

# Overview of Postpartum Depression and Telephone Support



Cindy-Lee Dennis, PhD

Associate Professor, University of Toronto

Canada Research Chair in Perinatal Community Health



**BLOOMBERG**

LAWRENCE S. BLOOMBERG  
FACULTY OF NURSING

UNIVERSITY OF TORONTO

Dr. Cindy-Lee Dennis

Overview of  
Postpartum Depression  
and Telephone Support

Postpartum mood disorders represent  
the most **frequent** form of **maternal**  
**morbidity** following delivery

These affective disorders range in severity from the **early maternity blues** to **postpartum psychosis**, a serious state affecting less than 1% of mothers

Within this group of disorders is **postpartum depression** (PPD), a condition often exhibiting the disabling symptoms of emotional lability, insomnia, confusion, anxiety, guilt, and suicidal ideation

Frequently exacerbating these indicators are low self-esteem, inability to cope, feelings of incompetence and loss of self, and loneliness

Dr. Cindy-Lee Dennis

Overview of  
Postpartum Depression  
and Telephone Support

The **inception rate** is greatest in the first  
12 weeks postpartum with **duration**  
frequently dependent on severity and  
time to onset of treatment

Dr. Cindy-Lee Dennis

Overview of  
Postpartum Depression  
and Telephone Support

❖ PPD is a major public health issue for many women from **diverse cultures**

❖ A meta-analysis of 59 studies reported an overall prevalence of major PPD to be 13%

- ❖ This hidden morbidity has well documented health consequences for the **mother, child, and family**
- ❖ Women who have suffered from PPD are twice as likely to experience **future episodes of depression** over a 5-year period,

❖ Infants and children are particularly vulnerable

❖ PPD can cause:

- impaired maternal-infant interactions
- negative perceptions of infant behaviour

which have been linked to various adverse infant health outcomes

# Risk Factors *(Beck, 2001)*

- ❖ Prenatal depression
- ❖ Childcare stress
- ❖ Life stress
- ❖ Lack of social support
- ❖ Prenatal anxiety
- ❖ Maternity blues
- ❖ Marital dissatisfaction
- ❖ Previous history of depression
- ❖ Low self-esteem
- ❖ Low socio-economic status
- ❖ Marital status
- ❖ Unwanted/unplanned pregnancy

Dr. Cindy-Lee Dennis

Overview of  
Postpartum Depression  
and Telephone Support

Despite the long-standing recognition of  
PPD, it often represents a largely  
**undetected** form of maternal morbidity

❖ The reasons for this lack of detection are multifactorial and the barriers can be classified into 2 categories:

❖ Maternal

❖ Professional

Dennis, C-L., & Chung-Lee, L. (2006). Postpartum depression help-seeking behaviours and treatment preferences: A qualitative systematic review. *Birth*, 33, 333-341.

# Maternal Barriers to Detection

- ❖ Lack knowledge about PPD
- ❖ Not aware they are suffering from the condition
- ❖ Deny and minimize symptoms
- ❖ Difficulty understanding the problems they are experiencing
  - assume struggles are normal for mothers
  - reasonable response to adversity

Dr. Cindy-Lee Dennis

Overview of  
Postpartum Depression  
and Telephone Support

- ❖ Conversely, some women do recognize PPD
- ❖ Do not know where to obtain assistance
- ❖ Unaware of treatment options
- ❖ Unwilling to disclose emotional problems especially depression
- ❖ Perceive health professional role to address physical symptoms not emotional problems
- ❖ Somatization - women translate emotional distress into physical symptoms

❖ Many women also fear:

- having their child taken away
- being labelled mentally ill
- not fulfilling their role as mother

- ❖ For some women depression implies weakness or perceived failure
- ❖ Family members may discourage help seeking – in some cultures it is unacceptable to admit to depressive symptoms
- ❖ Some family members lack knowledge – would help if they understood PPD

# Professional Barriers to Detection

- ❖ Normalize symptoms and dismiss as self-limiting
- ❖ Limited training in the assessment and management of PPD
- ❖ Limited time to assess
- ❖ Few resources for referral

Dr. Cindy-Lee Dennis

Overview of  
Postpartum Depression  
and Telephone Support

# Screening

- ❖ A systematic use of tools or procedures applied to a defined population
- ❖ Purpose is to identify individuals who are:
  - at risk of developing the condition
  - displaying potential symptoms of the condition
- ❖ Screening tools are not diagnostic

