


RBUP Regional Centre for Child and Adolescent Mental Health Eastern and Southern Norway

Mamma Mia: Prevention of perinatal depression

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Headlines


- Background
- Program content
- Previous research
- Current study (MaMi-2)

RBUP Regional Centre for Child and Adolescent Mental Health Eastern and Southern Norway

Changatech

Helsedirektoratet
Norsk institutt for helse

Norwegian Women's Public Health Association



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Detecting perinatal depression

- «Typical» experiences in pregnancy and the postnatal period can mask symptoms of depression
- Many remain undetected and untreated
- A need for universal prevention




Photo by Unsplash




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Mamma Mia is a self-help program for all pregnant women and new mothers

Mamma Mia has 3 aims:

- Promoting subjective well-being
- Prevention & reduction of depressive symptoms
- Providing support



Program structure

44 sessions

16 In pregnancy

28 After birth

10-15 min

Free

No ads

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The mother's own room

Content is intended to...

- Enhance emotion regulation
- Promote self-efficacy (e.g., parenting-, breast-feeding)

Methods:

- Psychoeducation about the perinatal phase
- Positive psychotherapy
- Meta-cognitive therapy
- Mindfulness
- Behavioural activation

EPDS

7 timepoints during pregnancy and postpartum

Elevated scores → tailored meta-cognitive therapy and assisted help-seeking

The baby room

Content is focused on...

- Attachment
- Parent-child interaction

Methods:

- Psychoeducation about the baby's development throughout the pregnancy and first 6 months
- Newborn Behavioral Observation
- Circle of security

The parent room

Content targets...

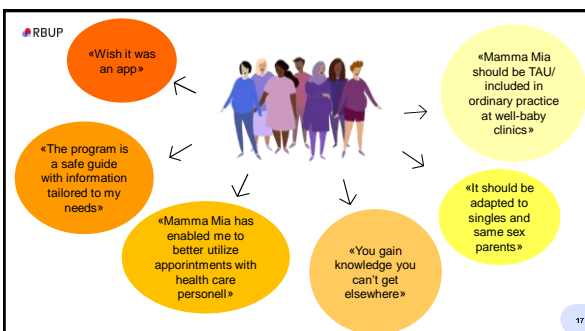
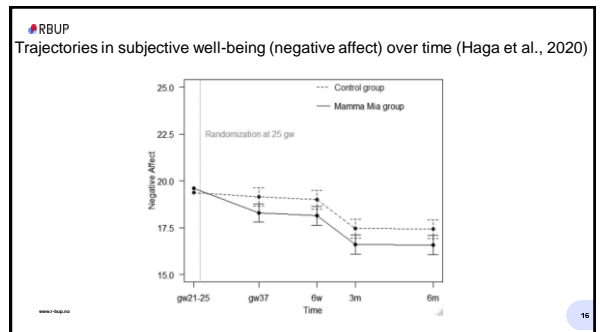
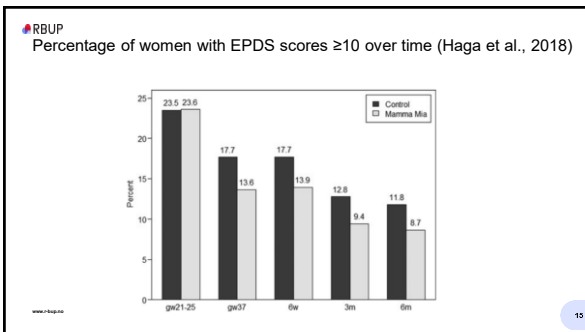
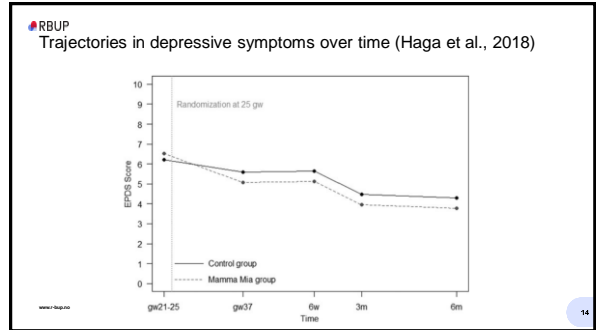
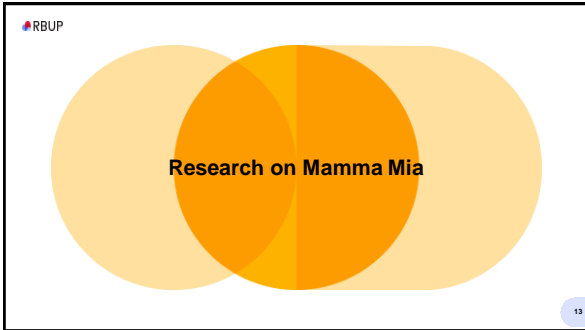
- Couple relationship
- Social support

Methods:

- Gottman's method (couples therapy)
- Prevention and relationship enhancement program
- Nonviolent communication

3 different relational rooms

Users with male, female or no partners get adapted material



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MaMi-2: The current study

- A multi-site, cluster-randomised trial
- Well baby clinics are randomly allocated to either the self-help or blended care condition
- Does guidance from the well-baby clinic increase the effectiveness of MM?
- Does it reduce attrition rates among vulnerable groups?
- Is it cost-effective?

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2 primary aims of the blended care-intervention:

- To explore women's experiences with MM and facilitate use
- To explore women's mental health and well-being

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- 6-8 weeks after birth
2nd guidance consultation with PHN
- 7-10 days after birth
1st guidance consultation with PHN
- Gestation week 32
2nd guidance consultation with midwife
- Gestation week 28
1st guidance consultation with midwife
- Gestation week \leq 25
Recruitment by midwife

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Midwives and Public Health Nurses

- Women get to know their child better through Mamma Mia
- Mamma Mia compliments our usual practice
- The women want to talk about Mamma Mia
- Mamma Mia focuses on the mother in her own right, not just to benefit the child
- Difficult to find time to become familiar with the program
- The women being happy with Mamma Mia, motivates us
- It's nice that the women can share the content in Mamma Mia with their partner
- The supervision from our Mamma Mia trainer supports us in the implementation-process

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Check out Mamma Mia!

Search for «Mamma Mia» in App-store or Google Play and download.

When you register, say that you are pregnant with a due date in the near future. This way you get immediate access to all the sessions in pregnancy. Then you can press «I have given birth» and follow the program as intended from there.

PS! Make sure you don't register as a research participant ©

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Thank you for your attention!

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