Overview of the Mothers and Babies Course: A Prevention of PPD Intervention

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2020 Mom

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Overview

• What is the Mothers and Babies Course (MB)?
• What are the different adaptations of the MB?
  • What is the evidence to support the use of the MB?
    • Group format
    • 1-to-1/HV model
    • Digital adaptations
• Why/how can a prevention model help my community?
• Q&A
The Mothers and Babies Course

• Based on Cognitive-Behavioral Therapy
  • Social learning theory and attachment theory
• A prevention of PPD intervention

• Goals:
  • To reduce the onset of major depressive episodes among high risk women
  • Teach pregnant women how to manage changes in their mood during and after pregnancy.
Introduction
Psychoeducation, theoretical model

Thoughts
- Thoughts + Mood
- Fighting harmful thoughts, increasing helpful thoughts

Activities
- Activities + Mood
- Engaging in pleasant activities, alone and with others, including baby

Contacts
- Contacts + Mood
- Obtaining the support needed for self and baby, how to communicate needs

Planning for the future and graduation
In each MB lesson

Overview
Quick mood rating
Key points
New material
Relaxation exercise
Personal project
MB Adaptations and evidence to support its use

• Group Format
  • 12-, 8-, and 6-week
  • 2 hours, booster sessions

• Home visitation
  • 12 sessions
  • 1-on-1 with home visitor
  • 15-20 minutes

• Technology format
  • 8-lesson, fully automated
  • Online and text messaging
Mothers and Babies Course/Curso Mamás y Bebés (MB)

- 12-week course during pregnancy
  - Group format
- Four "booster sessions" during the first postpartum year
- Spanish, English, Greek
Mothers and Babies Course/ Curso Mamás y Bebés (MB)

Led by Ricardo F. Muñoz, PhD (UCSF now at PAU)

To learn more: https://i4health.paloaltou.edu/
8-week and 6-week MB

- 8-week course during pregnancy
  - Group format
- Three booster sessions
- Spanish, English
8-week and 6-week MB

Led by Mimi Le, PhD at George Washington University

To learn more: https://mbp.columbian.gwu.edu/
6-week home visitation MB

• 6-week group course delivered to women enrolled in home visitation programs
6-week home visitation MB

Led by Deborah Perry, PhD, Darius Tandon, PhD, and Tamar Mendelson, PhD at Johns Hopkins University

- Darius Tandon, PhD is now at Northwestern University
- Deborah Perry, PhD is now at Georgetown University
MB 1-on-1 Course

- 12 sessions
- 15-20 minutes
- Delivered individually by home visitors
- English, Spanish, Creole, Arabic
MB 1-on-1 Course

Led by Darius Tandon, PhD at Northwestern University

To learn more: http://www.mothersandbabiesprogram.org/

1 on 1 Format

Group Format
Using technology to increase access to the MB
Led by Alinne Barrera, PhD
Palo Alto University
Mothers and Babies/Mamás y Bebés Internet Project

Welcome to the Mothers and Babies Internet Project!

What are the possible changes in my emotions after giving birth?

Despite the excitement that surrounds the birth of a new baby, many women experience changes in their mood that may or may not be familiar to them. It is important that you be aware of some common mood problems that can occur after the birth of your baby.

- **Peripartum Depression**
  - What is it? A serious emotional disorder
  - Why does it happen? Many things genetics, changes in your body, major life changes (baby, etc.)
  - When does it happen? After the first month after giving birth
  - What does it look like?

- **Major Depression**
  - What is it? A serious emotional disorder
  - Why does it happen? Many things genetics, hormonal changes, eating problems, etc.
  - When does it happen? Any point in time
  - What does it look like?

Change in your mood, appetite, sleeping, crying, or energy, or sadness, irritability or nervousness, feelings of emptiness, self-harm or suicide thoughts, and negative feelings about family members (including the baby).

Almost everyone, all day long, having 2 or more of the next 6 signs of depression:
- Feel depressed or very sad most of the time
- Lost interest or enjoying things that you normally like
- Eating more or less than you normally do
- Hard time sleeping, or sleeping too much of the time
- Feeling fatigued
- Talking and thinking very slow or very fast

**WHAT DO YOU LIKE TO DO?**

- Writing down what has made me happy or sad
- Spending time alone just me and my baby
- Praying to be the best mom in raising my baby
- Shopping and looking good
- Taking a hot bath every night
- Doing art

What do you like to do now?
Mothers and Babies Online Course (eMB)
updated version - under construction
BabyText Program

• A fully-automated text messaging program integrated into prenatal care
• Introduction and Graduation are in-person groups
• Six months of text message “tips”
• Based on the 8-lesson MB
• Spanish, English
Online and SMS Program

- Led by Alinne Barrera, PhD at Palo Alto University
- To learn more: http://www.barreralab.paloaltou.edu/

“Muchas gracias por todo su apoyo estoy muy agradecida por los consejos que me han dado y me han servido mucho Dios les bendiga siempre donde quiera que vayan o se encuentren 😊😊😊😊😊😊😊😊😊😊😊😊”
MB-TXT
Integrating text messaging into the MB 1-on-1

Led by Darius Tandon, PhD and Alinne Barrera, PhD

To learn more:
https://clinicaltrials.gov/ct2/show/NCT03420755
Why this model?
What is prevention?

“reducing incidence, prevalence, recurrence of mental disorders, the time spent with symptoms, or the risk condition for a mental illness, preventing or delaying recurrences and also decreasing the impact of illness in the affected person, their families and the society”

Mrazek & Haggerty, 1994
Why prevention?

- It is a sustainable method for reducing the burden caused by a disease
- Risk and protective factors are malleable
- Mental disorders can be reduced
- Prevention is cost-effective
Who should be considered?

**Counseling Interventions to Prevent Perinatal Depression**

Perinatal depression is a common, treatable, and preventable problem in pregnant women and new mothers. Some women are at higher risk than others for developing perinatal depression.

**Population**

Pregnant and postpartum persons who have given birth within the last year who do not have a current diagnosis of depression but who are considered to be at increased risk of developing perinatal depression.

**USPSTF recommendation**

Clinicians should provide or refer pregnant and postpartum individuals who are at increased risk of perinatal depression to counseling interventions.
Prevention Interventions for PPD

- Interventions examined
  - Counseling
  - health system–level interventions
  - physical activity
  - supportive interventions
  - Education
  - infant sleep advice
  - birth-experience postpartum debriefing
  - expressive writing
  - Yoga
  - omega-3 fatty acids
  - Sertraline
  - nortriptyline
Prevention Interventions for PPD

• Out of 50 trials, counseling interventions were associated with a lower likelihood of PPD onset
  • Reduction in PPD onset: 1.3% control condition vs. 31.8% greater reduction in the intervention condition
  • Most women were “at risk” for PPD
Interventions highlighted by the USPSTF?

• Mothers and Babies Course
  • 6 studies
  • Based on Cognitive-Behavioral Therapy

• Reach Out, Stand Strong, Essentials for New Mothers (ROSE) program
  • 5 studies
  • Based on Interpersonal Psychotherapy
Thank you!

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