# Types of Screening

❖ Universal screening

❖ Targeted screening

Dr. Cindy-Lee Dennis

Overview of  
Postpartum Depression  
and Telephone Support

- ❖ Screening has the potential to improve quality of life through early identification of a serious condition
  
- ❖ Screening is not perfect
  - **false positives**
    - ❖ individuals wrongly reported to have the condition
  - **false negatives**
    - ❖ individuals wrongly reported as not having the condition

# Edinburgh Postnatal Depression Scale (EPDS)

- ❖ 10-item self-report instrument
- ❖ Scores range from 0 to 30
- ❖ Cut-off 12/13 ( $> 12$ ) – probable PPD
- ❖ Cut-off 9/10 ( $> 9$ ) – possible PPD
- ❖ Internationally recognized and used
- ❖ Widely available and free
- ❖ EPDS has been validated among diverse cultures

❖ Difficult to compare research results due to the various:

1. method of assessments
2. timing of assessments
3. variability in cut-off scores

❖ Recent study highlighted the increasing use of unvalidated cut-off scores

❖ The effect of doing this on the overall rate can be substantial

❖ Change a rate from 6.8% (> 12) to 9.9% (> 11)

Matthey, S., Henshaw, C., Elliott, S., & Barnett, B. (2006). Variability in use of cut-off scores and formats on the EPDS – implications for clinical and research practice. *Archives in Women's Mental Health*, 9, 309-315.

# Performance of EPDS

❖ Comparison of EPDS performance among three groups in Australia:

1. Women born in Australia or other English-speaking countries
2. Women born in non-English speaking countries who also completed the EPDS in English
3. Women born in Vietnam, Turkey, and Philippines using translated versions of the EPDS

Small, R., Lumley, J., Yelland, J., & Brown, S. (2007). The performance of the EPDS in English speaking and non-English speaking population in Australia. *Social Psychiatry and Psychiatric Epidemiology*, 42, 70-78.

# Results

- ❖ Item endorsement was similar across samples
- ❖ The good internal consistency and the relative stability of the factor patterns across the samples indicate that the scale is understood and completed in similar ways by the women in these different population groups
- ❖ With careful translation processes and pilot-testing, these findings lend support to the use of the EPDS in diverse cultures

Dr. Cindy-Lee Dennis

Overview of  
Postpartum Depression  
and Telephone Support

# Cultural Factors Do Merit Attention

- ❖ Delay in symptoms – traditional rituals
- ❖ Language barriers in multicultural communities

# Postnatal Screening

- ❖ There are many points of contact in the postpartum period with mothers
  
- ❖ Researchers have examined the use of the EPDS in diverse settings with differing health professionals including:
  - Public health nurses
  - Obstetricians
  - Midwives
  - Family physicians
  - Paediatricians
  - Nurse practitioners

- ❖ There is no clear evidence to suggest a best time to screen postnatally
- ❖ Research does however indicate that for the majority of mothers PPD develops within the first 12 weeks postpartum
- ❖ It make sense to integrate screening into existing health care systems

# Single Screen

- ❖ High false positive rate
- ❖ Do not want to offer an intervention to women who not need it
  - Limited resources
  - Potential harm to women due to labelling, increased anxiety

Dr. Cindy-Lee Dennis

Overview of  
Postpartum Depression  
and Telephone Support

- ❖ Morrell trial in the UK
  - Large PPD treatment trial
  - Screening by health visitors at 6 weeks postpartum
  - At 8 weeks postpartum, 60% no longer had an EPDS score  $> 11$

# Two-Stage Screening

- ❖ Mothers who score positive during the first screening are re-administered the EPDS later
- ❖ Research has not determined exactly how much later to administer the screening tool
- ❖ Suggest 2 weeks later to be consistent with DSM-IV
- ❖ Limitations:
  - Challenge to include another screen
  - Resource implications

# Screening is an intervention

Dr. Cindy-Lee Dennis

Overview of  
Postpartum Depression  
and Telephone Support

# Recent Swedish Study

- ❖ Random sample of child health nurses (n=499)
- ❖ Questionnaire about PPD screening
- ❖ Appropriate training, regular supervision, and care pathways were essential to the implementation of routine screening

Dr. Cindy-Lee Dennis

Overview of  
Postpartum Depression  
and Telephone Support

Massoudi, P., Wickberg, B., & Hwang, P. (2007). Screening for postnatal depression in Swedish child health care. *Acta Paediatrica*, 96, 897-901.

