights Regional Health Centre in Fort McMurray, Alberta, found that mothers regularly identified lack of support as one factor contributing to their inability to cope effectively with being a new mother (Cox, Holden, & Sagovsky, 1987). Therefore, there is a need for research investigating whether lack of support is related to the onset of postpartum depression. If it is, this finding will help identify at-risk expecting mothers who could then receive preventative programming.

Objectives
The objective of this research project was to develop, implement, and evaluate a postpartum depression Prevention Program for expecting mothers in Fort McMurray, Alberta. The specific objective of the program was to reduce expecting mothers’ risk of developing symptoms of postpartum depression.

Method
Twenty-five expectant mothers were included in the study. They were between 22 and 39 years old, in their third trimester, and were not experiencing any depression or anxiety symptoms at the time. The participants were randomly assigned to either the Postpartum Depression Prevention Group or the Control Group. The Postpartum Depression Prevention Group completed a measure of postpartum depression predictors and attended an educational group that discussed causes of postpartum depression. The Control Group received only standard medical treatment, with no special education about postpartum depression. All participants completed general measures of depression and anxiety symptoms, as well as a demographic questionnaire.

Participants were contacted again seven weeks after their due dates to complete a measure of postpartum depression. After data collection was complete, participants in the Control Group were offered...
the same information that mothers in the Prevention Group received. Statistical tests were conducted to determine if there were any significant differences between the outcomes of the two groups.

Results
The characteristics of the Prevention and Control Groups were analyzed for group differences. They were found to be mostly similar, except that the mothers in the Prevention Group reported more previous depression and anxiety symptoms.

Statistical analyses were used to determine whether the Prevention Group had a lower risk of developing postpartum depression. The test determined there was no significant difference between the mothers who had completed the prevention program and those that had not. However, the Prevention Group did have an overall lower average score on the measure of postpartum depression than the Control Group did. This suggests that the lack of statistical significance may be because there were too few participants in this study, and not because the postpartum depression prevention program was unsuccessful.

Conclusions
The fact that mothers in the Postpartum Depression Prevention Group had a lower average score of symptoms of postpartum depression suggests that mothers in this group did learn more about postpartum depression. This information may have helped them feel more confident, or better identify when they needed support.

Although the results were not statistically significant, this is most likely because of the sample size of this research. Since only 10–15% of new mothers experience postpartum depression, it is hard to get any statistical power out of a small sample of participants. Future research should focus on conducting a similar study using a larger sample size. Also, combining quantitative and qualitative measures may be a good way to determine what expecting mothers need to prevent postpartum depression.

Lessons Learned
Conducting research in a small community posed challenges. There was a limited participant pool, and as such, the number of eligible mothers was small. Since postpartum depression affects between 13–20% of mothers (Dennis & Ross, 2006), the number of participants at risk of developing postpartum depression was limited. Also, the extensive ethics review provided additional challenges.

The full report can be found at www.mentalhealthresearch.ca

References

About the Author: Charlene Hann (formerly with Alberta Health Services) is a Registered Psychologist. Her research interests include postpartum depression, and infant and toddler mental health.