

Antepartum Services and Symptoms of Postpartum Depression in At-Risk Women

Sharon L. Ruyak, Angelina Flores-Montoya, and Blake Boursaw

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Correspondence

Sharon L. Ruyak, PhD, CNM, RN, University of New Mexico, College of Nursing, MSC07 4380, 1 University of New Mexico, Albuquerque, NM 87131-0001.
slruyak@salud.unm.edu

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ABSTRACT

Objective: To examine which psychosocial risk factors are predictors of symptoms of postpartum depression (PPD) and whether home visit services are associated with decreased reports of symptoms of PPD.

Design: Secondary analysis of observational data from the 2012 to 2013 Pregnancy Risk Assessment Monitoring System (PRAMS).

Participants: A national sample with data from more than 30,000 births from 41 states.

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Methods: To account for unequal probabilities of selection, PRAMS-produced survey weights were incorporated in all percentage estimates, all chi-square tests, and an overall logistic regression model for maternal characteristics as predictors of symptoms of PPD. The effect of interventions on PPD was assessed using statistical techniques that adjusted for the likelihood of receiving the intervention.

Results: Stressors (odds ratio [OR] = 2.6 for three to five stressors; OR = 3.1 for six or more stressors), physical abuse (OR = 1.8), and history of depression (OR = 3.0) were associated with PPD in the logistic regression model. Using propensity score analysis, the average treatment effect of home visiting on PPD, during or after pregnancy, was nonsignificant. However, the propensity score analysis did identify a group of high-risk women for whom receiving a home visit was associated with nearly 40% lower odds (OR = 0.6) of experiencing PPD symptoms.

Conclusion: Findings highlight the effect home visits during pregnancy may have on the odds of at-risk women developing symptoms of PPD. Future research is indicated to assess the extent to which targeted interventions during these home visits can enhance effectiveness by mitigating psychosocial stress in pregnancy to prevent PPD.

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Sharon L. Ruyak, PhD, CNM, RN, is an assistant professor in the College of Nursing, University of New Mexico, Albuquerque, NM.

Angelina Flores-Montoya, MSN, RN, is a PhD candidate in the College of Nursing, University of New Mexico, Albuquerque, NM.

Blake Boursaw, MS, is an instructor in the College of Nursing, University of New Mexico, Albuquerque, NM.

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Approximately 15% to 20% of women in the United States experience depression symptoms in the postpartum period (American College of Obstetricians and Gynecologists, 2015; O'Hara & McCabe, 2013). Alarming, many women with symptoms of postpartum depression (PPD) are not identified and do not receive treatment (Flynn, Blow, & Marcus, 2006). Reasons for this may include limited or no access to appropriate care providers, lack of comprehensive universal screening, time and financial constraints, and stigma (O'Hara & McCabe, 2013; Pugh, Hadjistavropoulos, & Dirkse, 2016). If left untreated, the consequences of PPD affect not only the mother–infant dyad, but also the family, community, and society at large. In this study, we examined which psychosocial risk factors are the strongest predictors of symptoms of PPD and whether preventive services,

specifically, home visits from a health worker, are associated with decreased reports of symptoms of PPD.

Background

Major depression is recognized worldwide as a leading cause of disability, and PPD is the most common complication of childbirth, with health disparities evident in Hispanic, African American, American Indian/Alaska Native, and rural women (American College of Obstetricians and Gynecologists, 2015; O'Hara & McCabe, 2013; Wei et al., 2008). This devastating disorder is frequently undetected and leaves the mother to experience prolonged periods of emotional disturbance and disability; in severe cases, it may lead to suicide or infanticide (Beck, 2002; Milgrom et al., 2008). In addition, researchers have reported substantial evidence to suggest

To maximize detection of at-risk women, screening must be expanded to include significant risk factors other than depression and anxiety symptoms.

that maternal depression adversely affects the quality of early mother–infant relationships and parenting capacity (Kohlhoff & Barnett, 2013; Ohoka et al., 2014; Tietz, Zietlow, & Reck, 2014). It may also pose a serious risk to child development, including impaired cognitive and emotional development in the infant, attachment insecurity, and long-term consequences that may extend across the life span (Letourneau, Tramonte, & Willms, 2013; Pearson et al., 2013; Woolhouse, Gartland, Mensah, Giallo, & Brown, 2015). Consequently, PPD is a significant public health problem for the mother and the child.