# BMJ Clinical Evidence

- ❖ An international source that produces systematic reviews
- ❖ Completed –“A review of depression in adults with a focus on psychological treatments and care pathways”

Dr. Cindy-Lee Dennis

Overview of  
Postpartum Depression  
and Telephone Support

Butler, R., Hatcher, S., & VonKorff, M. (2007). Depression in adults: Psychological treatments and care pathways. *BMJ Clinical Evidence*, 8, 1016.

# Review Results

- ❖ 4 systematic reviews and 10 subsequent clinical trials found that care pathways improved the effectiveness of treatment for depression compared with usual care
- ❖ Care pathways included collaborative working relationships between primary care health professionals and mental health specialists

# NICE Guideline for Depression

- ❖ National Institute for Health and Clinical Excellence (NICE) in UK
- ❖ Recommends a stepped care framework that aims to match the needs of adults with depression to the most appropriate services

Dr. Cindy-Lee Dennis

Overview of  
Postpartum Depression  
and Telephone Support

**Step 1**: Recognition in primary care and general hospital settings

**Step 2**: Treatment of mild depression in primary care

**Step 3**: Treatment of moderate to severe depression in primary care

**Step 4**: Treatment of depression by mental health specialists

**Step 5**: Inpatient treatment for depression

- ❖ For each step they answer the following questions:
  - Who is responsible for care?
  - What is the focus?
  - What do they do?

# Treatment of Postpartum Depression



**BLOOMBERG**

LAWRENCE S. BLOOMBERG  
FACULTY OF NURSING

UNIVERSITY OF TORONTO

# Intervention Approaches

- ❖ A comprehensive search in 2002 resulting in 26 studies found
- ❖ Pharmacological
- ❖ Hormonal
  - Oestrogen
- ❖ Psychological
  - Interpersonal psychotherapy (IPT)
  - Cognitive behavioural therapy (CBT)
- ❖ Psychosocial
  - Peer support /support groups
  - Non-directive counselling
- ❖ Other
  - Relaxation/Massage
  - Exercise
  - Sleep Interventions
  - Bright Light Therapy
  - ECT

- ❖ The criteria used to evaluate the interventions were based on the standardized methodology developed by the Canadian Task Force on Preventive Health Care
- ❖ All study designs included

Dennis, C-L., & Stewart, D. (2004). Treatment of postpartum depression part 1: A critical review of biological interventions. *Journal of Clinical Psychiatry*, 65, 1242-1251.

Dennis, C-L. (2004). Treatment of postpartum depression part 2: A critical review of non-biological interventions. *Journal of Clinical Psychiatry*, 65, 1252-1265.

# Cochrane Systematic Review

## Psychosocial and Psychological Interventions for the Treatment of Postpartum Depression

Dennis, C-L., & Hodnett, E. (2007). Psychosocial and psychological interventions for treating postpartum depression. *The Cochrane Database of Systematic Reviews*.



**BLOOMBERG**

LAWRENCE S. BLOOMBERG  
FACULTY OF NURSING

UNIVERSITY OF TORONTO

# Study Characteristics

- ❖ 10 trials met the inclusion criteria, of these nine trials reported useable outcomes (*Murray 1994; Dennis 2003; Holden 1989; Bennett 2001; Misri 2004; Morrell 2006; O'Hara 2000; Prendergast 2001; Wickberg 1996*)
- ❖ 956 women from Australia, Canada, Sweden, US, and UK

Dr. Cindy-Lee Dennis

Overview of  
Postpartum Depression  
and Telephone Support

# Postpartum Depression (Variously Defined)

- ❖ Any psychosocial or psychological intervention, compared to usual postpartum care, was associated with a 30% reduction in the likelihood of continued depressive symptoms at the final assessment within the first year postpartum

*(9 trials, n = 956; RR = 0.70, 95% CI = 0.60 to 0.81)*

# Psychosocial Interventions

- ❖ Psychosocial interventions together showed a 39% decrease in the likelihood of depressive symptoms at the final assessment

*(5 trials, n=506; RR=0.61, 95% CI 0.39 to 0.94)*

- ❖ Peer support and non-directive counselling

# Psychological Interventions

- ❖ Cognitive behavioural therapy appeared to have a beneficial effect on depressive symptoms - 28% decreased likelihood

