

Peer Support May Avert Postpartum Depression

BY KATE JOHNSON
Montreal Bureau

MONTREAL — Mother-to-mother support can significantly reduce the development of postpartum depression in women who are at high risk for the condition, Cindy-Lee Dennis, Ph.D., said at the annual conference of the Canadian Psychiatric Association.

“Meta-analyses and predictive studies have clearly suggested the importance of psychosocial variables in the development of postpartum depression,” said Dr. Dennis of the Lawrence S. Bloomberg Faculty of Nursing at the University of Toronto.

“When we look at support variables in particular, it’s the lack of a confidante that places the mother at risk for postpartum depression,” she noted.

Her study involved 701 women who were less than 2 weeks post partum and considered to be at high risk for develop-

‘When we look at support variables in particular, it’s the lack of a confidante that places the mother at risk for postpartum depression.’

ing postpartum depression based on an Edinburgh Postnatal Depression Scale (EPDS) score of greater than 9.

The women were randomized to a control group (n = 352), which received usual postpartum care, or an intervention group (n = 349) that received usual postpartum care plus telephone peer support. A total of 205 peer-support volunteers, all of whom had recovered from self-reported postpartum depression, were recruited from the community through fliers and advertising. They were given a 4-hour training session and then matched to the new mothers based on health region, and, if the mother desired, on ethnicity.

For the primary outcome measure, an EPDS score of greater than 12, the study found a significant benefit to peer support. “Mothers who received the intervention were two times less likely to develop postpartum depression,” said Dr. Dennis, who

reported an incidence of 13.5% in the intervention group and a 26% incidence in the control group.

A secondary outcome measure of anxiety also favored the intervention, with incidences of 20.6% in the intervention group and 26.9% in the control group. “This is bordering on statistical significance, but we think it is clinically relevant and suggests anxiety might be relieved with peer support,” she said.

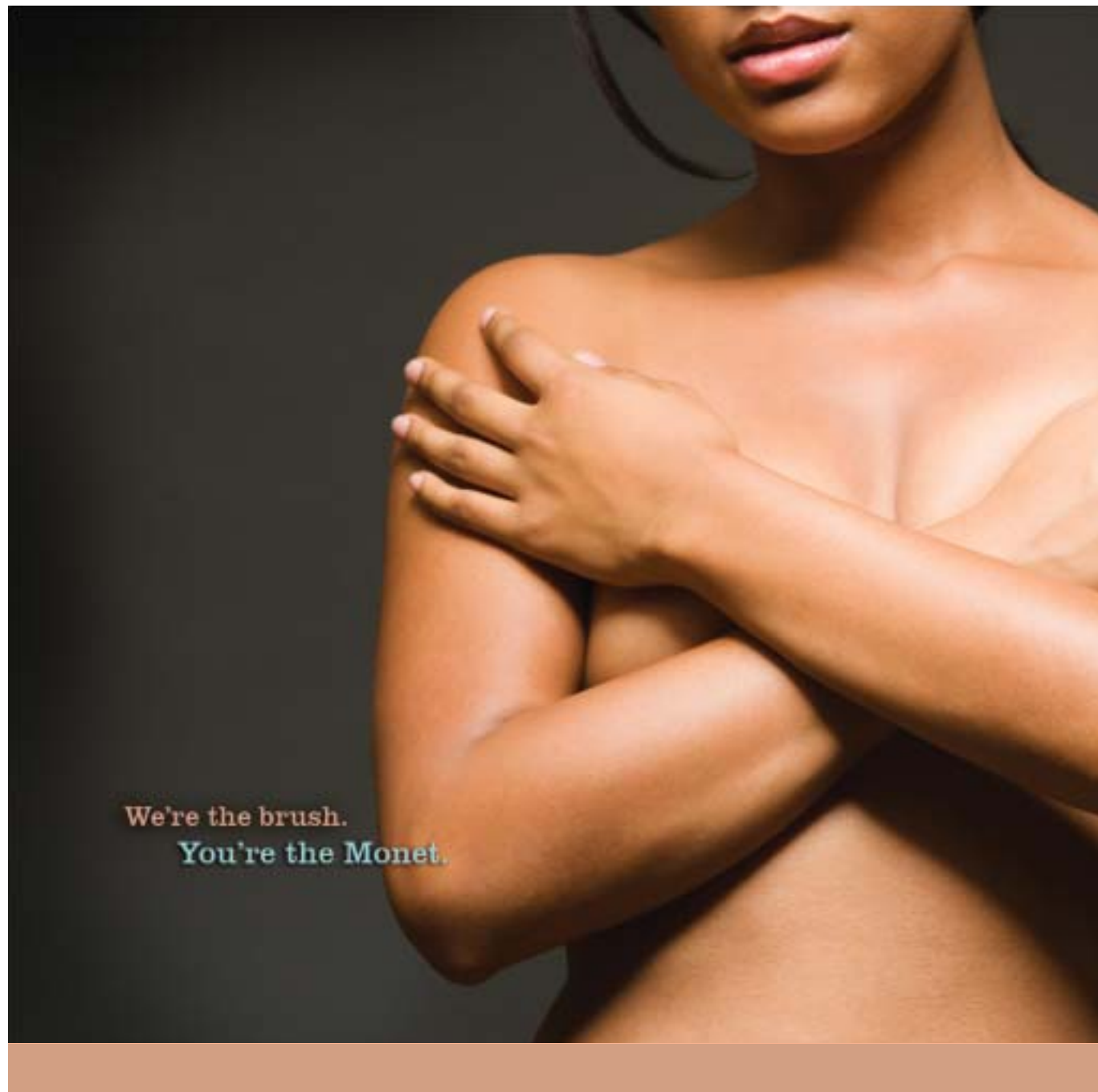
There were no differences between the

groups in their reports of loneliness.

Predictors of a baseline EPDS score of greater than 12 included non-Canadian ethnicity (reported by 19% of participants), not having been born in Canada (reported by 41% of participants), new immigrant status with less than 5 years in Canada (reported by 43% of those not born in Canada), and no family support (reported by 12% of participants). A total of 59% of the participants were primiparous, 31% had a history of depression, 18% had no mother

to talk to, and almost 10% were very unhappy with the baby’s father.

“Because this was a prevention trial, we felt it was unethical to leave a depressed mother in the community. So we administered the SCID [Structured Clinical Interview for DSM Disorders], and if they were diagnosed with clinical depression or had an EPDS score greater than 20, then we referred them back to the public health department and public health did follow up with them,” said Dr. Dennis. ■



We're the brush.
You're the Monet.

The VASER® Lipo System is the tool behind the talent. VASER’s third-generation ultrasound technology enables the kind of accurate body sculpting that you and your patients demand. Innovative practices are bolstering revenues by answering patient demand for aesthetic procedures. VASER Lipo can be performed in-office under local anesthesia. Patients and physicians report fast recovery and smooth, consistent results. With VASER Lipo, you can perform precision sculpting for whatever your work of art requires. **For a free analysis of how VASER Lipo can help your practice, call 1-888-471-4777.**

**VASER®
LIPO**
Sound Surgical Technologies
www.VASER.com

Ob.Gyn. News

Thanks For
Making Us #1

Source: FOCUS® Medical/Surgical
June 2007 Readership Summary
Obstetrics and Gynecology Section
Table 701 Obstetrics/Gynecology Office & Hospital