

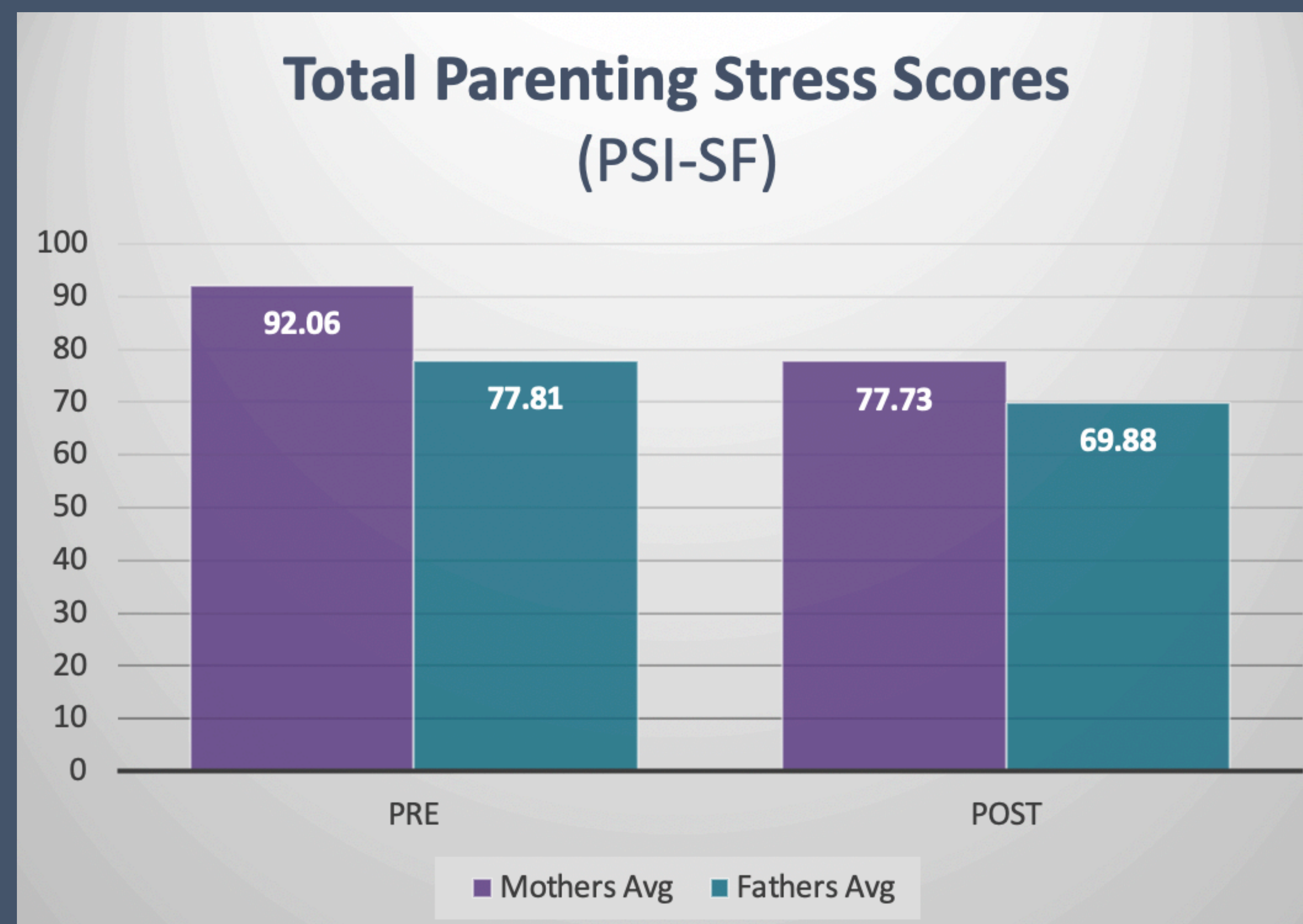
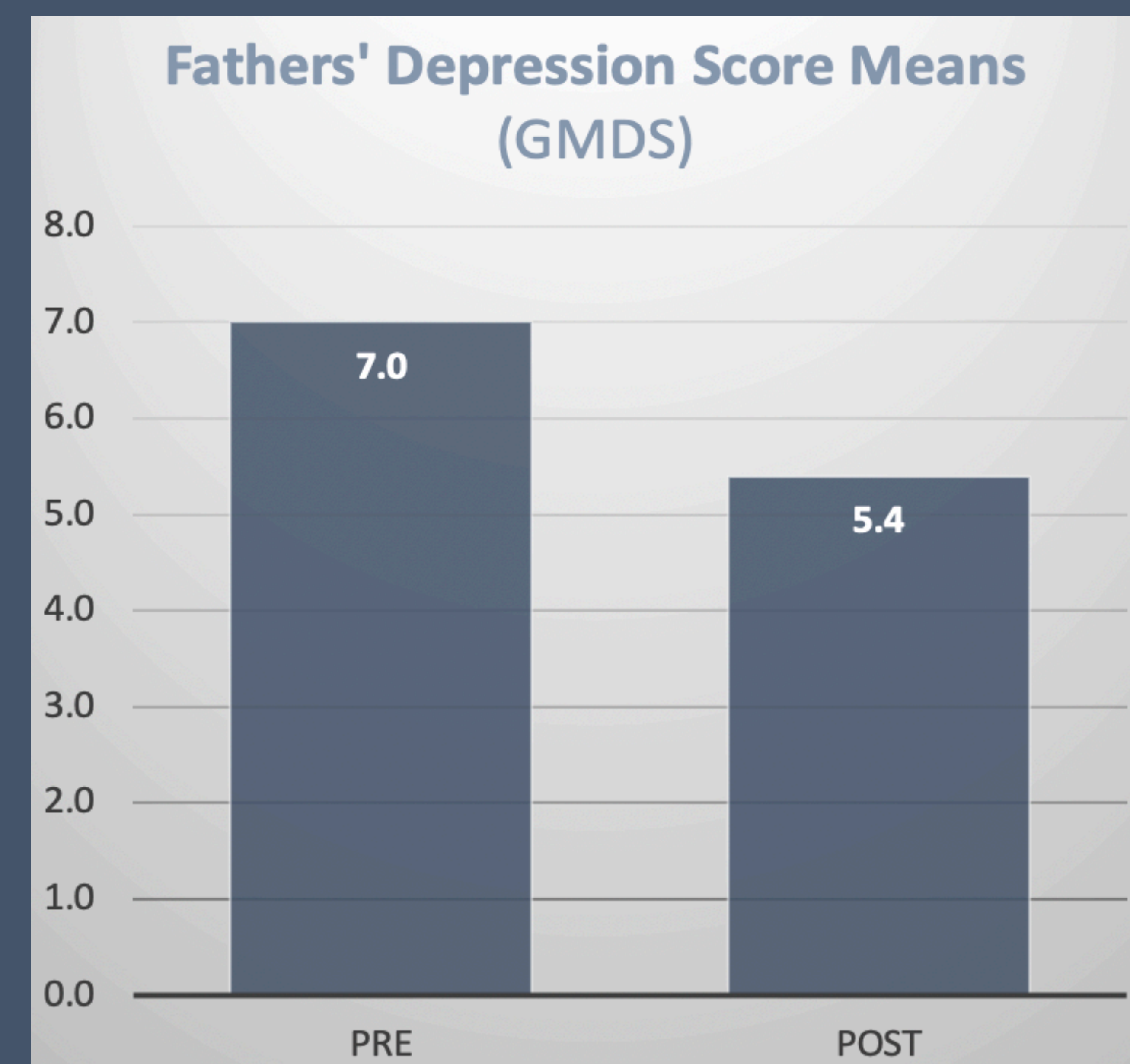
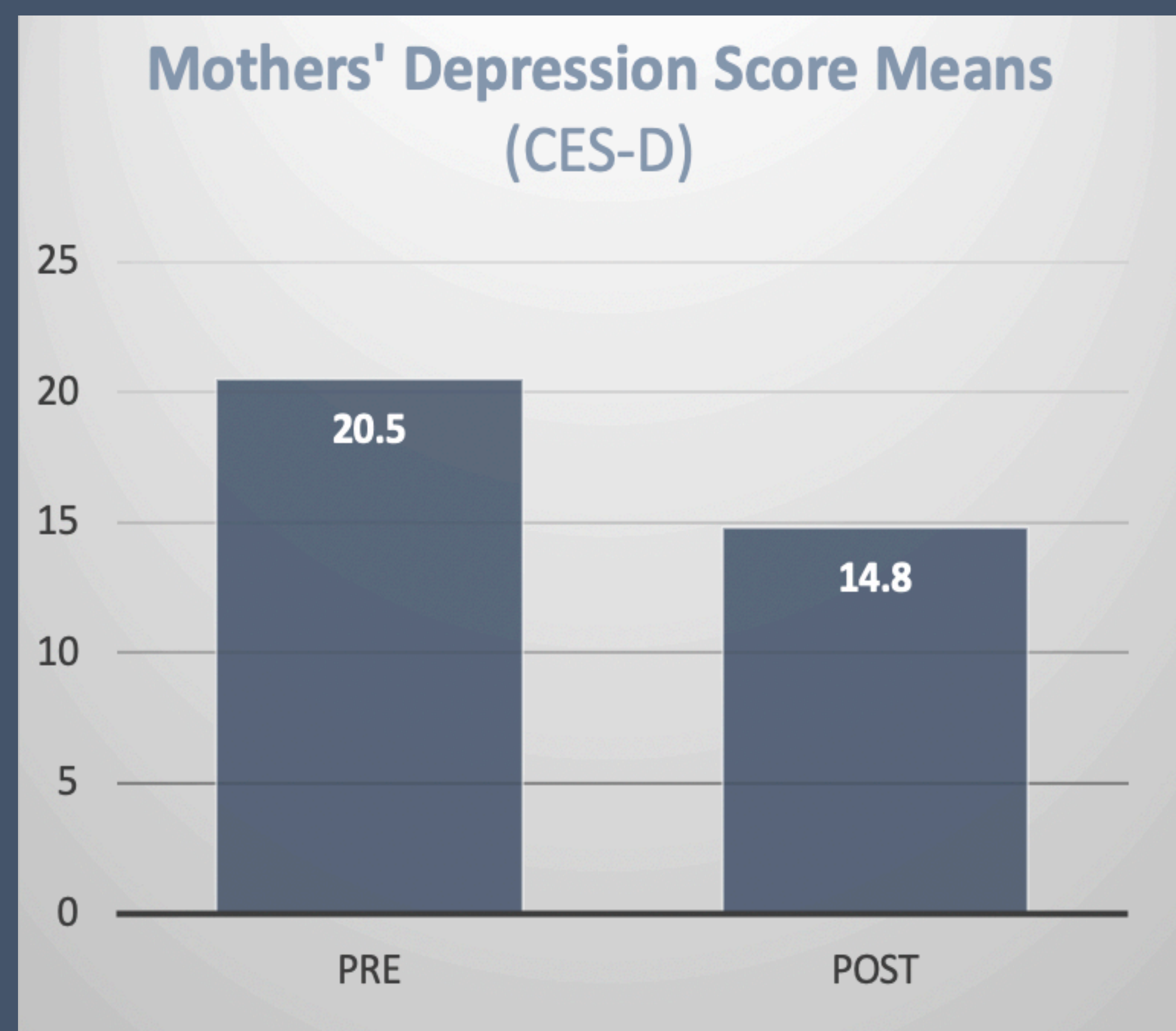
- BACKGROUND**
 - Maternal perinatal depression is common (~10-25%) and is increasingly recognized as a major public health issue.
 - The M-ITG is a 12-wk, evidence-based dyadic therapy program originally developed for postpartum women with depressive symptoms.
 - Has been shown to improve Edinburgh Postnatal Depression Scale (EPDS) scores as well as anxiety symptoms in mothers.
 - Male partners participate in 2 group sessions and a couple's therapeutic interview.
 - Perinatal depression for fathers is also common (~5-10%).
 - Impact of M-ITG intervention on depression severity as well as parenting stress, for mothers and their male partners, remains unknown.

