

Mindfulness techniques can help protect pregnant women against depression

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Pregnant women with histories of major depression are about 40 percent less likely to relapse into depression if they practice mindfulness techniques—such as meditation, breathing exercises and yoga—along with cognitive therapy, according to a new study led by the University of Colorado Boulder.

About 30 percent of [pregnant women](#) who have struggled with [depression](#) in the past will again become depressed in the months before and after birth, according to past research. In the new study, published in the journal *Archives of Women's Mental Health*, the research team found that participation in a Mindfulness Based Cognitive Therapy program reduced the relapse rate to 18 percent.

"It's important for pregnant women who are at high risk of depression to have options for treatment and prevention," said Sona Dimidjian, an associate professor in CU-Boulder's Department of Psychology and Neuroscience and lead author of the study. "For some women, anti-depressant medication is truly a lifesaver, but for others, concerns about side effects and possible impacts to fetal development may cause them to prefer a non-pharmacological intervention."

Mindfulness Based Cognitive Therapy—which combines mindfulness practice with more traditional [cognitive therapy](#)—has been shown to be effective at preventing recurrent episodes of depression in the general population. But few studies of any kind have looked at the effect of non-drug therapies and interventions among pregnant women, in part because

it's difficult to recruit participants for the study within the relatively short time period of pregnancy.

For the current study, funded by the National Institutes of Mental Health, 42 women in Colorado and Georgia with at least one prior episode of [major depression](#) took an eight-session class during their pregnancies. During class and in homework assignments, the women worked to develop mindfulness skills.

"Mindfulness is about how to pay attention to your own moment-to-moment experience in a way that is suffused with an openness, curiosity, gentleness and kindness towards oneself," Dimidjian said.

The standard mindfulness practices used in class were tweaked to be more valuable to pregnant women. Lessons included prenatal yoga, walking meditation exercises that could be done later while soothing a baby, and shorter practices that could be easily integrated into the busy lives of new moms. The lessons also specifically addressed worry, which can be an overwhelming emotion during pregnancy, and put particular focus on love and kindness for oneself and one's baby.

The research team—which included CU-Boulder doctoral student Jennifer Felder; Sheryl Goodman and Amanda Brown of Emory University in Atlanta; and Robert Gallop of West Chester University in Pennsylvania—surveyed the women for symptoms of depression during their pregnancy and through six months postpartum.

A high percentage of the women who began the courses—86 percent—completed the study, a sign that the women found the sessions valuable, Dimidjian said. The researchers also were struck by the number of pregnant women who expressed interest in participating in a [mindfulness](#) program, even though they didn't meet the criteria to participate in this study.

"I was surprised by the level of interest, even among women who didn't have a history of depression," Dimidjian said. "Pregnant women know they are going to have this upcoming event that's going to change their lives, and they want to be ready."

Dimidjian has worked to create an online program of Mindfulness Based Cognitive Therapy that could be used as a tool to address the demand by pregnant women and others to develop these skills.

To test the effectiveness of the online program, Dimidjian is now recruiting adult women with a prior history of depression to participate in a new study. The women do not need to be pregnant.

Provided by University of Colorado at Boulder

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