S1-7

Obstetric Liaison for Perinatal Depression in the United States

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The obstetrician-gynecologist can play an important role in the detection and treatment of mental illness in women during their reproductive years. Preconceptual counseling, treatment and management and possible psychiatric referral will optimize pregnancy outcome. During pregnancy, the obstetrician should identify ongoing or new illness, as well as risk factors for postpartum depression or psychosis. For pregnant women on psychotropic medications, the obstetrician should help assess the risks versus benefits of the medications throughout pregnancy and during lactation. The frequency of routine prenatal visits affords opportunity for obstetricians to easily monitor mood disturbances and other symptoms. In the postpartum period, the obstetrician should continue to follow ongoing mental illness and screen for postpartum depression.

S1-8

Midwives' Psychological Group and Individual Support Sessions as Prevention of Postnatal Depression: A Randomised Trial in Japan

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In the study 1, 140 pregnant women with fewer than two children were randomly assigned to either the intervention group or the control group. For the control group women, a midwife was dispatched who conducted an hour interview eight times during pregnancy and a group session based on the interpersonal psychotherapy (Zlotnick) was held four times during the pregnancy and once after the delivery. The severity of depression 3 months postnatal was measured by the Edinburgh Postnatal Depression Scale (EPDS). The mean EPDS scores were significantly lower among the intervention group women than among the control group women. In the study 2, 1293 women with a 3-month old baby were asked about depressive mood, bonding failure, and abusive parenting. Among the women who were visited by a community nurse (n = 468), the perceived support given by a community nurse was correlated negatively with the frequency of the abusive parenting but not with the severity of depressive mood or bonding failure. These findings suggest that psychological support by nursing staff has a potential to reduce postnatal depression and abusive parenting.