- METHODS**
 - Retrospective analysis (2015-2020) of mother and partner pre/post treatment depression scales (Center for Epidemiologic Studies-Depression scale [CES-D] for women; Gotland Male Depression Score [GMDS] for men) and Parental Stress Index-Short Form (PSI-SF)
 - Changes in pre/post depression scores (Mothers n=49; Male partners n=26) were analyzed to determine improvement in depression severity for mothers and their male partners
 - Changes in pre/post PSI-SF scores (Mothers n=33; Male partners n=16) were analyzed to determine improvement in parenting stress for mothers and their male partners
 - The PSI-SF can be broken down into 3 major domains: Parental Distress (PD), Difficult Child (DC), and Parent-Child Dysfunctional Interaction (PCDI)

- RESULTS**
 - Mothers and fathers showed significant decreases in depression scores: women from a mean CES-D score of 20.5 pre-M-ITG to 14.8 post M-ITG ($p = 0.004$), and men from a mean GMDS score of 7.0 pre-M-ITG to 5.4 post-M-ITG ($p = 0.018$)
 - However, not a significant proportion either changed from “clinically significant” to “non-clinical” range category based on CES-D or GMDS cut-off scores.
 - Mothers showed significant improvement in total parenting stress on the PSI-SF from a mean score of 92.1 pre-M-ITG to 77.7 post-M-ITG ($p < 0.001$)
 - A significant proportion of women also moved from the “clinically significant” stress range to “non-clinical” range following intervention based on PSI-SF cut-off scores ($p = 0.009$).
 - No significant change for fathers’ parenting stress on the PSI-SF.

