Mindfulness-Based Cognitive Therapy: Improving Emotional Well-Being in Perinatal Period

Innovative program/project

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Introduction: The perinatal period is an especially vulnerable time for women from a psychiatric perspective. One study of perinatal cohort found that up to 50% of patients had unmet psychological needs (Smith, 2009). The presence of psychological symptoms (PMADs) are known risk factors for adverse pregnancy, childbirth, and infant outcomes. PMADs are treatable and treatment will reduce the morbidity and mortality associated with these conditions (Beck 2008, Fileston 2010). Mindfulness-based Cognitive Therapy (MBCT) is one specific approach that has demonstrated effectiveness with treating depression, anxiety, and improving quality of life.

Objectives/purpose/goals: The goal of this program was to implement an evidence-based mindfulness-based cognitive therapy treatment protocol for women during the perinatal period to reduce psychological symptoms and improve adaptive coping skills during this critical time.

Intervention/practice: Women who were pregnant or postpartum participated in 8-week evidence-based mindfulness-based cognitive therapy group. The group met once weekly for 90 minutes. Sessions included various mindfulness-based practices (body scan, breathing, dealing with difficult thoughts) as well as behavioral skills to decrease avoidant behaviors and increase nourishing activities. Participation included daily at-home skill practice.

Results: A total of 21 participated in 4 different groups from January through December 2017. Women were either currently pregnant or within one-year postpartum. Pre-and post-measures were administered to assess depression (PHQ-9), anxiety (GAD-7), and self-efficacy for managing emotions (PROMIS). All participants showed decreased mood symptoms and increased ability to manage emotions. Specific data will be shared in final presentation. Participants reported that sessions helped them cope with physical and psychological symptoms associated with perinatal events and improved their quality of life.

Conclusions: The perinatal period is high risk time psychically with new onset or relapse of symptoms. Additionally, women often desire to avoid psychotropic medication while pregnant or lactating. Therefore, evidence-based treatment interventions that provide a non-pharmacological approach to symptom reduction is paramount. MBCT has been shown to reduce cognitive reactivation of negative mood states as well as increase self-compassion. MBCT is one clinical approach that can address symptoms while promoting improved ability to cope with the stressors that come in adjustment to parenthood.