

Strength is in the Knowing: Identifying Risk to Decrease Prevalence of Postpartum Depression

Context

In 2006, Statistics Canada noted Alberta as having the youngest population in Canada. With a younger population, it is reasonable to expect higher birthrates with the concomitant need for support for families (i.e., healthcare, childcare, family, friends, finances, etc.).

In 2009, Northern Lights Regional Health Centre (NLRHC) delivered 1065 infants and given that approximately 13 - 20% of mothers are at risk of developing postpartum depression (PPD) in the general population, it is expected that approximately 138 mothers were at risk of developing PPD within Fort McMurray alone (Dennis & Ross, 2006)

Within NLRHC, health professionals were noting an increase in referrals of postpartum mothers who were identifying that a lack of adequate support as one factor contributing to their inability to cope effectively with being a new mother.

The lack of adequate support services may place expectant and new mothers at an increased risk for developing PPD. Despite this, few prenatal programs currently address issues relating to the risk of developing PPD. For many, PPD is only discussed following the presentation of symptoms; albeit this is more so for new mothers who can acknowledge and seek help and not for those who struggle with feelings of guilt and shame in isolation.

Studies have suggested that interventions should include more education on the development and treatment of PPD, taking a more 'preventative' approach due to the potential negative outcomes for mother, family and most importantly infant (i.e., impaired mother-infant interactions, attachment disorders, cognitive and emotional developmental delays as well as behavioral problems for baby and marital problems, employment difficulties and recurrent depression for mother; Dennis, 2004; `Dennis & Ross, 2006; Ugarriza, 2002).

In August 2008, Alberta Health and Wellness presented the Children's Mental Health Plan for Alberta. This three-year action plan was developed to provide direction and funding for "strategies to improve access to mental health services for infants, children, youth and their families" and further suggested that "mentally well parents are a protective factor in their children's lives" (pg.1). Strategy 2.3 of this plan focused on mental health intervention programs to provide early intervention to families and young children at risk of developing mental health problems.



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Goal

To develop, implement and evaluate a Postpartum Depression Prevention Program for expectant mothers. The goal of the prevention program would be to reduce expectant mothers' risk of developing PPD symptoms through prenatal screening and early intervention.

Method

Expectant mothers in their 3rd trimester of pregnancy will be recruited from local physicians' clinics. Expectant mothers will be given a demographic questionnaire and randomly assigned to either the PPD Prevention Group or the Control Group.

Expectant mothers in the PPD Prevention Group will be asked to participate in a 'Educational Group' for expectant mothers. At this group, expectant mothers will be screened for PPD risk using the Postpartum Depression Predictors Inventory-Revised (Beck, 2001) and provided with a psycho-educational session on PPD.

Expectant mothers in the Control Group will be given 'treatment as usual'.

Seven weeks following their expected due date, all mothers will be contacted and administered the Edinburgh Postpartum Depression Scale (EPDS; Cox, Holden & Sagovsky, 1987).



Anticipated Findings

Mothers who completed the PPD Prevention Group will have significantly lower EPDS scores, therefore displaying less symptoms of PDD, than mothers who were in the Control Group (treatment as usual).

Implications

- Mothers will be prepared for the birth of their infants and be given the opportunity to experience motherhood to its fullest through reducing the risk of PDD .
- For those mothers who will experience PPD , they will have the knowledge, skills and confidence necessary to identify symptoms and seek appropriate treatment.
- Infants will be given the most favorable environment for an optimal, healthy development, thereby reducing their risk for future mental health problems.

Selected Articles

Alberta Health and Wellness. (2008). *Children's Mental Health Plan for Alberta: Three Year Action Plan (2008-2011)*. Edmonton, AB: Alberta Queen's Printer. | Beck, C. T. (2001). Revision of the Postpartum Depression Predictors Inventory. *Journal of Obstetric, Gynecologic and Neonatal Nursing*, 31(4), 394-402. | Cox, J. L., Holden, J. M., & Sagovsky, R. (1987). Detection of postnatal depression. Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry*, 150, 782-786. | Dennis, C. (2004). Preventing postpartum depression part II: A critical review of non-biological interventions. *Canadian Journal of Psychiatry*, 49(8), 525-538. | Dennis, C., & Ross, L. (2006). Women's perceptions of partner support and conflict in the development of postpartum depressive symptoms. *Journal of Advanced Nursing*, 56(6), 588-599. | Ugarriza, D. N. (2002). Postpartum depressed women's explanation of depression. *Journal of Nursing Scholarship*, 34(3), 227-233.