



MOTHERS and BABIES

A Postpartum Depression Intervention

Our Mission:

Postpartum depression touches 20-40% of women, and in turn, their children. Our goal is to address postpartum depression on a large scale, by bringing a brief, affordable intervention—Mothers and Babies—to families and communities across the United States. By integrating this mental health intervention in non-mental health settings, we hope to achieve broader reach to improve maternal, child, and family well-being, increase awareness, and reduce stigma around maternal mental health.

Postpartum Depression and the 2Gen Impact

Postpartum depression can be caused by a combination of factors, including: biological factors, such as pregnancy-related changes in hormone levels, a lifetime history of depression, sleep deprivation and fatigue. It can also be caused by emotional factors associated with an unplanned pregnancy, adjusting to the idea of having a new baby, or having a sick or premature baby, social factors such as lack of social support, stressful life events, or economic and environmental stressors.

The public health impact of postpartum depression can lead to a chain reaction of poor outcomes across the life course. It has a two-generation impact by affecting both the mother and her child. A core characteristic of depression is social withdrawal, which can negatively affect a mother's social and physical interaction and attachment with her baby, who primarily learns through social interaction between ages 0 – 3.



Postpartum depression has profound effects on new mothers. Women often experience:

- Pervasive sadness, hopelessness, loss of interest in people and activities that were once enjoyable, lack of interest and connection with baby, even thoughts of death or suicide.
- Interference with work, educational activities, social activities and connectedness.
- A greatly increased likelihood of experiencing depression in the future, including with subsequent pregnancies.
- Linkage to other lifetime serious health conditions such as heart disease, diabetes, chronic pain, and substance abuse.

Postpartum depression has profound effects on infant development.

- Infants and young children are less likely to experience child-centered and responsive interactions if their mother is depressed. This greatly limits the development of a strong mother-child attachment
- Children of depressed mothers are less likely to receive timely preventive healthcare services such as well-child visits and immunizations
- Children whose mothers were depressed in the postpartum period have worse health, mental health, and educational outcomes into early childhood, adolescence, and young adulthood.

What is Mothers and Babies?



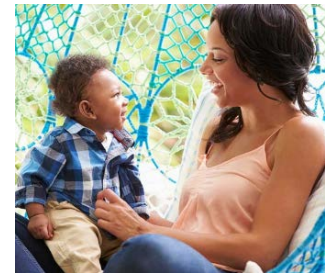
Mothers and Babies (MB) is a mental health intervention, listed on SAMHSA’s evidence-based practice registry, that promotes healthy mood management by teaching pregnant women and new moms how to effectively respond to stress in their lives through increasing the frequency of thoughts and behaviors that lead to positive mood states. By providing the intervention during the perinatal period (pregnancy through baby’s 1st year), the preventive effects of MB can provide the earliest intervention to prevent adverse outcomes in early childhood that can have lifetime effects.

Based on principles of cognitive-behavioral therapy, attachment theory, and psychoeducation, MB offers a “toolkit” of approaches for women to observe their mood, note factors affecting their mood, and make changes in their daily lives to impact these areas. The MB Course has a modular structure including: (1) Laying the foundation for understanding the relationship between our personal reality and our mood; (2) Engaging in pleasant activities to improve mood and reduce stress; (3) Increasing helpful thoughts and reducing harmful thought patterns; (4) Increasing positive contacts with others and developing effective communication styles to get needs met.

Flexible Intervention Delivery

Mothers and Babies can be delivered by clinic- or community-based providers from a variety of educational and professional backgrounds, and can be delivered as a group intervention or as a one-on-one intervention in various settings where pregnant women access services (e.g. prenatal clinics, home visiting programs, WIC programs, County Health Departments, etc.). By intervening in a range of settings where pregnant women and new mothers access services, we hope to disrupt adverse multi-generation outcomes during the crucial early childhood years, by providing stress coping and depression reduction skills that can be used across the life course and taught to children and family.

- Mothers & Babies 1-on-1 consists of 12 brief sessions (15-20 minutes each)
- Mothers & Babies Group consists of 6 sessions (2 hours each)
- Each session contains instruction, activities and discussion, as well as “personal projects” between sessions for clients to practice new skills in everyday life and reinforce key concepts
- Providers can deliver this evidence-based mental health intervention to clients who may not otherwise engage in mental health treatment



Ongoing Consultation and Evaluation

Our training model/dissemination plan includes (1) organizational needs assessment in order to tailor training and assess readiness so implementation can begin shortly after in-person training; (2) ongoing consultation and supervision over the first implementation, (3) program, provider, and client evaluation.



For more information on the Mothers & Babies Course please visit

www.mothersandbabiesprogram.org

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