*5 trials, n = 482; RR=0.72, 95% CI 0.57 to 0.90*

- ❖ A beneficial effect was found with interpersonal psychotherapy - 20% decreased likelihood

*1 trial, n = 120; RR=0.80, 95% CI 0.66 to 0.98*

# Psychosocial versus Psychological Interventions

❖ Two trials (*Murray 1994; Morrell 2006*) directly compared psychosocial and psychological interventions

❖ No significant difference in beneficial effect in reducing depressive symptoms at final assessment between a psychosocial intervention (non-directive counselling) and a psychological intervention (cognitive behavioural therapy)

*2 trials, n = 358; RR = 1.13, 95% CI 0.84 to 1.52*

Dr. Cindy-Lee Dennis

Overview of  
Postpartum Depression  
and Telephone Support

# Conclusion

- ❖ This review suggests psychosocial and psychological interventions may be effective treatment options for mothers with PPD
- ❖ Viable option for mothers who do not want to take antidepressant medication

# Prevention of Postpartum Depression



**BLOOMBERG**

LAWRENCE S. BLOOMBERG  
FACULTY OF NURSING

UNIVERSITY OF TORONTO

# Preventive Interventions

- ❖ 31 preventive studies found back in 2002
- ❖ Pharmacological
  - Oestrogen
  - Progesterone
  - Thyroid function
- ❖ Hormonal
- ❖ Psychological
  - Cognitive behavioural therapy (CBT)
  - Interpersonal psychotherapy (IPT)
  - Debriefing

- ❖ Psychosocial
  - Antenatal classes
  - Intrapartum support
  - Supportive interactions
  
- ❖ Quality Improvement
  - Continuity of care
  - Early postpartum follow-up
  - Flexible postpartum care
  - Antenatal identification and notification
  
- ❖ Other
  - Educational Strategies
  - Relaxation/Guided Imagery

Dennis, C-L. (2004). Prevention of postpartum depression Part I: A review of biological interventions. *Canadian Journal of Psychiatry*, 49, 467-475.

Dennis, C-L. (2004). Prevention of postpartum depression Part II: A critical review of non-biological interventions. *Canadian Journal of Psychiatry*, 49, 526-538.

# Cochrane Systematic Review:

## Psychosocial and Psychological Interventions for the Prevention of Postpartum Depression

Dennis, C-L. (2005). Psychosocial and psychological interventions for the prevention of postnatal depression: A Systematic Review. *British Medical Journal*, 331:15, July 2.

Dennis, C-L., & Creedy, D. (2004). Psychosocial and psychological interventions for preventing postpartum depression. *The Cochrane Database of Systematic Reviews*, Issue 4.



**BLOOMBERG**

LAWRENCE S. BLOOMBERG  
FACULTY OF NURSING

UNIVERSITY OF TORONTO

# Study Characteristics

- 15 trials
- 7697 women
- Published between 1995 and 2003
- Conducted primarily in Australia and the UK
- Two trials were conducted in the USA
- One trial was conducted in China

# Postpartum Depression (Variously Defined)

❖ No beneficial effect on the prevention of PPD

❖ However → 19% reduction in risk to develop PPD

*(15 trials, n = 7697; RR = 0.81, 95% CI = 0.65 to 1.02)*

Dr. Cindy-Lee Dennis

Overview of  
Postpartum Depression  
and Telephone Support

Currently, there is no evidence to recommend the following interventions be implemented into practice in order to prevent postpartum depression:

- ❖ Antenatal and postnatal classes
- ❖ Early postpartum follow-up
- ❖ Continuity of care models
- ❖ Lay home visits
- ❖ Psychological debriefing
- ❖ Interpersonal psychotherapy

Dr. Cindy-Lee Dennis

Overview of  
Postpartum Depression  
and Telephone Support

However, there is beginning evidence to suggest the importance of additional professional support initiated postnatally with structured assessments

- ❖ Results also suggested identifying mothers with risk factors assisted in the prevention of postpartum depression
- ❖ However, currently there is no consistency in the identification of women “at-risk”
- ❖ Interventions with only a postnatal component appear to be more beneficial than interventions that also incorporate an antenatal component
- ❖ Individually-based interventions may be more beneficial than those that are group-based

# The Postpartum Depression Peer Support Trial

Cindy-Lee Dennis, PhD

*Principal Investigator*

*Associate Professor, Lawrence Bloomberg Faculty of Nursing  
Canada Research Chair in Perinatal Community Health*



