CONTINUITY OF MIDWIFERY CARE MODERATES THE EFFECTS OF PRENATAL MATERNAL STRESS ON POSTNATAL MATERNAL WELLBEING: THE QF2011 QUEENSLAND FLOOD STUDY

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ABSTRACT

INTRODUCTION: Postnatal mental health in a major public health issue, and risk factors include experiencing adverse life events during pregnancy. We assessed whether Midwifery Group Practice (MGP), compared to standard care, would protect pregnant women from the effects of a sudden-onset flood on postpartum depression and anxiety.

OBJECTIVES: To determine the extent to which midwifery care was associated with a reduced risk of postpartum depression and anxiety.

METHODS: Women received either MGP care or in-person care, in which they received a critical pathway of care and saline bolus. In-person care was delivered by nurses, obstetricians, and midwives. Women in the MGP group received care from the same midwife at each visit. Women in the in-person care group received care from different midwives at each visit. Women in both groups experienced a sudden-onset flood that severely affected Queensland, Australia in January 2011. At recruitment into the QF2011 Queensland Flood Study we assessed women’s depression and anxiety using a composite score from three validated scales: the Postnatal Depression Scale (PDS), the Postnatal Anxiety Scale (PAS), and the Edinburgh Postnatal Depression Scale (EPDS). We dichotomized the scale into Negative/Very Negative vs. Neutral/Positive/Very Positive.

OBJECTIVES: Our goal was to determine the extent to which Midwifery Group Care (MGP) would buffer pregnant women against the effects of 3 aspects of prenatal maternal stress (PNMS) on their depression and anxiety symptoms at 6 weeks and 6 months postpartum.

RESULTS: MGP reduced women’s risk of postpartum depression and anxiety compared to in-person care. MGP significantly reduced the risk of postpartum depression (odds ratio [OR] = 0.32, 95% confidence interval [CI] = 0.17 – 0.59) and anxiety (OR = 0.55, 95% CI = 0.36 – 0.84) at 6 weeks postpartum. At 6 months postpartum, MGP significantly reduced the risk of postpartum depression (OR = 0.39, 95% CI = 0.22 – 0.68) and anxiety (OR = 0.53, 95% CI = 0.34 – 0.81).

CONCLUSIONS AND DISCUSSION

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• Depression in early pregnancy explains 18% – 33% of variance in depression and anxiety at 6 weeks and at 6 months postpartum.

• Other life events in pregnancy, besides the flood, explain the second greatest amount of variance.

• Standard Care: The greater the objective or subjective PNMS, the greater the 6-week postpartum depression and anxiety in this group.

• Midwifery Group Care (MGP) buffered women against the effects of prenatal maternal objective and subjective stress on both depression and anxiety at 6 weeks postpartum; MGP did not buffer the effects of flood-related PNMS at 6 months postpartum.

DISCUSSION

Social Support? The protective effects of MGP at 6 weeks postpartum may be the result of added social support provided by midwives who continued follow-up until 6 weeks.

Recommend continuing MGP beyond 6 weeks? Our results suggest that continued visits by a familiar midwife beyond 6 weeks postpartum may provide longer-lasting protection against postpartum distress.