

STEP 1

### Research field question...

- Our international parenting research in Japan and Vietnam was launched in 2004.
- Considerable proportions of Japanese and Vietnamese mothers lack maternal confidence. → Empowerment is needed.
- Postnatal parenting supports program: Canadian Nobody's Perfect program was adapted into public service settings in both countries.
- Antenatal parenting support program: "Is there a simple model program which fits into existing service frameworks in Japan and Vietnam?"

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## Prevention of postnatal distress or depression

Matthey S, Kavanagh DJ, Howie P, Barnett B, Charles M. Journal of Affective Disorders 2004; 79: 113-26.

English Journal Club  
November 4, 2011  
Aya Goto

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STEP 3

### Study purpose and design

- Purpose: To determine the effectiveness of a psychosocial antenatal intervention on maternal mental health.
- Study design: 3x3 between subjects RCT
- Subjects: 246 couples attending routine antenatal classes and agreed to participate. (345 were recruited. 268/345=78% uptake.)

	Low esteem	Medium esteem	High esteem
Control	N=22	N=27	N=31
Baby play	N=22	N=20	N=18
Empathy	N=15	N=17	N=18

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### How I came across this article...

STEP 2

- In both countries, antenatal classes are given in groups with instructive lectures on birth and baby care.
- More focus is needed on mental health aspect.
- Also, involvement of fathers is desirable.
- PubMed search keywords: Parenting, group-based, intervention, etc.
- One paper from Australia filled all my criteria of simplicity, group-based, focus on mental health and involvement of fathers. Luckily, one researcher in my team was acquainted with one of authors of the paper!

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STEP 4

### Relevancy

- The intervention was a simple one session added to routine group-based antenatal class for couples!



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### The intervention (Page 118)

STEP 5

- Aims:
  1. To increase couple's understanding of each other's concerns
  2. To enable the couples to identify helpful and unhelpful behaviors
  3. To provide them with strategies
  4. To normalize feelings of stress, isolation and lack of confidence.
- 10 components:
  1. Completion of a checklist of expected postpartum concerns
  2. Discussions of concerns in separate gender groups
  3. Leader facilitated discussions
  4. Couple facilitated discussions
  5. Small group discussions of a difficult day scenario
  6. Large group discussions
  7. Solutions given by a leader
  8. Handout on common worries and solutions
  9. Session evaluation
  10. Reminder of forthcoming mail-outs

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## STEP 7

### Primary results

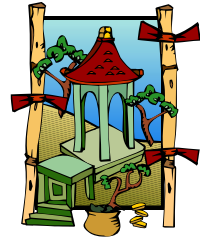
- Figure 1 (Details in Table 2): At 6-week postpartum, low self-esteem women in the Empathy condition had significantly lower depression level (=lower EPDS score) than those in the Control and Baby Play conditions.
  - Table 3: At 6-week postpartum, partners of low self-esteem women in the Empathy condition had significantly better partner awareness (=lower fathers' discrepancy score) than those in the Control and Baby Play conditions.
- Increase in partners' understanding prevented mothers' postpartum depression.

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## STEP 6

### Critical appraisal cautions...

- Findings only refers to those who chose to attend the antenatal classes and only those who agreed to participate.
- Cultural relevancy in Asia???



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## STEP 8&9

### Applying the findings into our project

- Translation into Japanese and Vietnamese.
- Adaptation of the intervention procedures according to each country's service settings.
- Obstacles  
JP: Introduction of systematic screening  
VN: Awareness raising of primary prevention.  
Both countries: Recruitment of fathers.

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### Future expansion

- Program adaptation and confirming of feasibility and acceptability. (This stage took over 2 years...)
- Then, comes the evaluation of effectiveness.



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