**BLOOMBERG**

LAWRENCE S. BLOOMBERG  
FACULTY OF NURSING

UNIVERSITY OF TORONTO

# Purpose

- ❖ To evaluate the effect of telephone-based peer (mother-to-mother) support in the prevention of PPD among high risk mothers (EPDS score  $> 9$  in the first 2 weeks postpartum)

Dr. Cindy-Lee Dennis

Overview of  
Postpartum Depression  
and Telephone Support

# Research Questions

- ❖ **Primary Question:** Among mothers at-risk for PPD (Edinburgh Postnatal Depression Scale [EPDS] score  $>9$ ), what is the effect of peer support on PPD at 12 weeks postpartum?
  
- ❖ **Secondary Questions:** Among mothers at-risk, what is the effect of peer support on:
  1. PPD at 24 weeks?
  2. Anxiety at 12 and 24 weeks?
  3. Loneliness at 12 and 24 weeks?
  4. Health service utilization during the first 24 weeks?

# Other Research Questions

- ❖ What are mothers' evaluations of their peer support experience?
- ❖ What are peer volunteers' evaluations of their peer support experience?
- ❖ What are peer volunteers' reports of the type and intensity of their activities?
- ❖ What are the costs of peer support versus usual care, from a societal perspective?

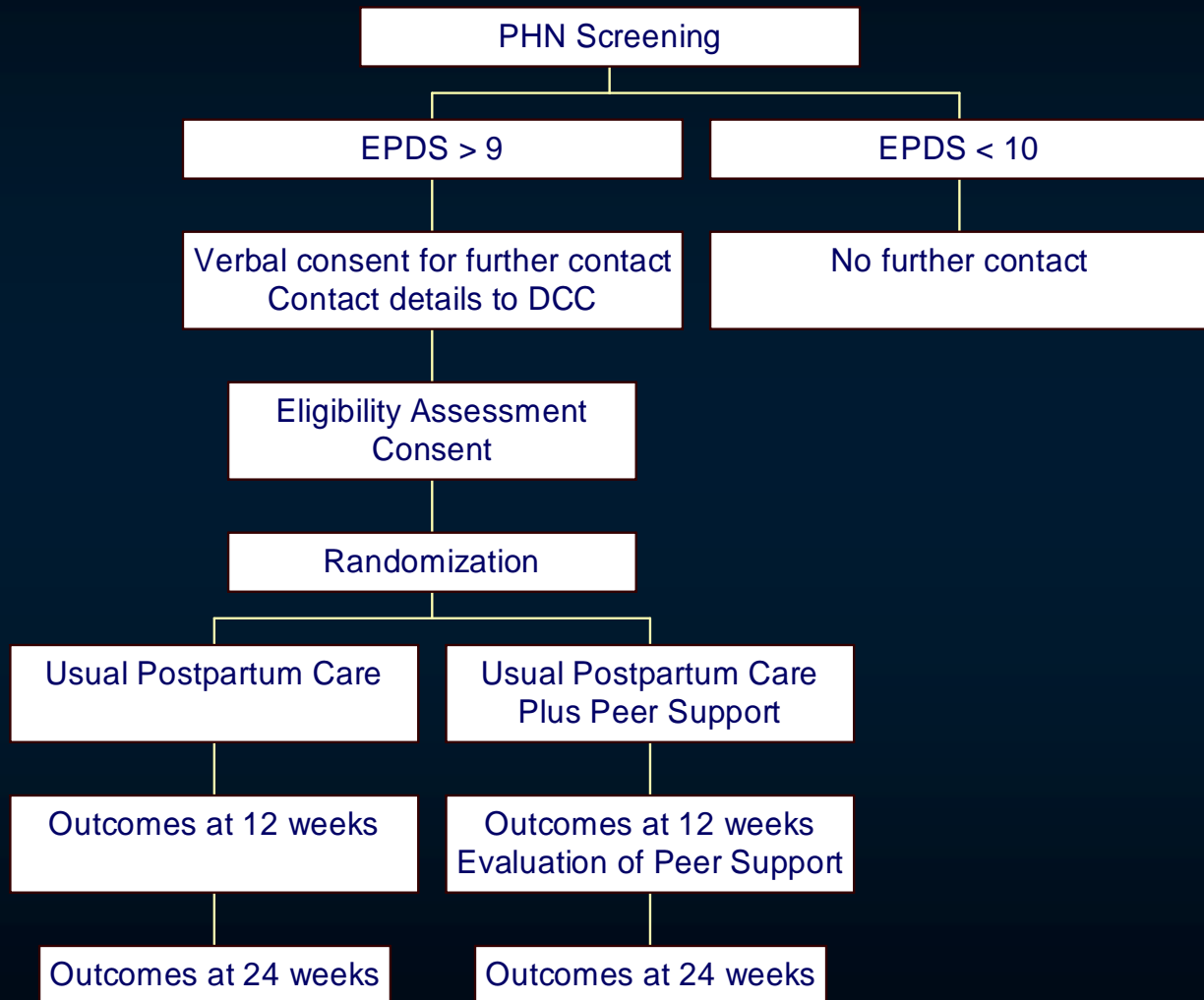
Dr. Cindy-Lee Dennis

Overview of  
Postpartum Depression  
and Telephone Support

# Design Overview

- ❖ A randomized controlled trial with stratification based on previous history of depression was conducted
  
- ❖ Seven health regions participated in the trial:
  - Halton
  - Ottawa
  - Peel
  - Sudbury
  - Toronto
  - Windsor
  - York

# Trial Schema



Dr. Cindy-Lee Dennis

Overview of  
Postpartum Depression  
and Telephone Support

# Inclusion/Exclusion Criteria

## ❖ *Inclusion Criteria*

1. live birth
2. discharged from hospital
3. < 2 weeks postpartum
4. scored > 9 on the EPDS
5. ability to speak English

## ❖ *Exclusion Criteria*

1. infant not discharged home with mother
2. current use of anti-depressant or anti-psychotic medication

- ❖ 21,470 attempted web-based screens with the EPDS
- ❖ 4,400 (20.5%) screens could not be completed due to language barriers
- ❖ Out of the remaining 17,070 attempted screens:
  - 14,101 (82.6%) mothers agreed to be screened
- ❖ 1740 (12.3%) scored  $> 9$  on EPDS

- ❖ Out of the 1740 positive scores:
