



Evaluation of an interpersonal-psychotherapy-oriented childbirth education programme for Chinese first-time childbearing women: A randomised controlled trial

Ling-ling Gao^a, Sally Wai-chi Chan^{b,*}, Xiaomao Li^c, Shaoxian Chen^d, Yuantao Hao^d

^a School of Nursing, Sun Yat-sen University, Guangzhou, People's Republic of China

^b Alice Lee Centre for Nursing Studies, Yong Loo Lin School of Medicine, National University of Singapore, Singapore

^c Department of Obstetrics and Gynecology, The Third Affiliated Hospital of Sun Yat-sen University, Guangzhou, People's Republic of China

^d School of Public Health, Sun Yat-sen University, Guangzhou, People's Republic of China

ARTICLE INFO

Article history:

Received 9 September 2009

Received in revised form 24 February 2010

Accepted 5 March 2010

Keywords:

Evaluation

Interpersonal psychotherapy

Childbirth psychoeducation

First-time childbearing women

ABSTRACT

Objective: This study investigated the effects of an interpersonal-psychotherapy-oriented childbirth psychoeducation programme on postnatal depression, psychological well-being and satisfaction with interpersonal relationships in Chinese first-time childbearing women.

Method: A randomised, controlled trial was conducted in the maternity clinic of a regional hospital in China. The intervention was based on the principles of interpersonal psychotherapy, and consisted of two 90-min antenatal classes and a telephone follow-up within 2 weeks after delivery. One hundred and ninety-four first-time pregnant women were randomly assigned to the intervention group ($n=96$) or a control group ($n=98$). Outcomes of the study included symptoms of postnatal depression, psychological well-being and satisfaction with interpersonal relationships, which were measured by the Edinburgh Postnatal Depression Scale (EPDS), General Health Questionnaire (GHQ) and Satisfaction with Interpersonal Relationships Scale (SWIRS), respectively.

Results: Women receiving the childbirth psychoeducation programme had significantly better psychological well-being ($t=-3.33$, $p=0.001$), fewer depressive symptoms ($t=-3.76$, $p=0.000$) and better interpersonal relationships ($t=3.25$, $p=0.001$) at 6 weeks postpartum as compared with those who received only routine childbirth education.

Conclusion: An interpersonal-psychotherapy-oriented childbirth psychoeducation programme could be implemented as routine childbirth education with ongoing evaluation. Replication of this study with more diverse study groups, such as mothers with high risks to depression, those with multiple, complicated or multiparas pregnancies, would provide further information about the effects of the programme.

© 2010 Elsevier Ltd. All rights reserved.

What is already known about the topic?

- Childbirth psychoeducation programmes may help in promoting psychological well-being of women and

preventing PPD by decreasing exposure to a given risk factor, or by reducing the strength or mechanism of the relationship between the risk factor and PPD.

- A lack of high-quality evidence from clinical trials, thus the effects of childbirth education remains inconclusive.
- Research evidence suggested that those childbirth programmes which had more positive effects often have a clear theoretical base supporting their content and address psychosocial issues related to childbirth.

* Corresponding author. Tel.: +65 6516 3117; fax: +65 6776 7135.

E-mail addresses: gaoll@mail.sysu.edu.cn (L.-l. Gao), nurewcs@nus.edu.sg (S.-c. Chan), tigerlee777@163.com (X. Li), chshaox@mail.sysu.edu.cn (S. Chen), haoyt@mail.sysu.edu.cn (Y. Hao).

What this paper adds

- This study found an interpersonal-therapy-oriented childbirth psychoeducation programme was effective in improving psychological well-being, reducing depressive symptoms and improving interpersonal relationships at 6 weeks postpartum as compared with those who received only routine childbirth education.
- This study found the attendance rate of the psychoeducation programme was high and the participants appeared to accept the programme. The programme is brief and could be conducted by trained midwives. The programme could be incorporated in the routine care childbirth education programme.

1. Introduction

Postpartum depression (PPD) is a major unipolar depressive disorder occurring within 4–6 weeks after giving birth and lasting for at least 2 consecutive weeks (American Psychiatric Association, 2000). PPD is a significant public health concern. It affects 10–20% of postpartum Chinese women, a figure similar to that in the Caucasian population of North America and Europe (Chan and Levy, 2004). PPD has been linked to elevated rates of depression in parents (Gao et al., 2009) and also to adverse effects on cognitive, social and emotional development in infants (Chun and Panos, 2004).

