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A non-randomized controlled trial for reducing postpartum depression in low income minority women at community based women's health clinics

Objective: To analyze an intervention that delivered tailored clinic-staff training on postpartum depression (PPD), followed by awareness-raising and social support among low-income minority Bedouin women in southern Israel aimed at lowering PPD.

Methods: We conducted a non-randomized controlled trial at two women's healthcare clinics. The study included 332 of the 384 eligible women recruited at baseline (intervention = 169, control = 163), who completed two face-to-face interviews, one at 26–38 weeks of pregnancy (Time 1) and one 2–4 months postpartum (Time 2). PPD was measured by the Edinburgh Postnatal Depression Scale (EPDS) and dichotomized using a ≥ 10 score cutoff. We calculated EPDS change (rate difference of dichotomous EPDS from Time 1 to Time 2) (no change, positive change, or negative change), and compared EPDS changes in a control clinic (usual care) vs. an intervention clinic (individual and group sessions).

Results: The intervention group showed a greater decrease in dichotomous EPDS ≥ 10 between Times 1 and 2 (38.5% to 17.2%) than the control group (31.9% to 29.4%, PV =

0.008). Multinomial logistic regression showed that high PPD awareness significantly contributed to positive EPDS change in the intervention group (PV = 0.003) and high social support significantly protected against negative EPDS change in both groups (intervention (PV = 0.001) and control (PV = 0.003)).

Conclusions: In low-income women, an intervention focusing on increasing PPD awareness and social support following clinic-staff training was associated with reduced EPDS and positive EPDS change following the intervention. Similar interventions should be implemented in women's clinics during pregnancy.

Keywords: Postpartum Depression, Low-Income Minority Women, Non-Randomized Control Trial, Intervention, Bedouin Women.

Speaker Biography

Samira Alfayumi Zeadna is a social epidemiologist and her research interests include mental health, perinatal depression, social deferments of health and barriers to healthcare, social services, and health intervention research.

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