In the face of this public health burden, alarmingly, many women with symptoms of PPD are not identified and do not receive treatment (Flynn et al., 2006). Recently, the U.S. Preventive Services Task Force recommended screening for depression in the adult population, including women during pregnancy and the postpartum period (Reynolds & Frank, 2016). In addition, the American College of Obstetricians and Gynecologists (2015) recommended that clinicians screen women at least once during the perinatal period for symptoms of depression and anxiety. Although symptoms of depression and anxiety during pregnancy are significant risks for PPD, multiple other psychosocial risk factors, including major life events, lack of social support, substance misuse, and a history of trauma, are strongly associated with symptoms of PPD (Austin, 2014; Beck, 2001; Milgrom et al., 2008). Authors of a recent Cochrane Review reported that early identification of mothers at high risk for PPD helped to prevent approximately one third of the cases of PPD (risk ratio = 0.66; 95% confidence interval [0.50, 0.88]; Dennis & Dowswell, 2013). Despite this evidence, in the United States screening for mental health issues in pregnancy typically involves a single measure of symptoms of depression or anxiety in a relatively short time frame (the past week or month), with little or no screening for psychosocial risk factors (McDonald et al., 2012).

Because it is generally a time of regular contact with health care providers, the perinatal period provides a unique opportunity for clinicians to address psychosocial risk factors for PPD.

Evidence regarding the effectiveness of preventive interventions in decreasing the incidence of depression is limited yet promising (Dennis & Dowswell, 2013; Muñoz, Beardslee, & Leykin, 2012; Zoonen et al., 2014). Frameworks for preventive therapy may include cognitive behavioral therapy (CBT), interpersonal therapy, and psychoeducation. CBT is rooted in the premise that an individual's thoughts about life circumstances affect his or her emotions and behavior, whereas interpersonal therapy focuses on interpersonal relationships and the individual's distress within the context of these relationships (Wenzel & Kleiman, 2015). Psychoeducation entails the delivery of education to individuals (Donker, Griffiths, Cuijpers, & Christensen, 2009). Although the theoretical underpinnings of each of these frameworks is different, overall, these therapies are used to help individuals understand their thoughts, feelings, and relationships while they develop skills to cope with psychosocial stress. These therapies have been delivered using a variety of modalities, including face-to-face and group formats, telephone support, and, relevant to this study, home visitation (Dennis & Dowswell, 2013). There is also evidence that interventions that decrease maternal stress have a positive effect on the emotional health of infants (Wenzel & Kleiman, 2015).

The World Health Organization (2002) stated that health promotion and prevention activities often overlap. Furthermore, preventive strategies are directed at specific risk factors and improvements to overall quality of life. We used this framework to examine the following questions in a nationally representative sample of women who recently gave birth: (a) which prenatal psychosocial risk factors are most strongly associated with symptoms of PPD and (b) in the presence of psychosocial risk factors, are perinatal preventive services, specifically home visits from a health worker, associated with decreased reports of symptoms of PPD? We hypothesized that women with prenatal psychosocial risk factors who received perinatal preventive services would report fewer symptoms of PPD. We also hypothesized that our data analysis would confirm important psychosocial risk factors that could be incorporated into comprehensive universal screening. Ultimately, this knowledge can be used to inform the development of a psychosocial risk screening program. Additionally, because evidence about the effectiveness of preventive interventions to decrease the incidence of

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