



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

SUPPORT

Overview

Quick mood rating

Key points

New material

Relaxation exercise

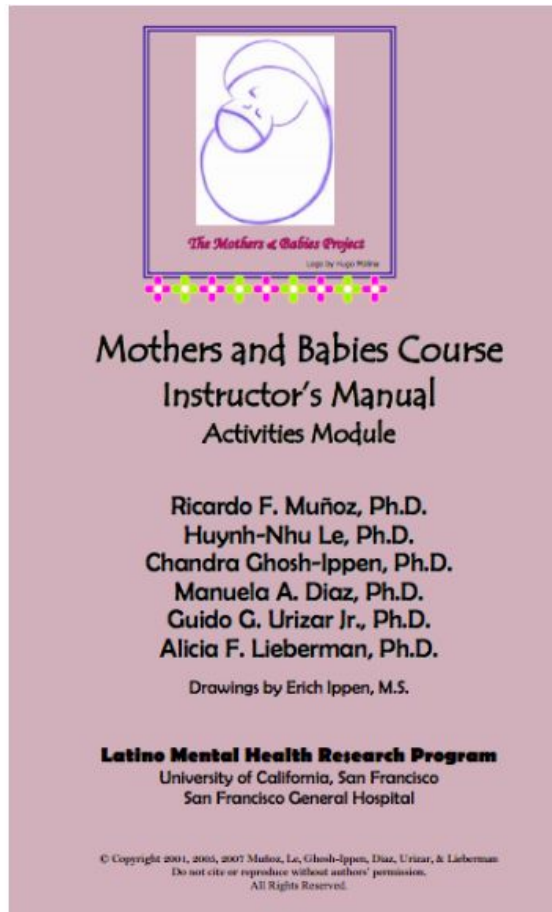
Personal project

SUPPORT

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)

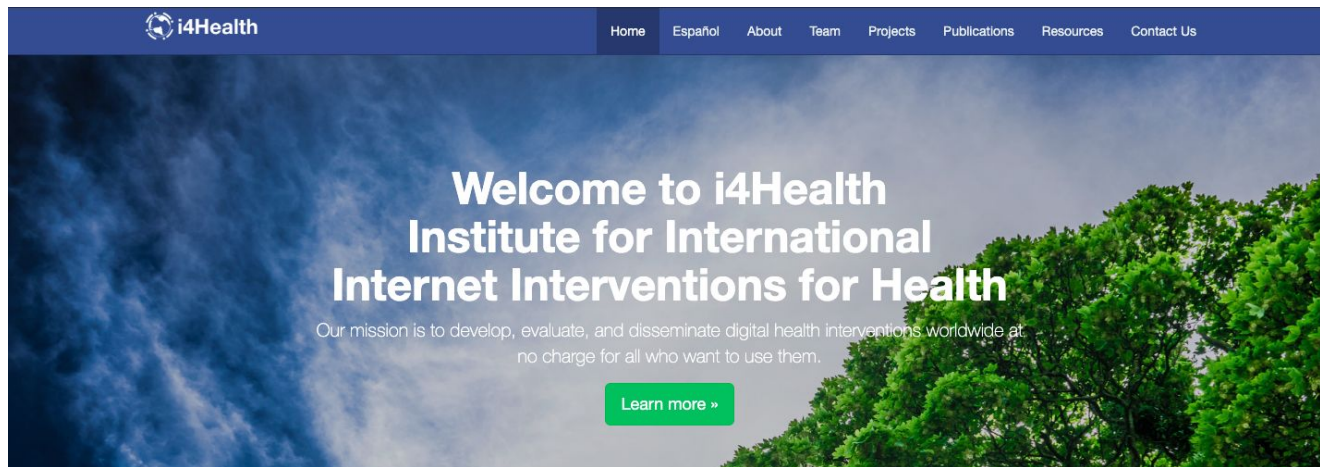


- 12-week course during pregnancy
 - Group format
- four "booster sessions" during the first postpartum year
- Spanish, English, Greek

