

Chapter 47

An Analysis of Factors Affecting Postnatal Depression Intervention Adherence

Omobolanle Omisade

University of Portsmouth, UK

Alice Good

University of Portsmouth, UK

Tineke Fitch

University of Portsmouth, UK

Jim Briggs

University of Portsmouth, UK

ABSTRACT

Adjunct mobile support for postnatal depression could promote treatment adherence and long-term maintenance of behavioural change. The aim of this article is to establish the factors that determine adherence to postnatal depression intervention and support. Also, this article is intended to establish attitudes that women have towards postnatal depression intervention and support. Eighty-four women with a previous diagnosis of postnatal depression completed an online questionnaire on their previous use of postnatal depression intervention and factors inhibiting adherence, as well as attitudes towards the intervention. Results showed that adjunct support and combining multiple interventions would improve adherence. The provision of treatment guidance will also positively enhance treatment uptake and retention. Therefore, these factors should be considered for the development of theory-based adjunct mobile application for postnatal depression.

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INTRODUCTION

Women are vulnerable to the affective mood disorder postnatal depression (PND), which can occur in the first three months after childbirth (Culjak & Spranca, 2006; O'Mahen et al., 2013). From the literature, PND represents the most frequent form of maternal morbidity following delivery (Cuijper, Brannmark, & Van Straten, 2008; Gibson, McKenzie-McHarg, Shakespeare, Price, Gray, 2009). A meta-analysis of 59 studies reports that 13% of women having babies suffer from PND with about 70,000 women experiencing PND in the United Kingdom every year (Caramlau, Barlow, Sembi, McKenzie-McHarg, & McCabe, 2011; Dennis, 2003; Evans, Donelle, Hume-Loveland, 2011; Glover, Onozawa, & Hodgkinson, 2002; Morrell, 2006). Like other episodes of depression, PND affects a postnatal woman's feelings about herself and her interpersonal relationships; and she may be functioning only minimally in her role as a mother (Beck, 2001). Additionally, PND can have serious consequences for the infant, which can include lower weight; impaired mental and emotional development; difficult temperament; poor self-regulation; low self-esteem; sudden infant death syndrome; or an overall higher frequency of hospital admissions and long-term behavioural problems (Forman, Videbech, Hedegaard, Salvig, & Secher, 2000; Glover et al., 2002; Grace, Evindar, & Stewart, 2003; Morrell, 2006; O'Mahen, 2013).

Antidepressant medication is usually the first treatment offered to treat the symptoms of PND. There is evidence to support its efficacy when used as prescribed, but it is often associated with side effects (Hou et al., 2013; Kaltenthaler et al., 2002). A study compared the effectiveness of antidepressants with placebo for the treatment of PND in an 8-week study (Yonkers, Lin, Howell, Heath, & Cohen, 2008). Women were randomised to either a placebo group or to take paroxetine antidepressant. Seventy women qualified for the study and only 31 completed between 7 and 8 weeks of treatment. While results indicated that there was a great improvement in the overall clinical severity for the paroxetine group compared with the controlled group, the study was restricted by high attrition rate and this complicated the interpretation of the findings. The high attrition rate in PND interventions remains a major problem that needs to be solved. One possible reason for high attrition for the use of antidepressants might be related to the fact that postnatal depressed mothers consistently indicate that they prefer therapy to antidepressants because of the concern over safety when breastfeeding (Hou et al., 2013; Ruaro, 2013). However, the authors cannot make a general conclusion.

Alternatively, psychotherapy is an effective treatment and support for PND. Milgrom et al. (2006) suggested that counselling informed by the principles of Cognitive Behavioural Therapy (CBT) (a form of psychotherapy) is effective when delivered by maternal and child health nurses. Interpersonal Therapy (IPT) has also been found to be effective for this population (Klier, Muzik, Rosenblum, & Lenz, 2001). However, the postnatal period still presents specific barriers to adequate improvement in depression, and a large number of women remain without treatment, do not adhere to the prescribed intervention or show only moderate improvement in depression (Boath, Bradley, Anthony, 2004; O'Mahen, 2013). More recently, computerised self-help approaches using the Internet have been developed to provide greater access and flexibility of receiving psychotherapy while requiring minimal input from a therapist (O'Mahen, 2013). The National Institute for Health and Care Excellence (NICE) has recommended the use of Computerized Cognitive Behavioural Therapy (CCBT) software for depression (NICE, 2006). CCBT has shown to be effective, with less time required in usual care and shorter therapist time needed while providing engagement and quality support (Churchill, et al., 2001; Gerhards, et al., 2010; Giridher, Wasilewska, Wong, & Rekhi, 2010; Graham, Franses, Kenwright, & Marks, 2000; Ingram, 2013; Kaltenthaler, Parry, Beverley, & Ferriter, 2008; Kaltenthaler et al., 2002; Marks, Shaw, & Parkin, 1998;

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