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Prenatal depressive symptoms: Moving towards targeted preventative approaches

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Context

For most women, pregnancy is a joyful time spent anxiously awaiting and preparing for their new arrival. However, 12 to 42% of pregnant women have a high risk of depression, depending on the population studied, the trimester and the screening tool[1]. In Quebec, among the 88,891 births registered in 2009, at least 10,666 expectant mothers had a high risk of depression.

Prenatal depression (PD) has many adverse effects that impact the mother, the child and the family concerned.

Risk factors for perinatal depression

Women with a history of depression are more at risk of developing PD. Studies show other risk factors include the absence of a spouse and illegal substance abuse, marital difficulties, violence, lack of social support, poverty and stress related to living conditions. Risk factors specific to the perinatal period include a history of abortion or stillbirth, unplanned pregnancy, pregnancy ambivalence and the level of anxiety associated with the unborn child[2].

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Depression during pregnancy is higher among immigrants or women from ethnic groups than among white or Canadian-born women. The burden of PD in pregnant women also varies depending on their affiliation to different cultures[3]. Not only are they affected by the same risk factors as women born in their host country, but they also have risk factors related to immigrant status, such as discrimination, knowledge of the language and the number years of residence in the host country.

With the exception of stressful situations experienced at the outset of pregnancy, immigrant women are significantly more exposed to adverse contextual risk factors such as high marital strain, lack of social support, poverty, and overcrowding in the home than Canadian-born women. These risk factors tend to change over time. For example, women living in Canada for three to eight years are prone to marital strain and lack of social support, while newly arrived immigrants are prone to overcrowding in the home. For women exposed to the same risk factors, Canadian-born women are significantly more susceptible to depressive symptoms when they lack social support, while immigrants are significantly more vulnerable when they lack the financial resources to meet basic needs[4]. As such, preventive efforts should target immigrant and Canadian women differently, focusing on their specific vulnerability factors.

Effective interventions for reducing perinatal depression

Several proven and effective interventions are available to reduce and manage maternal depression: structured courses preparing individuals for parenthood, regular nurse visits, social support group sessions, social support by telephone, education on baby sleep and monitoring, psychoeducation, antidepressant medication, physical exercise and massage therapy from the partner. Studies also show that routine screening for depressive symptoms (DS) in pregnant women is an effective way of raising awareness and reassuring pregnant mothers about the state of their mental health.

Local cultural diversity is a significant factor to consider when developing a specific program for pregnant women. Health care for immigrants should include educational materials on depression, screening questionnaires available in their language, and qualified interpreters to facilitate diagnoses. Research shows that the main concerns related to screening for DS are stigma and fear of the child welfare system, but justification by the health care provider and service availability can help to improve immigrants' acceptance of the screening process. Moreover, efforts to reach the most marginalized female immigrant groups, including newcomers and those who do not speak either official language, are necessary and possible thanks to multicultural community centres. These efforts aim to promote mental health through education, social support and mommy support groups.

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Interventions against poverty and social isolation are necessary to reduce inequalities between Canadian-born and immigrant women exposed to risk factors of DS. Providing support to facilitate access to social housing and faster economic integration for newcomers can help reduce poverty, and promoting programs that provide access to community networks such as prenatal or group exercise programs would be an effective way to reduce social isolation[5].

Women experiencing marital strain should also be considered susceptible to DS. Interventions targeting both partners to reduce domestic tension should be tested. Routine prenatal visits are an excellent opportunity to assess the spouse's mental health and encourage shared prenatal monitoring. Partners and close family can also learn and become aware of pre- and postnatal depression[6]. Research also shows that even low-impact individualized exercise during pregnancy is an effective method of improving psychological well-being. Massage therapy during pregnancy has also proven to be beneficial in terms of preventing DS. These interventions can be used to engage both partners in activities and improve their relationship.

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