

Study shows physical therapy exercise program can reduce risk of postnatal depression in new mothers

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A physical therapy exercise and health education program is effective in improving postnatal well-being and reducing the risk for postnatal depression (PND), according to a randomized controlled trial published in the March issue of *Physical Therapy*, (PTJ) the scientific journal of the American Physical Therapy Association (APTA).

Postnatal depression (PND) is a major health issue affecting up to 13% of all new mothers throughout the world, with most cases beginning in the first 3 months of the postnatal period. Although its duration varies among mothers, it is thought to be determined by sociocultural factors, such as self-esteem of the mother, the childbirth experience, and the availability of support and local services.

Previous studies have shown that general exercise improves mood states in younger and older [women](#), improves well-being, and leads to a reduction in depressive symptoms in mothers diagnosed with PND. However, no studies have evaluated the benefits of group [physical therapy exercise](#) approaches to improve [psychological health](#) outcomes of women postnatally.

"Giving birth involves many changes in a woman's physical, emotional, and social health," said Mary P. Galea, BAppSci (Physio), BA, PhD, Professor of Clinical Physiotherapy in the School of Physiotherapy at the University of Melbourne, Victoria, Australia, one of the authors of

this study. "A group exercise program led by a physical therapist, who is an expert in improving and restoring motion to people's daily lives, can help mothers who may be at risk for PND improve their well-being and enable them to better care for their children."

In this study, 161 English-speaking women who were being discharged from the postnatal ward of The Angliss Hospital were randomly assigned to an experimental Mother & Baby (M&B) Program or an education only (EO) group. Once a week for 8 weeks the M&B group, comprised of 62 women, undertook 1 hour of exercise with their babies, facilitated by a women's health physical therapist, combined with 30 minutes of parenting education delivered by health care professionals. Seventy-three women were assigned to the EO group and received only the same written educational materials. Twenty-six of the women did not receive either of the allocated interventions.

Results revealed there was significant improvement in well-being scores and depressive symptoms of the M&B group compared with the EO group over the study period. More specifically, there was a significant positive effect on well-being scores and depressive scores at 8 weeks, and this score was maintained 4 weeks after completion of the program. The number of women identified as at risk for [postnatal depression](#) pre-intervention was reduced by 50 percent by the end of the intervention.

The primary outcome measure was a psychological well-being scale called the Positive Affect Balance Scale. This 10-question scale indicates psychological reactions of people in the general population to events in their daily lives. Participants also completed the Edinburgh Postnatal Depression Scale and answered questions regarding the amount of physical activity performed each week. These outcome measures were assessed at baseline, after 8 weeks, and then 4 weeks later.

Provided by American Physical Therapy Association

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