Hormonal changes after delivery might influence mothers' mood changes. Consistent findings suggest the importance of psychosocial and sociocultural factors in the aetiology of PPD (Heh et al., 2004; Xie et al., 2007). The most commonly mentioned risk factors of PPD in the literature include depressed mood during pregnancy, a previous episode of PPD (Beck, 2001) and a lack of partner support (Dennis and Ross, 2006). In Asian studies, the woman's relationship with her mother-in-law and the sex of the baby have also been found to be significantly related to PPD (Chan et al., 2002; Heh et al., 2004; Chee et al., 2005; Xie et al., 2007).

As many of the psychosocial risk factors are known, psychosocial interventions that target those factors may prevent PPD. Childbirth psychoeducation programmes could help in preventing PPD by decreasing exposure to a given risk factor, or by reducing the strength or mechanism of the relationship between the risk factor and PPD.

Local antenatal education focused on delivery and child care skills, with very little content on the psychosocial issues related to childbirth, such as stress management or new role adaptation (Ngai et al., 2009). Thus, literature suggests the need for childbirth psychoeducation programme. Evidences demonstrated that the outcomes of childbirth psychoeducation programmes were inconclusive. Some studies (Stamp et al., 1995; Brugha et al., 2000; Hayes et al., 2001) failed to find any beneficial effects, whilst others (Elliott et al., 2000; Zlotnick et al., 2001, 2006; Matthey et al., 2004) reported positive effects.

Studies, for example, by Matthey et al. (2004) suggested that programmes with good attendance rates (of both women and their partners) produced better outcomes.

Further, evidences (for example, Chabrol et al., 2002; Ngai et al., 2009; Zlotnick et al., 2001, 2006) suggested programmes with the most positive effects often have a clear theoretical base supporting their content and address psychosocial issues related to childbirth relative to the interventions that showed no effect. Zlotnick et al. (2001, 2006) devised their intervention based on the principles of interpersonal psychotherapy. The intervention targeted the specific symptoms and interpersonal disruptions experienced by postpartum women and were found effective in preventing PPD. Ngai et al. (2009) found that women who received interventions based on the principles of Learned Resourcefulness had significant improvements in perceived competence and an overall reduction in depressive symptoms at 6 weeks postpartum. Chabrol et al. (2002) conducted cognitive behavioural education sessions and found a significant reduction of depressive symptoms at 4–6 weeks postpartum. The aforementioned interventions were based on different theoretical approaches. So far there is no conclusive evidence suggesting that one approach is superior to others.

The literature consistently found that women's relationships with family members were significantly related to PPD in studies of Chinese women (Chan et al., 2002; Chan et al., 2009; Heh et al., 2004; Xie et al., 2007). During the postpartum period, mothers often experience a major role transition. This is particularly true for women who are primiparous. The interpersonal-psychotherapy approach thus may help Chinese mothers during the perinatal period. Interpersonal psychotherapy (IPT) (Klerman et al., 1984) is a time-limited therapy grounded in the interpersonal theories of Harry Stack Sullivan (Sullivan, 1953) and the attachment theories expounded by Bowlby (1969). IPT is based on the hypothesis that clients who experience social disruption are at increased risk of depression (Stuart and Franzcp, 2003). IPT specifically targets interpersonal relationships and is designed to assist clients in modifying either their relationships or their expectations about those relationships.

IPT could help new mothers in three areas: role transitions, interpersonal disputes and interpersonal deficits. Role transitions are situations in which the clients have to adapt to a change in life circumstances. IPT aims to help the client with role transition to re-appraise the old and new role, to identify sources of difficulty in the new role and fashion solutions for these roles. Interpersonal disputes tend to occur in marital, family, social or work settings. Clients may have diverging expectations of a situation and that this conflict is excessive enough to lead to significant distress. IPT aims to identify sources of dispute, faulty communication or unreasonable expectations. It intervenes by communication training, problem solving or other techniques that aim to facilitate change in the situation. Interpersonal deficits refer to situation when clients reports impoverished interpersonal relationships in term of both number and quality of the relationships. IPT aims to identify problematic processes such as dependency or hostility occurring and aims to modify these processes (Robertson, 1999).

Download English Version:

<https://daneshyari.com/en/article/1077625>

Download Persian Version:

<https://daneshyari.com/article/1077625>

[Daneshyari.com](https://daneshyari.com)