Participating in What Were We Thinking and Perinatal Common Mental Disorders: Assessing Mechanisms for Change

Karen Wynter¹, Heather Rowe¹, Thach Tran¹, Jane Fisher¹

¹Jean Hailes Research Unit, School of Public Health and Preventive Medicine, Monash University, Melbourne, Victoria

Email: karen.wynter@monash.edu

Objectives / Background
What Were We Thinking (WWWT) targets two potentially modifiable risk factors for perinatal common mental disorders (PCMD) among women: unsettled infant behaviour (UIB) and poor quality intimate partner relationship. The aim of this ancillary analysis was to establish whether these factors are associated with the outcome as plausible mechanisms of change, by investigating whether: (a) PCMD at 6 months postpartum are associated with these factors; (b) there are differences between trial arms; and (c) changes in these factors from baseline to endline are associated with participation in WWWT, for subgroups based on baseline characteristics.

Methods
In the cluster-RCT testing the effectiveness of WWWT, English-speaking, primiparous women completed computer-assisted telephone interviews at 6 weeks and 6 months postpartum. Standardised and study-specific measures were used to assess UIB and quality of intimate partner relationship.

Results
Complete data were provided by 364 women at endline. (a) PCMD were significantly associated with UIB, and with fewer affectionate and more critical partner behaviours. (b) Overall, there were no significant differences in these factors between trial arms. (c) Parents with unsettled infants at baseline reported significantly less UIB at endline in the intervention than the control group. Among those whose intimate partner relationship was optimal at baseline, participation in WWWT was associated with significantly fewer critical partner behaviours at endline.

Conclusion
The risk factors targeted by WWWT were associated with PCMD at endline, and were modifiable for some groups of parents. Parents whose babies are more settled at baseline may be less likely to apply strategies to reduce UIB than those whose babies are unsettled. Couples with less optimal interpersonal interactions in early parenthood may need more than a single session to modify these interactions. Thus the factors targeted by WWWT are plausible mechanisms of change although for some groups of parents, flexible implementation may be required.

References


Key words
Quality of intimate partner relationship, unsettled infant behavior, risk factors, perinatal common mental disorders