

REDUCING SYMPTOMS OF PRENATAL DEPRESSION IN AN ETHNICALLY DIVERSE GROUP OF RURAL LOW-INCOME WOMEN: A RANDOMIZED, CONTROLLED TRIAL IN PROGRESS



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BACKGROUND

Each year, as many as 50% of pregnant women experience antepartum depressive symptoms (APDS) and about 11% develop antepartum depression (APD). It is critical to develop culturally tailored and sustainable models for treatment that will lead to a reduction in health disparities among low-income women at risk for APD. The final results of this study are currently being analyzed.

AIMS

This randomized controlled trial evaluated the feasibility, effectiveness, treatment fidelity, and acceptability of a brief culturally tailored cognitive behavioral intervention for a diverse group of low-income women at risk for antepartum depression.

HYPOTHESES

- (1) Women at low-moderate risk for APD at baseline in the intervention group will maintain low-moderate risk status and have significantly fewer APD symptoms at the last intervention session and at one month post intervention than women at low/moderate risk for APD in the control group.
- (2) Women at high risk for APD at baseline will have a significantly greater reduction in APD symptoms at the last intervention session and at one month post intervention than women at high risk for APD in the control group.

ACKNOWLEDGEMENTS

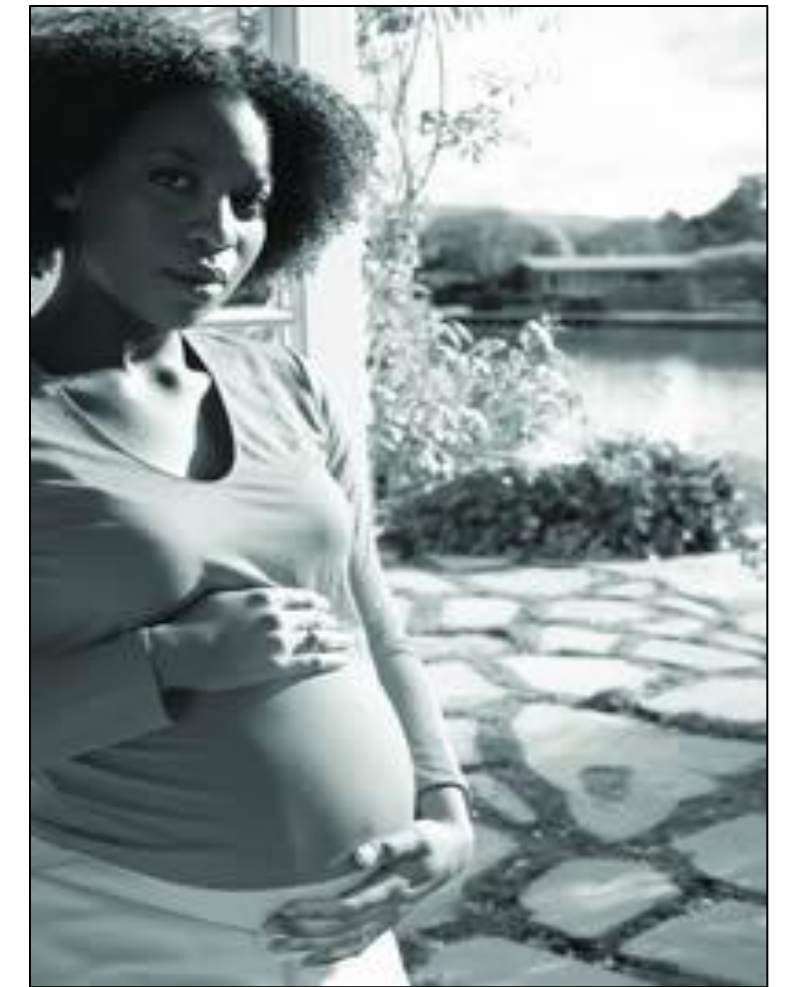
Supported by a grant from National Institute of Mental Health (NIMH) (12/10-11/30/2013). Jesse, D. E., Gaynes, B., Newton, E.R., Bunch, S., Swanson, M.S., Hollon, S., *A Public Health Program to Reduce Risk of Antepartum Depression*

METHODS

This is an experimental two-group pre-test and post-test research design with post-intervention qualitative interviews. Insight -Plus was delivered by a Licensed Mental Health Professional (LCSW, LMFT, and LPCA, respectively) and a Resource Mom case manager at the local health department (LHD) and an affiliated clinic. Descriptive frequencies and means were used to analyze the characteristics of the participants at baseline.

