Telephone-Based Peer Support Intervention for Postpartum Depression (PPD): Real World Implementation

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Background

➢ Postpartum Depression (PPD) is a type of clinical depression that occurs after childbirth (Dennis 2013).
➢ 10-15% of new mothers face this condition and it typically begins during the 1st 3 months postpartum (Gavin 2005).
➢ PPD is chronic rather than episodic, and chronicity is suggested by reports of continued symptoms during the 1st year for 30% to 60% of mothers and beyond the first year for 8%-63% (Letourneau, 2013; Reay 2011).
➢ PPD affects negatively on parenting quality, mother-infant interaction, infant emotions and personality, and longer-term child behavioural and cognitive outcomes (Ox 2014; Letourneau 2012; Liia 2012).
➢ Women with PPD are less likely to adopt established treatments such as antidepressant medications, cognitive-behavioural and psychotherapy due to concern about transfer to the infant in breast milk, and due to time and financial constraints (Davis 2012).
➢ Evidence grows on the positive effects, acceptability and accessibility of telephone-based peer support (TBPS) for women with PPD (Dennis 2009).
➢ Edinburgh Postnatal Depression Scale (EPDS) Scores ≥12 are consistent with physician diagnosis of major depressive disorder with postpartum onset (Cox 1997).

Research Questions

1. Do mothers with PPD (EPDS≥12) who receive a three month peer telephone support mentorship intervention show lower symptoms and/or rates of depression?
2. How many telephone support calls are required to lower symptoms and/or rates of depression in mothers with PPD (EPDS≥12)?

Methods

Telephone Peer Support Mentorship:
➢ Volunteer Mentors
➢ Eligibility criteria for Volunteers included
  ➢ A self-reported history of PPD
  ➢ Motivated to help women with PPD
  ➢ 19 to 45 years old
  ➢ speak and understand English &/or French
  ➢ not currently depressed (repeat scores EPDS<6)
➢ Mentor Training & Manual
  ➢ Increase support skill
  ➢ Refresher training & debriefing
➢ Weekly telephone support for 12 weeks:
  ➢ Provided informational, emotional, affirmational, and practical support

Recruitment & Criteria:
➢ Screened by Tele-Care (811) and public health nurses with the EPDS
➢ Moms 15 – 45 years old with a child less than 24 months
➢ EPDS ≥ 12 <20 to enter study

Setting:
Atlantic Province of New Brunswick in Canada (North and Adjacent to Maine)

Results

EPDS Score ‘Decreases’ Over Time Periods (p-values <.009)

EPDS Change Over Time

Main Findings:
➢ Tele-support intervention decreased PPD
➢ Findings validate previously reported benefits of TBPS for mothers with mild to moderate PPD (Dennis 2009), now in the real world setting
➢ Validated findings about satisfaction of mentors (Leger 2014)

Study Limitations:
➢ Small sample
➢ Attrition

Conclusions

Peer Tele-Support Intervention:
➢ Length of support responsive to EPDS score and mother’s needs
➢ Closer monitoring of EPDS during intervention
➢ Use of EPDS 10 cut-off point to demonstrate effectiveness

Recommendations

Implement Systematic Screening for PPD:
➢ During the entire perinatal period
➢ Online or email EPDS monitoring
➢ Special attention to high risk groups

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