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/>



Develop

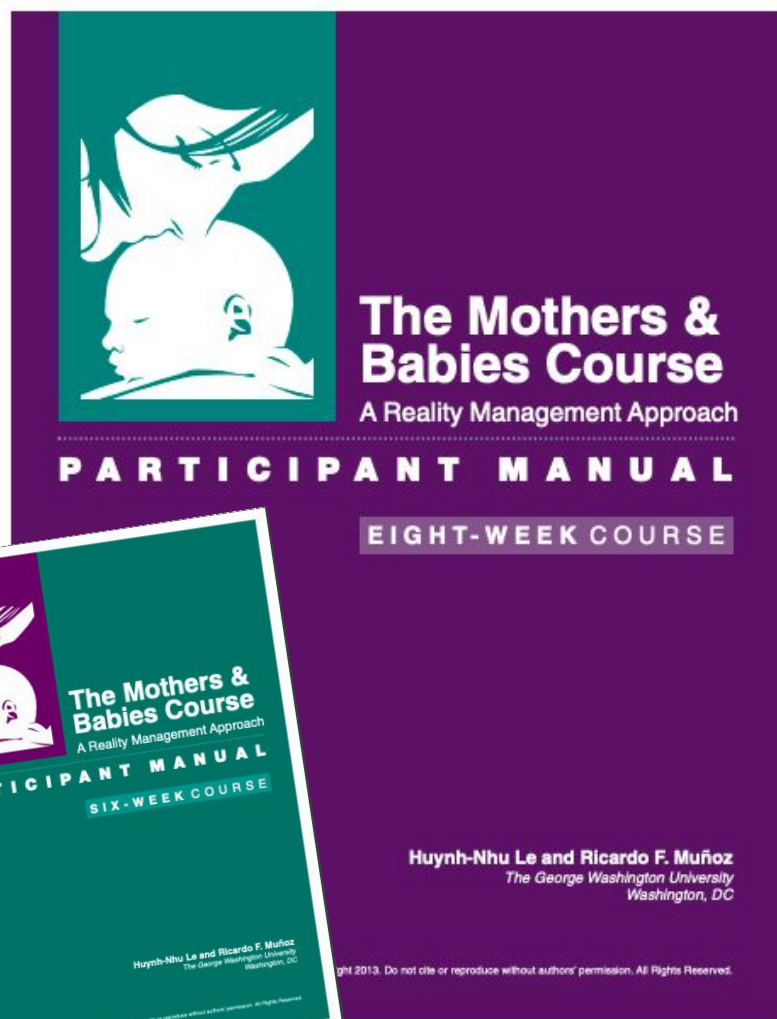


Evaluate



Disseminate

8-week and 6-week MB



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

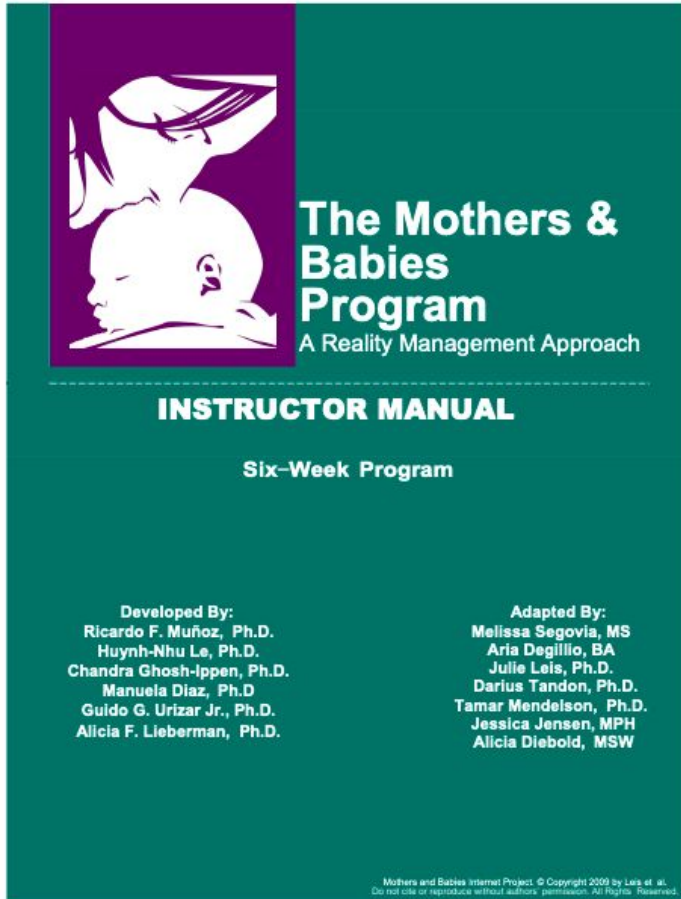
8-week and 6-week MB

Led by Mimi Le, PhD at George Washington University

To learn more: <https://mbp.columbian.gwu.edu/>



6-week home visitation MB



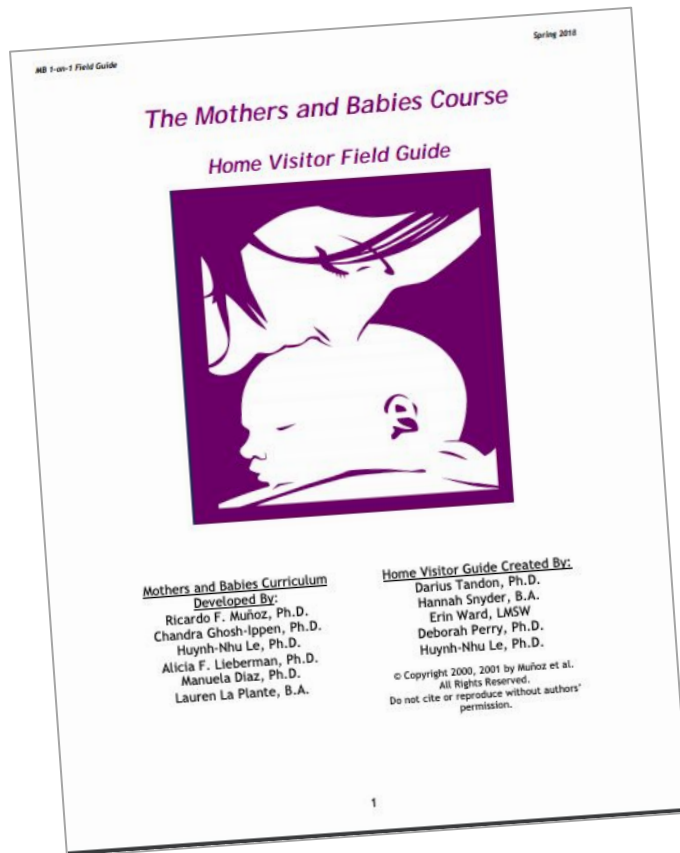
- 6-week group course delivered to women enrolled in home visitation programs

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

UCSF University of California, San Francisco | About UCSF | UCSF Medical Center

LANGUAGE: English (United States)

Welcome to the Mothers and Babies Internet Project!

Mothers and Babies/Mamás y Bebés Internet Project

UCSF/SFGH Mothers and Babies Internet Project

PRINT PAGE

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.

Baby Blues	Postpartum Depression	Major Depression
What is it?	What is it?	What is it?
A change in your emotions, mood, or in how you normally feel.	A serious emotional disorder. A type of Major Depression.	A serious emotional disorder.
Why does it happen?	Why does it happen?	Why does it happen?
More responsibility, changes in your relationships, changes in your body, etc.	Many things: genetics, changes in your body, major life changes (baby), etc.	Many things: genetics, learned behaviors, thinking patterns, stress, etc.
When does it happen?	When does it happen?	When does it happen?
Within the first week after giving birth.	Within the first month after giving birth.	At any point or time in life.
