

Mindfulness-based Cognitive Therapy: Improving Emotional Well-Being in the Perinatal Period

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INTRODUCTION

There is a higher incidence of new onset or relapse of psychiatric conditions during reproductive phases putting women at greater risk during the perinatal period.

Additionally, perinatal mood symptoms are known risk factors for adverse pregnancy, childbirth, and infant outcomes.¹

Given some women may prefer to avoid psychotropic medication in pregnancy or lactation, effective, evidence-based non-pharmacological treatment interventions for maternal mental health is vital. Mindfulness-based Cognitive Therapy (MBCT; Segal, Williams, & Teasdale) has been proven as an effective treatment for depression, amongst other conditions.²

MBCT has been shown to promote mood stability with respect to depressive symptomatology at 15-month follow up compared to maintenance antidepressants in general population.³

Mindfulness training has also been linked with reducing negative affect, stress, and anxiety and increasing self-compassion in the perinatal period.⁴



OBJECTIVES

To determine the benefit of participation in a mindfulness-based cognitive therapy group during the perinatal period, specifically related to depression, anxiety, and self-efficacy for managing emotions.

METHODS

Data was collected for all patients who completed an 8-week session of Mindfulness-based Cognitive Therapy. The group was offered 5 times during a 16-month period from October 2016 through February 2018. A total of 24 patients completed in the group treatment program. 11 women were pregnant during the group sessions and 13 were within 1 year postpartum. A total of 5 women who began the group, but did not complete all 8-sessions were excluded.

Participants were administered the Patient Health Questionnaire-9 (PHQ-9), Generalized Anxiety Disorder-7 (GAD-7) scale, and PROMIS Self-Efficacy for Managing Emotions pre- and post-treatment (week one and week eight of the group). Total scores on each measure were calculated and comparison of pre- and post-test averages conducted.

References

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3. Kuyken W, Watkins E, Holden E, White K, Taylor RS, et al. (2010). How does mindfulness-based cognitive therapy work? Behavior Research & Therapy, 48, 1105-1112.
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RESULTS

On mood symptom measures, pre-treatment average for depressive symptoms was 9.5 indicating borderline moderate symptoms of clinical depression. Post-treatment depressive symptom average was 4.5 indicating minimal symptoms of depression. The average pre-treatment anxiety score was 8.5 indicating mild symptoms of anxiety; post-treatment anxiety average was 4.4 indicating minimal symptoms.

Pre-treatment ability to manage emotions was an average t-score of 40.87 suggesting participants were 1 SD below the mean. Post-treatment ability to manage emotions was an average t-score of 47.2 suggesting improvement to only 1/4 below the mean. The majority of participants showed a decrease in anxious and depressive symptoms; all demonstrated improved ability to manage their emotions. No participant indicated any worsening of mood symptoms on measures.



CONCLUSIONS

Mindfulness-based Cognitive Therapy is an evidence-based treatment that has proven to be effective to treat perinatal mood symptoms in prior studies. This intervention further supports the benefits of this approach, while also indicating that one mechanism of treatment benefit is in promoting improved self-efficacy for managing emotions.

“It changed my life.”

“Thank you. It helped me cope not only with the physical effects of my miscarriage last night but also the emotional.”

“It empowered me with lots of resources and techniques to deal with anxiety and life struggles in general.”

Increased recognition of the power of avoidant coping and the costs associated with it.

Recognition that pleasant experiences are already around.

“I can be okay with this.”