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Title: Working towards developing evidence based psychosocial interventions to promote health and wellbeing in pregnancy.

Linda McGowan & Julie Quinlivan

In this issue of JPOG we have two interesting randomised controlled trials which focus on the development of psychosocial interventions to support pregnant women in achieving physical and psychological wellbeing during pregnancy.

In the first paper Pinar et al. [1] explore the effects of stress management training on levels of depression, stress and coping in a cohort of 202 pregnant women in Turkey (n=103 intervention; n=99 control). A package was developed which included information on stress, methods of coping and relaxation techniques; this was delivered in 4 home visits. The results reveal that women in the intervention group had lower depression and perceived stress scores; they reported a more confident coping style and were more likely to seek social support.

Rasouli et al. [2] draw on behaviour change theory to enhance pregnant women's preparedness for childbirth. Motivational interviewing (MI) was used to motivate women to engage in healthy behaviours and disinvest in risky behaviour. Nulliparous women in Iran (n=234) were randomised to either MI, a lecture or control. Eight sessions were delivered between 22 and 37 weeks. Results showed that women in the MI group were significantly more likely to have moved to the 'action' stage of the behaviour change model which indicates that they are likely adopt positive behaviour change.

As with all research each study has its own strengths and limitations. For example, delivering a stress management package in the home [1] is very challenging for most health systems and alternative forms of delivery need to be tested. Similarly, whilst motivational interviewing [2] moved women towards positive behaviour stages this does not necessarily equate with actual behaviour change. In addition, the findings may not be generalisable to multiparous women.

We know that many problems in pregnancy, childbirth and the postnatal period require a biopsychosocial approach, however, there is often little in the way of evidence based interventions for clinicians to draw on in everyday settings. As such these two studies offer potential solutions and a platform on which to build future research that can be subjected to multi-centre randomised trials.

References

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