FINAL DESCRIPTIVE RESULTS

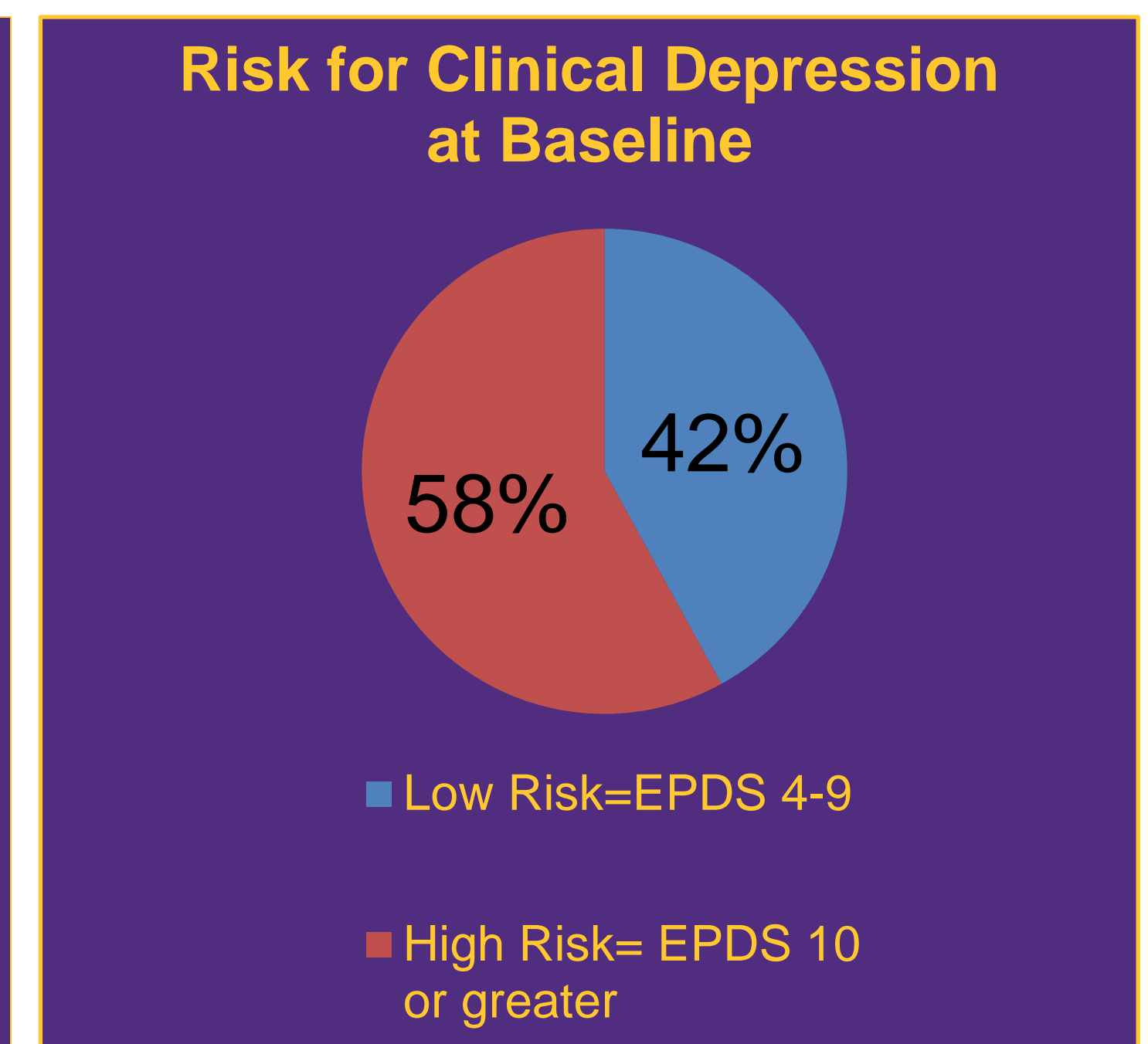
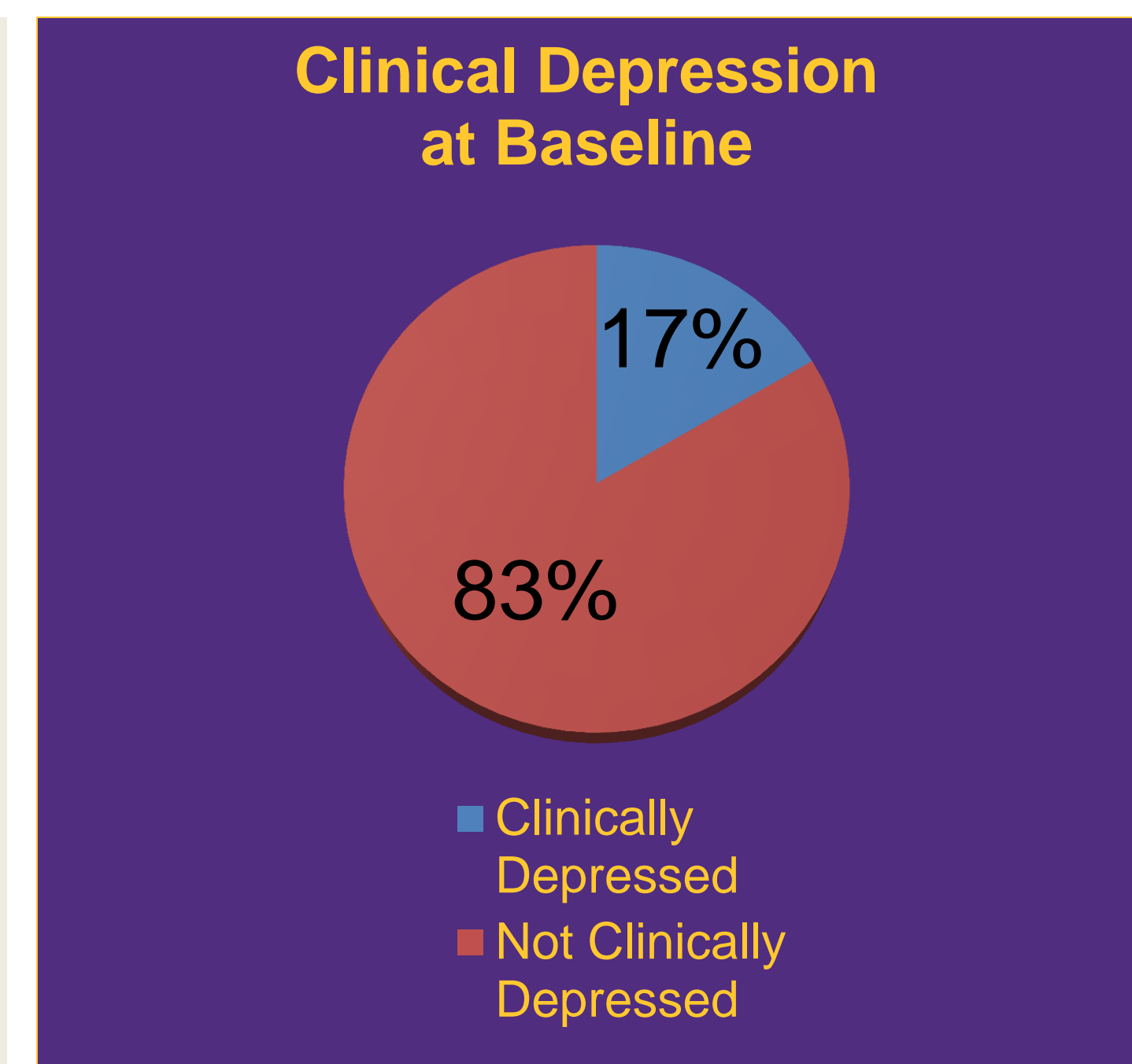
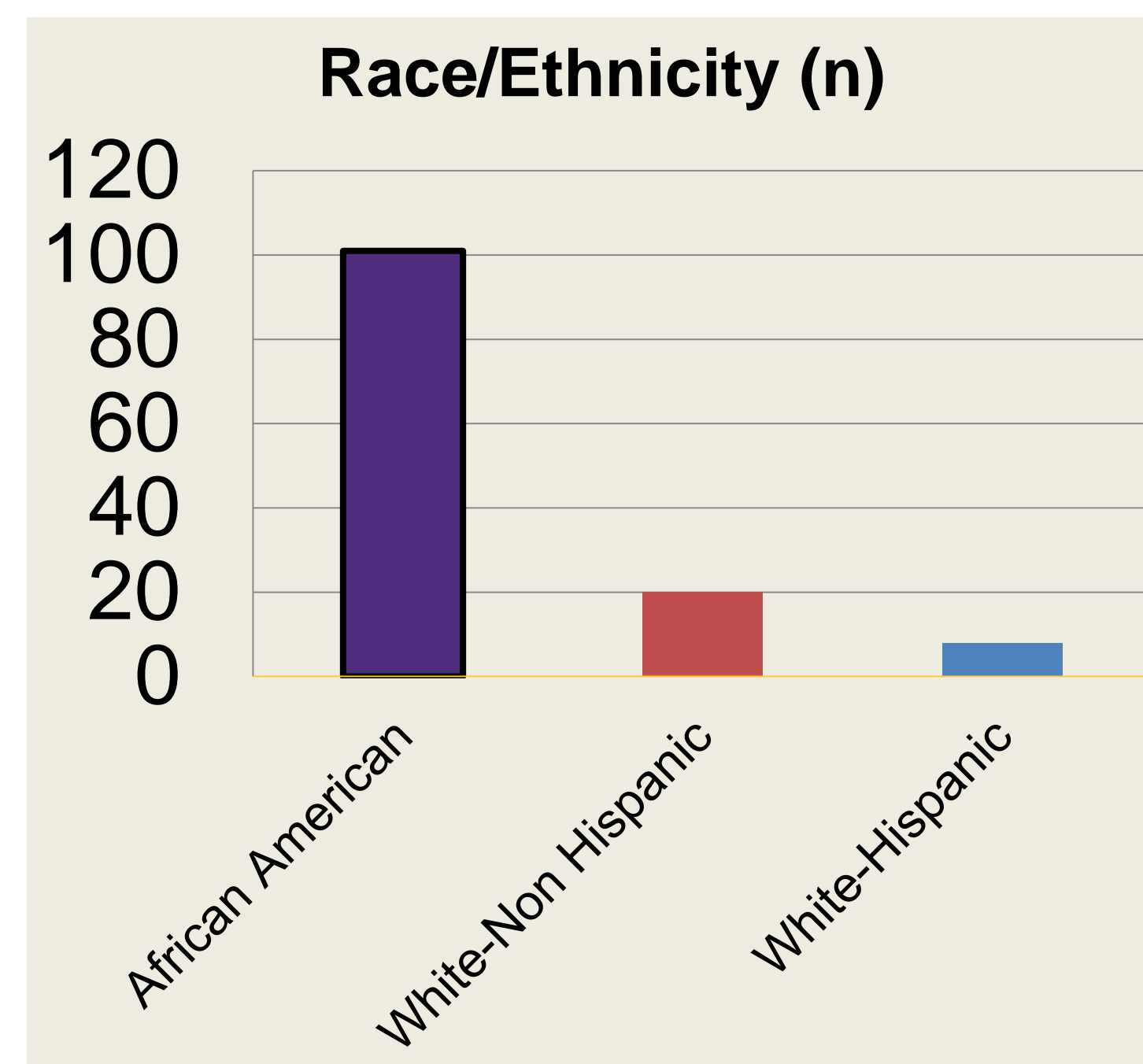
Of 195 women who scored ≥ 4 on the EPDS at baseline, 150 were randomized into the study and 11 were found to be ineligible after randomization. Of the 139 participants who were randomized and eligible, 73% (101) were African-American, 14% (20) Caucasian, and 13% (18) were Hispanic (4 of the 18 identified Spanish as their preferred method of communication). Forty-two percent (59) of those eligible and randomized were at low-risk for APD (EPDS 4-9) and 58% (80) were at high-risk for APD (EPDS ≥ 10); 17% (23) of all eligible participants were diagnosed with APD. The following charts include the descriptive data of the 139 eligible women who were randomized.



"I just wish that I could laugh and be happy. When will my sadness go away?"

Retrieved from ,USDHS_HRSA, MCH

<http://mchb.hrsa.gov/pregnancyandbeyond/depression/morethanblues.html>



CONCLUSION

APDS and APD are major health issues. It is vital to develop interventions for these vulnerable women. Should this culturally tailored CBI prove to be feasible and effective, it will be a model for delivering care by public health staff and a model for care for low-income and minority women nationally.