  - 1430 (82.2%) agreed to be contacted by trial coordinator
- ❖ Out of the 1430 mothers that agreed to hear a detailed explanation, 285 (19.9%) could not be contacted
- ❖ 84.3% (N=701) eligible mothers agreed to participate

# Peer Support Intervention



**BLOOMBERG**

LAWRENCE S. BLOOMBERG  
FACULTY OF NURSING

UNIVERSITY OF TORONTO

# Volunteer Coordinator

1. Organized the recruitment of peer volunteers and obtain consent
2. Participated in peer volunteer training sessions
3. Matched mothers with an appropriate peer volunteer (region and ethnicity if desired)
4. Monitored intervention implementation
5. Provided support to peer volunteers as required
6. Developed peer volunteer newsletters

# Recruitment of Peer Volunteers

- ❖ Flyers were distributed and newspaper ads were placed throughout the diverse communities to enlist peer volunteers
- ❖ Public health nurses also referred women

Dr. Cindy-Lee Dennis

Overview of  
Postpartum Depression  
and Telephone Support

- ❖ Peer volunteer selection criteria was: (1) ability to speak and understand English, (2) self-reported history of and recovery from PPD, (3) not currently suffering from depression
- ❖ Over 205 peer volunteers were recruited and attended a 4-hour training session
- ❖ Provided with a training manual and a list of local community resources for new mothers

# Peer Volunteer Characteristics

- ❖ 82% were married
- ❖ 39% were primiparous
  
- ❖ Education
  - 8.3% high school
  - 33.7% college
  - 38.5% university: undergraduate
  - 19% university: graduate
  
- ❖ Ethnicity
  - 45.5% Canadian
  - 54.4% other

Dr. Cindy-Lee Dennis

Overview of  
Postpartum Depression  
and Telephone Support

## ❖ Household income

- 0-\$19,999 = 9.7%
- \$20,000-\$39,999 = 14.9%
- \$40,000-\$59,999 = 12.8%
- \$60,000-\$79,000 = 22.6%
- \$80,000 or more = 40%

## ❖ Work

- 27.3% worked full-time
- 14.1% worked part-time
- 25.9% stay at home mother

# Intervention Implementation

- ❖ Asked peer volunteer to initiate contact with the mother within 24-48 hours of being matched
- ❖ Out of the 349 mothers randomized to the peer support group, the intervention was initiated with 328 (94.0%)
- ❖ 95 (24.9%) mothers who received peer support continued to interact with their peer volunteer longer than the monitored 12 weeks