What does it look like?	What does it look like?	What does it look like?
Change in how you feel, your appetite, your sleep Crying more Anxiety or nerves Sadness Irritability Feeling really tired Headaches Low self-esteem Negative feelings about family members (including the baby) Miss being pregnant	Change in how you feel, your appetite, your sleep Crying more Anxiety or nerves Sadness Irritability Feeling really tired Headaches Low self-esteem Negative feelings about family members (including the baby) Miss being pregnant	Change in how you feel, your appetite, your sleep Crying more Anxiety or nerves Sadness Irritability Feeling really tired Headaches Low self-esteem Negative feelings about family members (including the baby) Miss being pregnant
	Almost everyday, all day long having 5 or more of the next list of symptoms: Feel depressed or very sad Not interested or enjoying things that you normally like Eating more or less than you normally do Having hard time sleeping, or sleeping much of the time	

UCSF/SFGH Mothers and Babies Internet Project

PRINT PAGE

WHAT DO YOU LIKE TO DO?

1. Enter the things you enjoy doing now (before your baby is born). Try to think of some things you can do alone, while you are at home or things you can do with others. There is no right answer- only you know what you enjoy doing!

1. Writing down what has made me happy or sad
2. Spending time alone-just me and my baby
3. Praying to be the best mom in raising my baby
4. Shopping and looking good
5. Taking a hot bath every night
6. Doing art
- 7.
- 8.
- 9.
- 10.

