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Can community midwives prevent antenatal depression? To test an external pilot study the feasibility of a cluster randomized controlled universal prevention trial

Background: Repeated epidemiological surveys show no decline in depression although uptake of treatments has grown. Universal depression prevention interventions are effective in schools but untested rigorously in adulthood. Selective prevention programmes have poor uptake. Universal interventions may be more acceptable during routine healthcare contacts for example antenatally. One study within routine postnatal healthcare suggested risk of postnatal depression could be reduced in non-depressed women from 11% to 8% by giving health visitors psychological intervention training. Feasibility and effectiveness in other settings, most notably antenatally, is unknown.

Method: We conducted an external pilot study using a cluster trial design consisting of recruitment and enhanced psychological training of randomly selected clusters of community midwives (CMWs), recruitment of pregnant women of all levels of risk of depression, collection of baseline and outcome data prior to childbirth, allowing time for women 'at increased risk' to complete CMW-provided psychological support sessions.

Results: Seventy-nine percent of eligible women approached agreed to take part. Two hundred and ninety-eight women in eight clusters participated and 186 termed 'at low risk' for depression, based on an Edinburgh Perinatal Depression Scale (EPDS) score of <12 at 12 weeks gestation, provided baseline and outcome data at 34 weeks gestation. All trial protocol procedures were shown to be feasible. Antenatal effect sizes in women 'at low risk' were similar to those previously demonstrated postnatally. Qualitative work confirmed the acceptability of the approach to CMWs and intervention group women.

Conclusion: A fully powered trial testing universal prevention of depression in pregnancy is feasible, acceptable and worth undertaking.

Biography

Molly Patterson, Research & Development Midwife at University Hospitals of Leicester NHS Trust. She is a clinical midwife by background for the past 30 years with a passion for clinical research. Her MSc is in Health Service Research. She has worked in a research role in the NHS since 1997. Currently she manages a team of 10 Research Midwives and 2 Research Support Officers. Together the team undertake both Obstetric and Midwifery clinical research studies on the NIHR portfolio. She has experience with writing research proposals, preparing ethics applications, setting up & running research studies in the NHS and mentoring research midwives through training and development in research.

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Julia Austin has been a midwife for 30 years. Her background is in clinical midwifery and for the last 10 years she has been working as a Consultant Midwife in public health and research at University Hospitals of Leicester. She is an established public speaker having presented published work at several national conferences on health inequalities, social marketing, vulnerable groups and public health. Her time is split between research, education, leadership and clinical practice. She has been developing a strong midwifery research team over the last five years within which there are around 10 midwives, a research board and many research projects. She has a particular interest in perinatal mental health and has developed services for vulnerable groups/obese women.

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