# Intervention Dosage

- ❖ Mothers received a mean of 8.8 (SD=6.0) contacts with their PV
- ❖ 49.5% were telephone conversations initiated by the peer volunteer
- ❖ the mean duration of these discussions was 14.1 minutes (SD=18.5)
- ❖ 33.4% of contacts were messages were left on mothers' answering machines
- ❖ Only 6.5% contacts were initiated by the mothers
- ❖ 2.3% were email interactions

Dr. Cindy-Lee Dennis

Overview of  
Postpartum Depression  
and Telephone Support

# Data Follow-Up Rates

- ❖ 12 week assessment N = 615
  - 87.7% of participants completed the 12 week assessment
  
- ❖ 24 week assessment N = 600
  - 85.6% completed the 24 week assessment

Dr. Cindy-Lee Dennis

Overview of  
Postpartum Depression  
and Telephone Support

# Outcome Measures

- ❖ Edinburgh Postnatal Depression Scale
- ❖ State-Trait Anxiety Inventory
- ❖ UCLA Loneliness Scale
- ❖ Health Service Utilization Questionnaire
- ❖ Economic evaluation questionnaires
  
- ❖ Peer Support Evaluation Inventory
- ❖ Peer Volunteer Training Evaluation
- ❖ Peer Volunteer Activity Logs
- ❖ Peer Volunteer Experience Questionnaire

# Results



**BLOOMBERG**  
LAWRENCE S. BLOOMBERG  
FACULTY OF NURSING  
UNIVERSITY OF TORONTO

# Sample Characteristics

- ❖ 92.2% (n= 646) married/common-law
- ❖ 81% (n = 586) Canadian
- ❖ 41.1% (n = 288) **NOT** born in Canada
- ❖ 42.6% (n = 122) in Canada  $\leq$  5 years

Dr. Cindy-Lee Dennis

Overview of  
Postpartum Depression  
and Telephone Support

- ❖ Education
  - 3.1% (n = 22) elementary
  - 19.3% (n = 135) high school
  - 25.7% (n = 180) college
  - 37.4% (n = 262) university: undergraduate
  - 14.6% (n = 102) university: graduate

## ❖ Household income

- 0-\$19,999 = 9.9%
- \$20,000-\$39,999 = 15.5%
- \$40,000-\$59,999 = 15.2%
- \$60,000-\$79,000 = 17.4%
- \$80,000 or more = 41.4%

❖ 65.3% (n=458) vaginal birth

❖ 59.3% (n = 416) primiparous

❖ 31.1% (n = 218) history of depression

# Postpartum Depression: EPDS > 12

❖ 12 weeks postpartum

Peer n (%)	Control n (%)	$\chi^2$	p	OR	95% CI
40 (13.5)	78 (24.6)	12.38	0.0004	2.11	1.38-3.20

Dr. Cindy-Lee Dennis

Overview of  
Postpartum Depression  
and Telephone Support

# Characteristics Associated with Baseline EPDS > 12

- ❖ Non-Canadian ethnicity
- ❖ Not born in Canada
- ❖ ≤5 years duration in Canada
- ❖ History of depression
- ❖ No family support
- ❖ Unsatisfied with support from baby's father
- ❖ Does not have another mother to talk to

Dr. Cindy-Lee Dennis

Overview of  
Postpartum Depression  
and Telephone Support

# Telephone Support

- ❖ Groups are poorly attended by new mothers, especially those who are feeling depressed
  
- ❖ Additional barriers to PPD services include:
  - Stigma
  
  - Lack of accessible services
  
  - Time constraints
  
  - Demands of child care

Dr. Cindy-Lee Dennis

Overview of  
Postpartum Depression  
and Telephone Support

- ❖ The increasing popularity of telemedicine for diverse health problems has led some researchers to suggest that the telephone is perhaps one of the most under utilized resources in health care
  
- ❖ Telephone-based interventions:
  - Flexible
  - Private
  - Non-stigmatizing
  - Reduce differences related to socio-economic status
  
- ❖ They also reduce traditional health care barriers such as accessibility due to transportation or geography

- ❖ While in the last decade advances in technology, such as the utilization of email and the internet, have enhanced the range of options available for “home” support, the telephone remains the most accessible to the majority of individuals

