



## **Modification of a Parenting Intervention for Primary Care Based Delivery to Women with Perinatal Depression and Anxiety: Promoting First Relationships**

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### **Project Overview**

The goal of this proposed project is to work with end-users and consumers to co-design an adaptation of Promoting First Relationships (PFR), a parenting intervention for delivery within the framework of Collaborative Care (CC), an evidence-based treatment for Depression and Anxiety in pregnancy and the first year postpartum (Perinatal Depression and Anxiety –PDA) in primary care. Although evidence-based parenting programs such as Promoting First Relationships (PFR) are available, women most in need often do not have access. This study will improve usability of a parenting intervention for delivery in conjunction with Collaborative Care (CC) for PDA in primary care, with the goal of enhancing access to PFR for women with PDA.

Discover Phase: To collaborate with an end-user group to identify PFR features to be modified for delivery within a CC framework to women with PDA in primary care.

Design/Build Phase: To iteratively develop a PFR – Brief (PFR-B) protocol in collaboration with an end user Participatory Design Group (PDG) and consumer feedback. This protocol will include changes responsive to modification targets identified in the discovery phase.

### **Population/Sample**

Discover Phase:

- Two current perinatal care managers CC CMs
- Two current PFR providers
- One perinatal care manager who is also trained in unmodified PFR

Design/Build Phase PDG:

- Two perinatal care manager (same as discover phase)
- Secondary end users (Primary Care Providers and psychiatric consultant).
- microtrials: 6 mothers enrolled in primary care based treatment for PDA recruited in the 2<sup>nd</sup> trimester of pregnancy.

### **Key Findings**

PDG findings: Strengths

- Proactive / preemptive parenting support
- Increasing self-efficacy will improve depression

PDG findings: Usability issues:

- Lack of demand / perception of need for parenting support
- Session length
- Patient reluctance to be video taped

## Measures used

- [Intervention Usability Scale](#)
- [Acceptability of Implementation Measure](#)
- [Feasibility of Implementation Measure](#)
- [Intervention Appropriateness Measure](#)
- [NCAST](#) (Maternal sensitivity)
- [MCQ](#) (Parenting self-efficacy)
- [Patient Health Questionnaire 9 item scale](#)
- [Generalized Anxiety Disorder 7 item scale](#)
- Sheehan Disability Scale

## Methods

Discover Phase: Focus groups with card sort and cognitive walk-through techniques.

Design/Build Phase: Microtrials of women with PDA, within a primary care-based CC framework and individual interviews with patients and care managers after PFR-B sessions.

Thematic content analysis of interviews

## Next steps

- Complete analysis of interviews from microtrial
- Complete R34 examining feasibility of delivering PFR-B

## Recommended readings

N/A