



ORIGINAL RESEARCH – QUANTITATIVE

Mindfulness and perinatal mental health: A systematic review

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ARTICLE INFO

Article history:

Received 21 May 2015

Received in revised form 7 August 2015

Accepted 12 August 2015

Keywords:

Pregnancy

Anxiety

Depression

Stress

Mindfulness

ABSTRACT

Background: Perinatal stress is associated with adverse maternal and infant outcomes. Mindfulness training may offer a safe and acceptable strategy to support perinatal mental health.

Aim: To critically appraise and synthesise the best available evidence regarding the effectiveness of mindfulness training during pregnancy to support perinatal mental health.

Methods: The search for relevant studies was conducted in six electronic databases and in the grey literature. Eligible studies were assessed for methodological quality according to standardised critical appraisal instruments. Data were extracted and recorded on a pre-designed form and then entered into Review Manager.

Findings: Nine studies were included in the data synthesis. It was not appropriate to combine the study results because of the variation in methodologies and the interventions tested. Statistically significant improvements were found in small studies of women undertaking mindfulness awareness training in one study for stress (mean difference (MD) –5.28, 95% confidence intervals (CI) –10.4 to –0.42, $n = 22$), two for depression (for example MD –5.48, 95% CI –8.96 to –2.0, $n = 46$) and four for anxiety (for example, MD –6.50, 95% CI –10.95 to –2.05, $n = 32$). However the findings of this review are limited by significant methodological issues within the current research studies.

Conclusion: There is insufficient evidence from high quality research on which to base recommendations about the effectiveness of mindfulness to promote perinatal mental health. The limited positive findings support the design and conduct of adequately powered, longitudinal randomised controlled trials, with active controls.

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1. Introduction

The anticipation of birth and the transition to parenthood is seen by some expectant women as a welcomed challenge, while others can feel significant stress. Although the exact mechanism is not fully understood, there is a wealth of research that indicates that maternal stress is associated with adverse pregnancy

outcomes for both the mother and child. For example, stress during pregnancy has been linked with preterm birth and low birth weight,^{1–3} increased analgesic use and unplanned caesarean delivery.⁴ Maternal stress also increases the women's risk of anxiety and depression.⁵

It is estimated that between 15% and 25% of pregnant women suffer from anxiety or depression.⁶ However, the true prevalence could be significantly higher as many women who experience mood disorders are not diagnosed.⁷ Behavioural interventions may offer a safe and acceptable strategy to support mental health during the perinatal period; one such intervention is mindfulness training.

Mindfulness is the intentional, accepting and non-judgemental focus of one's attention on their present moment emotions, thoughts and sensations. The seven attitudinal factors that are fundamental to mindfulness include; non-judging, patience,

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beginner's mind, trust, non-striving, acceptance and letting go.⁸ Mindfulness is about being fully aware and focusing attention on the here and now, rather than getting caught up thinking about the past, or worrying about the future. While not its primary purpose, relaxation may also occur as a result of mindfulness practice.

Pioneering work investigating the use of a Mindfulness-Based Stress Reduction (MBSR) programme was conducted in the United States by Kabat-Zinn in the 1990s.⁸ Using an eight-session MBSR intervention, which included yoga and a one-day silent retreat, Kabat-Zinn demonstrated considerable benefits for patients suffering from a range of conditions, including anxiety and depression. Since his seminal work, numerous studies have found that mindfulness training can lead to improved mental health.⁹ Mindfulness training has now been used as a clinical intervention for numerous health conditions such as: chronic illness¹⁰; chronic pain¹¹; cancer^{12,13}; cancer survivorship^{14,15}; mental illness in war veterans¹⁶ cigarette addiction¹⁷ as well as anxiety and depression during pregnancy.¹⁸ Indeed, the evidence-based literature is growing rapidly.¹⁹

In the recent past a variety of mindfulness-based programmes and therapies has grown including; Mindfulness-Based Cognitive Therapy (MBCT),²⁰ Mindfulness-integrated Cognitive Behavioural Therapy (MiCBT),²¹ Acceptance and Commitment Therapy (ACT)²² and Dialectical Behavioural Therapy (DBT).²³ These interventions use mindfulness practice to develop awareness and acceptance of one's thoughts, emotions and body sensations, building stress tolerance, reducing reactivity and avoidance of uncomfortable experiences; abilities that are all important for pregnant women and new mothers.