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Helpful thoughts during pregnancy

This is a very special time in my life. I am getting ready to be a good mother. I am bringing a new life into this world. I want to take good care of myself so I can have a healthy baby. Giving birth is a normal process. I don't need to be so nervous.



Helpful thoughts during motherhood

I am so eager to hold my baby in my arms. From birth, my baby will know she is loved. I am a good mother. I am taking good care of my baby. I will teach my baby to be proud of herself, her family, and her culture. I am going to teach my baby to be polite, respectful, and to enjoy life!



Mary's Day	Violet's Day
<p>The last few weeks have been stressful. I don't feel like doing much.</p>	<p>Lately, I haven't been feeling so well and it feels difficult to get out of bed.</p>
<p>I'll feel better after showering and then I'll call a friend.</p>	<p>Now that I am four months pregnant, I really thought things would start to get better for me. I don't feel sick or as tired as I did the last few months but I don't feel like my normal self either.</p>
<p>Hi Carmen, it's Mary. It's still hard to get out of bed some days but at least I don't have morning sickness. I feel like my pregnancy is going better.</p>	<p>I am so sad and lonely. I don't want to speak to anyone.</p>
<p>That's great to hear, Mary. I'm so glad you are feeling better. You can call me anytime.</p>	

Methods to Reduce Harmful Thoughts



1. Thought Interruption

There are times when we get into a rut with a certain thought, usually a negative one, which keeps bothering us throughout the day and makes us feel bad. When this happens, try to stop this thought by distracting yourself.



2. Worry Time

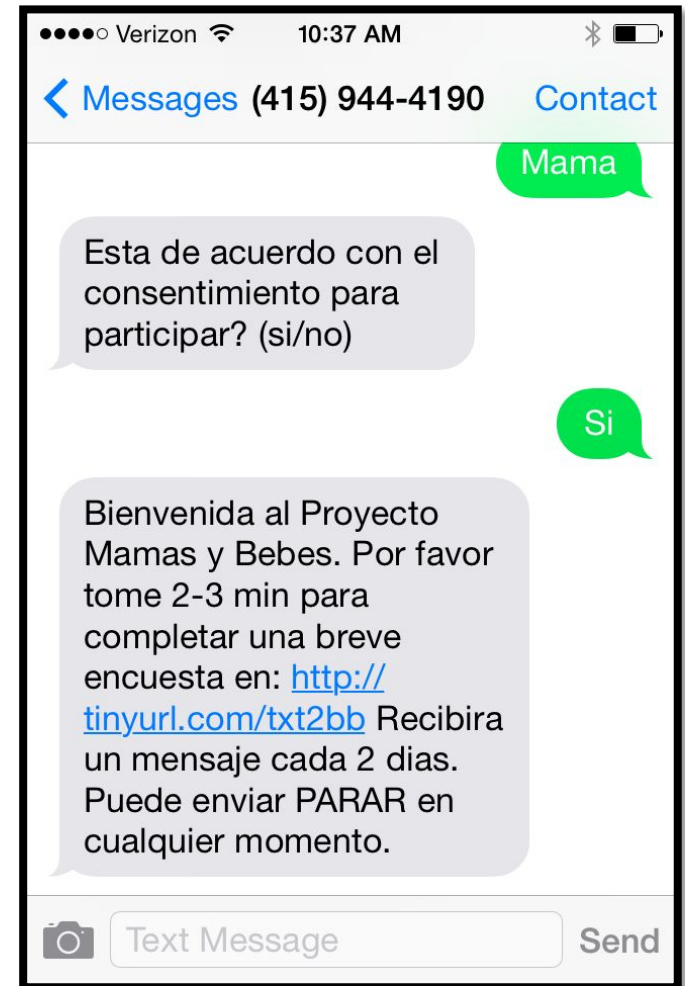
Sometimes, it's necessary to think about the things that have an effect on your mood. Yet, it's important not to do it too often. It is possible to limit the amount of time you spend on these thoughts to 5 or 10 minutes per day. Also, try not to do it when you are with your baby.

Mothers and Babies Online Course (eMB)
updated version - under construction

Purpose and Overview

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

MB 1-on-1 Field Guide

Spring 2012

The Mothers and Babies Course

Home Visitor Field Guide



Mothers and Babies Curriculum

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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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