# What do mothers think about telephone support?

Dr. Cindy-Lee Dennis

Overview of  
Postpartum Depression  
and Telephone Support

# Maternal Perceptions of Peer Support (N=221)

Dr. Cindy-Lee Dennis

Overview of  
Postpartum Depression  
and Telephone Support

Item	Strongly Agree/ Agree n (%)	Unsure n (%)	Strongly Disagree/ Disagree n (%)
My peer provided the assistance I needed	143 (72.2)	37 (18.7)	18 (9.1)
I was able to talk to my peer when I needed to	144 (73.1)	31 (15.7)	22 (11.2)
I liked the support over the telephone	157 (78.5)	27 (13.5)	16 (8)
Receiving support from my peer was convenient for me	157 (79.3)	22 (11.1)	19 (9.6)

Item	Strongly Agree/ Agree n (%)	Unsure n (%)	Strongly Disagree/ Disagree n (%)
I liked my peer	184 (92)	13 (6.5)	3 (1.5)
My peer was respectful to me	197 (99)	1 (0.5)	1 (0.5)
For my situation one-to-one support was better than <u>group support</u>	136 (68)	40 (20)	24 (12)
I would recommend this type of support to a friend	166 (83)	26 (13)	8 (4)
Overall, I am satisfied with my peer support experience	161 (80.5)	22 (11)	17 (8.5)

# Relationship Qualities

*Reponses related to strongly agree/agree*

- ❖ I could confide my most inner feelings— 123 (61.8%)
- ❖ I knew whatever was said was between us – 158 (79%)
- ❖ Peer was trustworthy – 165 (82.9%)
- ❖ Peer was dependable – 152 (76.4%)
- ❖ I felt accepted by my peer – 182 (91.5%)
- ❖ Peer understood my point of view – 165 (82.9%)
- ❖ I looked forward to talking to my peer – 118 (60.5%)
- ❖ Peer made a good first impression – 179 (90.4%)

## *Reponses related to strongly agree/agree*

- ❖ Peer made me feel guilty – 2 (1.0%)
- ❖ Peer made me feel angry – 1 (0.5%)
- ❖ Peer was critical of me – 1 (0.5%)
- ❖ Peer minimized my problems – 19 (9.6%)
- ❖ Peer talked too much – 13 (6.6%)

# Peer Volunteer Perceptions

- ❖ 121 peer volunteers (PVs) completed the Peer Volunteer Experience Questionnaire via mail
  
- ❖ Answered questions pertaining to:
  - Training and Expectations
  - Intrapersonal Effects
  - Recruitment and Retention
  - Interactional Characteristics
  - Volunteer Roles

Dr. Cindy-Lee Dennis

Overview of  
Postpartum Depression  
and Telephone Support

# Key Findings

- ❖ 94.2% PVs felt the training prepared them to be a peer volunteer
  
- ❖ 87.8% felt they grew as an individual
  
- ❖ How did they hear about the program?
  - 42.1% ad in newspaper
  - 31.4% posted flyer
  - 14.0% word of mouth
  - 15.7% other

Dr. Cindy-Lee Dennis

Overview of  
Postpartum Depression  
and Telephone Support

- ❖ 19.4% developed a friendship with a mother
- ❖ 43.3% are still in contact with these mothers
- ❖ 11.1% interacted with a health profession on behalf of the mother
- ❖ 31.1% referred a mother to a health professional
- ❖ 91.5% would be a PV again if they could do it over again

# Trial Summary

- ❖ Telephone-based peer support is effective in preventing PPD among high-risk mothers
- ❖ Mothers who (1) have a history of depression, (2) are recent immigrants, or (3) lack social support are more likely to have an EPDS > 12 in the immediate postpartum period

Dr. Cindy-Lee Dennis

Overview of  
Postpartum Depression  
and Telephone Support

# Interpersonal Psychotherapy Postpartum Depression Treatment Trial

- ❖ New trial currently underway
- ❖ Telephone-based interpersonal psychotherapy provided by highly-trained nurses to clinically depressed mothers across Canada
- ❖ If interested in referring mothers with an EPDS score  $> 12$  please email me:

[cindylee.dennis@utoronto.ca](mailto:cindylee.dennis@utoronto.ca)

Dr. Cindy-Lee Dennis

Overview of  
Postpartum Depression  
and Telephone Support

Dr. Cindy-Lee Dennis

Overview of  
Postpartum Depression  
and Telephone Support

# Questions?