The objective of this systematic review is to critically appraise and synthesise the best available evidence regarding the effectiveness of mindfulness training during pregnancy to support perinatal mental health. For the purposes of this review, perinatal mental health refers specifically to the mother's perceived stress, anxiety and/or depression during pregnancy and the early weeks following birth.

2. Methods

This systematic review is reported in accordance with the Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) statement.²⁴ A protocol was devised by the authors and used as a template for conducting the review according to the following:

2.1. Eligibility criteria

Mindfulness training was the intervention of interest. For the purposes of this review, the intervention included practices that incorporate the use of mindfulness with other modalities, such as yoga and cognitive behavioural therapy, and programmes such as MBSR, MBCT, MiCBT, DBT and ACT. The study population included pregnant women of any age and at any time during the antenatal period. The primary outcome was perinatal mental health, specifically perceived stress, anxiety, depression and mindful awareness. A variety of quantitative study designs were considered including randomised controlled trials (RCT), quasi-experimental, cohort, and case-control studies. Studies that used qualitative methods or a cross sectional design were excluded.

2.2. Study selection

Articles were screened for appropriateness with respect to the inclusion criteria by two independent researchers (HH and JB) using a template specifically designed for the review. There was

total agreement between the two reviewers; therefore independent review by the third researcher was not required.

2.3. Information sources and search strategy

Relevant studies were identified through searches of the following databases: ovidMEDLINE, AMED, EMBASE, Psyc-INFO, CINAHLplus, and Proquest Central. Additional studies were identified in the grey literature through searches on Google Scholar, OpenGrey, Grey Literature Report and Mindfulness Research Monthly. A systematic search strategy was formulated using subject headings and key terms relevant to each database (Table 1). The search was limited to articles that were published in English from January 1980 to August 2014. Authors were also contacted by email if the full text of a study, that potentially met the inclusion criteria, was not available.

2.4. Methodological quality and risk of bias assessment

Eligible studies were assessed for methodological quality and risk of bias by two independent reviewers (RL and MAB) according to standardised critical appraisal instruments from the JBI Meta-Analysis of Statistics Assessment and Review Instrument (JBI-MASARI).²⁵ Disagreements were resolved by consensus.

2.5. Data extraction and synthesis of results

Data regarding study characteristics and outcome measures were extracted from the studies and recorded on a pre-designed form by each reviewer (RL and MAB) independently. In some cases, the researchers were contacted for further information. Means and standard deviations from single-arm studies and mean differences from RCTs were entered into Review Manager software²⁶ to calculate the differences for perceived stress, anxiety, depression and mindful awareness between baseline and post-intervention, and between intervention and control groups respectively. Due to a great variation in the mindfulness programmes, the participant samples, the data collection points and different instruments used to collect the data, it was deemed inappropriate to perform meta-analysis.

Table 1
Search terms used for each database.

Database	Subject headings and key words
ovidMEDLINE	Mindfulness OR meditation OR mind-body therapies AND pregnancy OR pregnant woman OR perinatal care AND mental health OR stress psychological OR anxiety OR depression OR depression postnatal
CINAHLplus	Mindfulness OR mind body techniques OR meditation OR acceptance and commitment therapy OR mental healing OR guided imagery AND pregnancy OR expectant mothers OR perinatal OR perinatal care OR perinatal nursing AND mental health OR stress OR stress, psychological OR anxiety OR depression OR depression postpartum
AMED	Mindfulness OR meditation OR yoga AND pregnancy OR prenatal care AND mental health OR stress psychological OR anxiety OR depression
EMBASE	Mindfulness OR meditation OR mind body and relaxation techniques OR holistic care AND pregnancy OR perinatal care OR expectant mother AND mental health OR stress OR anxiety OR depression.
PsycINFO	Mindfulness OR meditation OR emotional regulation AND pregnancy OR expectant mothers OR perinatal period AND mental health OR anxiety OR anxiety disorder OR anxiety management OR depression (emotion) OR postnatal depression OR stress OR psychological stress OR stress management
ProQuest central	Pregnancy (subject heading) AND mindfulness OR meditation AND stress OR mental health

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