“Cross-cultural benefits of Mindfulness-Based Childbirth and Parenting (MBCP)”

Day: Wednesday 11th July 2018       Time: 9:00 – 10:15 am       Track: Clinical applications

Background: There is growing awareness world-wide that the mental health of pregnant women impacts the subsequent healthy development and well-being of their children and family relationships. Prevention approaches are needed to intervene antenatally and improve upon existing models of childbirth preparation. The Mindfulness-Based Childbirth and Parenting (MBCP) program has shown promise for reducing anxiety, fear of childbirth, depression, and stress. Rigorous randomized controlled trial (RCT) research is needed to test the impact of MBCP across cultures.

Methods: Three RCTs have been conducted with pregnant women in the United States, Hong Kong, and the Netherlands with randomization to MBCP or an active control group. These studies have employed assessments during pregnancy, pre- and post-intervention, and following childbirth to as long as 1-2 year postpartum. Primary outcomes include anxiety, fear of childbirth, catastrophic beliefs, labor pain, depression, and stress. Secondary outcomes and mechanistic examinations include mindfulness, body awareness, birth outcomes, and birth satisfaction. In addition, a pre-post study on the Caring For Body and Mind in Pregnancy (CBMP) intervention was conducted in Australia.

Results: Preliminary results of all RCTs show significant effects such as a reduction in anxiety, fear of childbirth, catastrophic beliefs, labor pain, depression, and stress, and an increase in mindfulness or mindful body awareness among women in the MBCP groups in comparison to active control groups. Similarly the CBMP intervention showed promising results, indicating that CBMP significantly reduced depression, anxiety, perinatal depression, perinatal anxiety and general stress scores, while significantly increasing self-compassion and mindfulness with moderate to strong effect sizes.

Discussion: These studies are the first RCTs of MBCP, and they demonstrate a range of positive benefits for pregnant women across different countries. Strengths and limitations of these studies, and recommendations for both clinical care based on the results and future research directions will be discussed.
Symposium overview

Presenter 1  Larissa Duncan - Childbirth and Parenting’s benefits for postpartum mental health up to 2 years post-birth

Presenter 2  Samuel Wong - Promoting Mental Well-being of Pregnant Women with Mindfulness-Based Childbirth and Parenting (MBCP): A Randomized Controlled Trial in Hong Kong

Presenter 3  Irena Veringa - Skiba - Effects of Mindfulness-Based Childbirth and Parenting (MBCP) in pregnant women with high levels of fear of childbirth and their partners

Presenter 4  Kishani Townshend - Mechanisms And Mediators Of Mindful Parenting

Chair:  Larissa Duncan
Childbirth and Parenting’s benefits for postpartum mental health up to 2 years post-birth

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Background and Objective: Four million U.S. women give birth annually; half attend childbirth education. Evidence supporting childbirth education is mixed, suggesting little consistent benefit. Augmenting childbirth education with effective methods for supporting perinatal mental health is warranted. Prenatal mindfulness training may prevent subsequent depression, with mindfulness and body awareness during childbirth as potential mechanisms.

Methods: Pregnant women were randomized to Mind in Labor (MIL; an 18-hour workshop version of Mindfulness-Based Childbirth and Parenting (Duncan & Bardacke, 2010) (n=15) or an active comparison group of mainstream childbirth education without a mind-body focus (treatment as usual; TAU) (n= 15). Assessments were conducted pre-intervention/Time A, post-intervention/Time B, 6 weeks postpartum/Time C, and the 2nd year of the child’s life/Time D.

Results: We previously demonstrated significant time*group MIL benefits for CES-D depression symptoms through Time C (Duncan et al., 2017). Here we tested whether improvements in depression could be explained by improvements in body awareness (MAIA) and pain catastrophizing (PCS). At Time C, lower CES-D scores were predicted by decreased PCS rumination scores in MIL vs. TAU (interaction R2 change = 0.19, B = 2.38, F1,24 = 6.24, p < 0.05). Less depression at Time D was significantly predicted by increases in MAIA body listening across both MIL and TAU (main effect, t = -3.28, p < 0.01).

Discussion and Conclusion: This small RCT suggests that mindful body awareness in pregnancy and childbirth may have protective effects in preventing postpartum depression symptoms. Future research will examine the impact of prenatal mindfulness training on mother-infant interactions and child development.

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Promoting Mental Well-being of Pregnant Women with Mindfulness-Based Childbirth and Parenting (MBCP): A Randomized Controlled Trial in Hong Kong

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Background: The psychological well-being of pregnant women is important to pregnancy outcomes, children’s health and development, and fathers’ health. The current RCT aimed to evaluate the efficacy of MBCP in promoting mental well-being, reducing stress and depression in Chinese pregnant women in Hong Kong as compared to an active control group, the antenatal childbirth education and support.

