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WEBINAR

Maternal mental health and group prenatal care

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Maternal mental health is an important and too often overlooked topic. Maternal depression, which affects 8.5–11% of women during pregnancy (Gaynes et al. 2005) and 10–15% of women during the postpartum period, is a leading cause of maternal morbidity, and is associated with other complications, such as increased risk of preterm birth and low birth weight babies (Grote et al. 2010). The United States has high rates of infant (Ashton et al. 2009; State of the World's Mothers 2015) and maternal mortality (Edwards and Hanke 2013; Amnesty International 2010) rates in the developed world. Would a different approach to prenatal care help address maternal health?

CenteringPregnancy® is a group prenatal care model founded by Sharon Schindler Rising (Rising 1998). This model provides an alternative model of prenatal care, allowing for collaboration with peers, education, discussion, and self-management training in addition to standard prenatal care. Previous studies on CenteringPregnancy® have demonstrated decreased rates of preterm birth (Ickovics et al. 2007), decreased rates of low birth weight babies (Ickovics et al. 2003), and less maternal stress (Ickovics et al. 2011). Women with higher levels of stress and lower social support in early pregnancy had significantly lower depression scores and improved postpartum maternal functioning after completing CenteringPregnancy® than their standard care counterparts (Heberlein et al. 2016).

This non-randomized study offered an opportunity for greater insights into the population that may choose group prenatal care for their prenatal care as well as a better understanding of how this model may affect knowledge of pregnancy, depression and other psychosocial measures. This research adds support to current literature suggesting group prenatal care is equivalent to, and perhaps more beneficial in certain psychosocial arenas than, traditional prenatal care (Lathrop 2013).

Parity	Centering	Individual	P-value
	N=54	N=75	α=0.05
Primiparous	64%	36%	0.0033*
Multiparous	34%	66%	

Figure 1: Who chooses group prenatal care

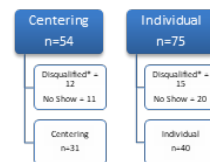

Figure 2: Treatment arms and number of participants

Biography

Dr. Emily Boothe is a psychiatrist practicing in southern West Virginia at the Behavioral Health Pavilion of the Virginias and is an adjunct professor at the West Virginia School of Osteopathic Medicine. Her clinical and research career is focused on perinatal mental health, and she strives to educate and advocate for women's mental health. She is board certified in both Psychiatry and Lifestyle Medicine. She attended medical school at the West Virginia School of Osteopathic Medicine in Lewisburg, WV and completed her psychiatry residency at Wake Forest Baptist Medical Center in Winston Salem, NC.