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Title

A Pilot Study of the Efficacy of An Online Antenatal Mental Health Intervention with Couples

Priority 1 (Research Category)

Behavioral, psychosocial, and mental illness

Presenters

Shannon Canfield, PhD, MPH, Kelli Canada, PhD, MSW, Gregory Petroski, PhD

Abstract

Context: Untreated perinatal mood and anxiety disorders (PMAD) have consequences for mental, physical, developmental, social, and economic outcomes affecting the mother, infant, family, and community. Online health interventions effectively treat mental health disorders and increase access to care. Perception of social support is protective for preventing perinatal mood and anxiety disorders, yet few interventions include partners despite their being primary supports. Few intervention studies include the dyad in preventative perinatal mental health interventions, and online programming may provide access to under-resourced populations. Objective: This research aims to test the efficacy of the Mothers and Babies Online Course (eMB) with couples to reduce symptoms of antenatal anxiety and depression. Design: This pilot cluster randomized control trial included Missouri couples (N = 31) to test the efficacy of eMB for reducing symptoms of anxiety, depression, and perception of stress. Validated measures for all outcomes were administered three times over eight weeks. The analysis is a three-factor ANOVA with repeated measures on time and couple role (i.e., pregnant woman or partner). Results: The mean depression score indicated moderate symptoms at Time 1 and decreased to mild at Time 3 for control and intervention groups; respective score drops were 3.19 and 4.2 points. Similarly, both groups' anxiety symptoms dropped from moderate to mild from Time 1 to Time 3. From Time 1 to Time 2, intervention group women significantly decreased anxiety symptoms compared to control group women (M = -4.03, p = 0.00). On average, intervention partners' depression and anxiety scores were significantly lower than women's at Time 1 only. In the control group, partners had significantly lower scores for depression at Times 1 (p =.01) and 2 (p = .01), and for anxiety, all measurement times were significantly lower for partners compared to women (Times 1-3 p < .001). Conclusion: This pilot study indicates the need for continued dyadic intervention to reduce PMADS. The small sample size and the COVID-19 pandemic likely affected the results. More research is needed to understand if programming known to be efficacious for pregnant women can also meet the couple's needs. Researchers can partner with care providers to tailor programming for couples with limited access to treatment, payment barriers, distrust of health systems, or those at-risk for poor perinatal mental health.