Methods: Pregnant women (n = 183) coming from community and primary care settings, randomly allocated to MBCP or active control. The primary outcome measure was the mental component of the SF-12 (MCS). Secondary outcome measures included depression measured by the Center for Epidemiologic Studies Depression (CESD) scale; perceived stress measured by the Perceived Stress Scale (PSS); anxiety measured by the State-Trait Anxiety Inventory (STAI); pain measured by the Pain Catastrophizing Scale (PCS); mindfulness measured by the Five Facet Mindfulness Questionnaire (FFMQ); and mindful body awareness measured by the Multidimensional Assessment of Interceptive Awareness (MAIA). Outcome measures were collected at pre- (T0) and post-intervention (T1), at the reunion (T2), and 6 months after childbirth (T3). Linear mixed models (LMM) were conducted for preliminary data analysis following the intention-to-treat principle.

Results: For the primary outcome (MCS), a group X time interaction effect was seen at T2 (p=0.015), indicating better mental health in the MBCP group. Among secondary outcomes, significant group and time interaction effects were seen at T1 to T3 on the STAI-State subscale, suggesting a lower anxiety level in the MBCP group (p values<0.029). No group X time interaction effects were seen on CESD, PSS, STAI-Trait, or PCS at any time point. Increased mindfulness levels were seen in the MBCP group with significant group X time interaction effects seen in the Observing (T1 to T3) and Non-reactivity (T1) subscales of the FFMQ, and in the Emotion Awareness (T1 to T2), Self-Regulation (T1) and Body-listening (T1-T2) subscales of the MAIA (p values ≤0.023).

Discussion and Conclusion: MBCP may have more beneficial effects in promoting mental well-being and reducing anxiety for Chinese pregnant women in Hong Kong when compared to antenatal childbirth education.
Effects of Mindfulness-Based Childbirth and Parenting (MBCP) in pregnant women with high levels of fear of childbirth and their partners

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Background: More than 25% of pregnant women suffer from high levels of Fear of Childbirth (FoC), as assessed by the Wijma Delivery Expectancy Questionnaire (W-DEQ-A, score ≥66). FoC negatively affects pregnant women’s mental health and adaptation to childbirth and parenting. Limited research shows that the effect sizes of the mindfulness-based programs (MBP’s) on decrease of FoC appear to be higher than those of other psychological interventions. High quality RCT’s comparing MBP’s to control treatments are in need. MBCP seems to be potentially effective in decreasing FoC, but has not yet been evaluated with an active control group.

Methods: A quasi-experimental controlled trial among Dutch 128 pregnant women (week 16–26) with high levels of FoC. Women were allocated to MBCP (intervention group) or to Fear of Childbirth Consultation (FoCC; comparison group). The study was conducted between April 2014 and October 2017. Primary outcomes were e.g., FoC, catastrophic beliefs about anticipated events and experiences, and labor pain. Secondary outcomes were e.g., satisfaction with childbirth, birth outcome, mindfulness and self-compassion. Data were collected pre- and post-intervention, following the birth and closing the maternity leave period in women.

Results: Study design, study population and preliminary primary and secondary outcome will be presented.

Discussion: Given the prevalence and severe negative impact of FoC on psychological-obstetric outcome, this study can be of major importance for improvements in midwifery care if statistically and clinically meaningful benefits are found.
Mechanisms And Mediators Of Mindful Parenting

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Mindful parenting is comprised of a rich tapestry of therapies. Some of its defining features appear to be based on mindfulness, attachment theory, trauma-informed therapy and reflective functioning. The quest to unravel the mechanisms and mediators of mindful parenting has the potential to improve the wellbeing of parents and children across generations. Prenatal mental illness is a significant public health issue with intergenerational consequences. Caring For Body and Mind in Pregnancy (CBMP) is an Australian, eight-week mindful parenting program. The primary aim of this study was to investigate the effectiveness of CBMP in reducing pregnant women’s levels of depression, anxiety, perinatal depression, perinatal anxiety and stress. A secondary aim was to examine the mediators of mindful parenting.

The sample consisted of 109 pregnant women at-risk for perinatal depression and anxiety. The mean age of the sample was 33.52 years (SD = 4.90), ranging from 21 to 45 years. A within group, pre-post research design was used to examine whether CBMP improves participants’ scores on outcome measures. Wilcoxon Signed Rank test results indicated that CBMP significantly reduced depression, anxiety, perinatal depression, perinatal anxiety and general stress scores, while significantly increasing self-compassion and mindfulness with moderate to strong effect sizes. The double mediation hypothesis was supported with self-compassion t (71) = -2.23, p < .01, b3 = -.07, SE = .03, 95% CI = -.13, -.02. Further research, using a randomized controlled design with appropriate control conditions, is needed to establish the mechanisms, mediators and effectiveness of CBMP in reducing psychological distress amongst pregnant women at risk for depression, anxiety and stress.