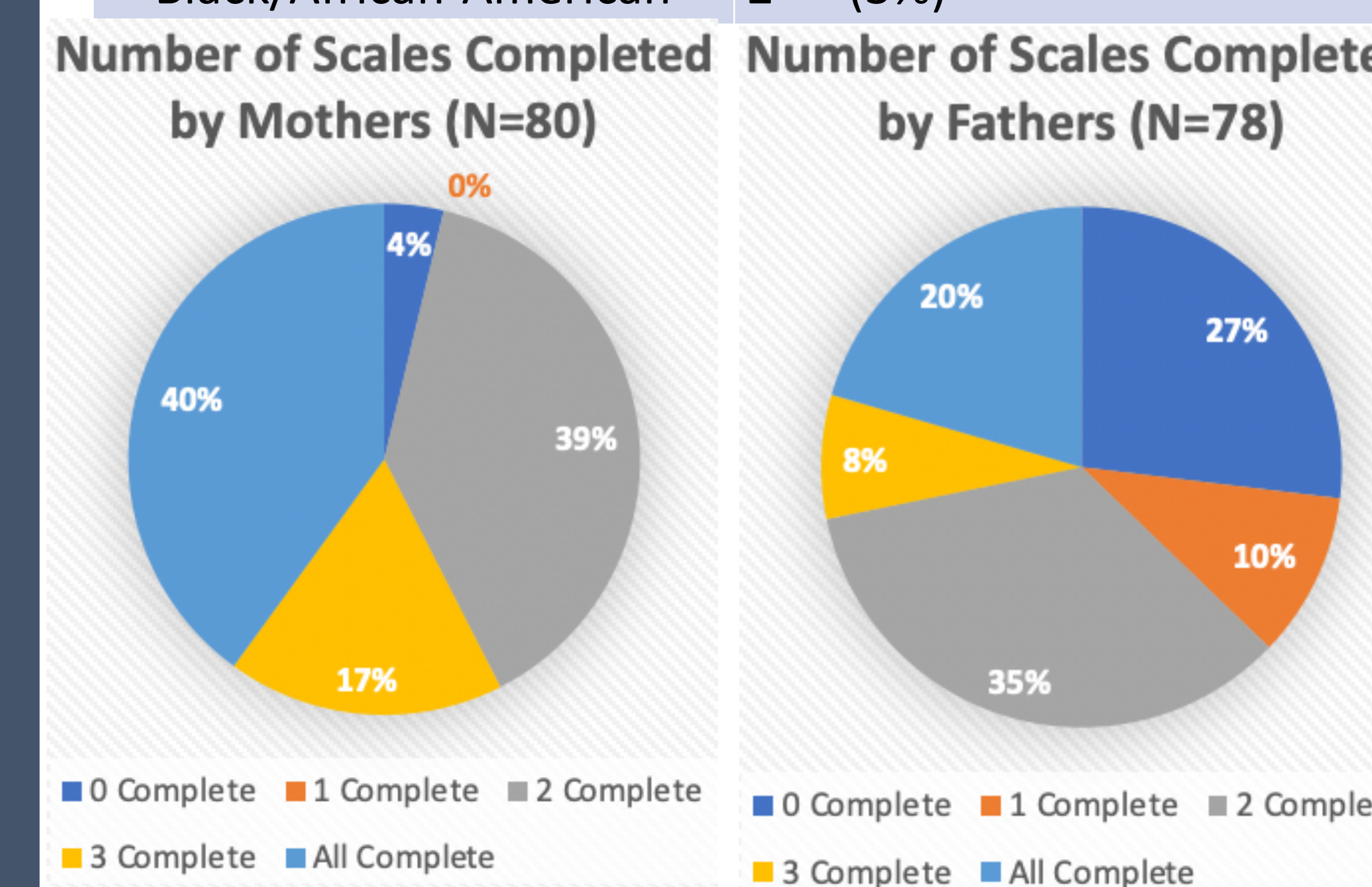
Impact of the Mother-Infant Therapy Group (M-ITG) on Mental Health and Parenting Stress for Female Participants and their Male Partners

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Demographics

Table 1. Demographic Data of Women Enrolled in M-ITG		
Demographic Variables	M-ITG (N=80)	
	n	(%)
Mean age of Mothers participating (at group start)	31.1 years old (SD 4.8)	
Mean age of Child participating (at group start)	5.8 months old (SD 4.0)	
Relationship status		
Partnered	78	(98%)
Single	2	(2%)
Insurance		
Medicaid	61	(76%)
Private insurance	19	(24%)
Race		
White/Non-Hispanic	59	(74%)
Other/Hispanic	7	(9%)
White/Hispanic	6	(8%)
Asian/Non-Hispanic	3	(4%)
Other/Multiracial	3	(4%)
Black/African-American	2	(3%)



CONCLUSIONS

- The M-ITG program may significantly improve the severity of depressive symptoms for mothers and their male partners during the postpartum period.
- The M-ITG program may significantly improve maternal parenting stress in the postpartum period.
- Further studies indicated involve utilizing greater sample size, ideally more participants who completed both pre- and post-M-ITG scales, as well as including a “control” group of parents not involved in the M-ITG program.
- Ultimately, the importance of a separate program for paternal postpartum mood disorders is emphasized.

ACKNOWLEDGEMENTS

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REFERENCES

- For a full list of references, please email Rachel.K.Martin@cuanschutz.edu.