An intervention that combines Telehealth and fACT may decrease perinatal depression.

fACT and Perinatal Depression: Proposal for a hybrid telehealth-psychoeducational intervention for patients with perinatal depression.

Norma Balli-Borrero, MS, LPC Intern Supervised by Connie Ann Tucker, MA, LPC-S

INTRO

• CDC states that 1 in 9 women experience symptoms of PPD (Ko, Rockhill, Tong, Morrow, & Farr, 2017)
• ACOG as of November 2018 recommends screening and behavioral health.
• Need for an intervention directly targeting perinatal depression in primary care, specially designed to be implemented in women’s health clinics.

METHODS

• Total of 9 visits*
• Visits 1, 4, and 9 will be face to face groups for 90 minutes every week for 9 weeks
• Visits 2, 3, 5, 6, 7, 8 will be face to face groups for 90 minutes every week for 9 weeks
• Telehealth visits 2, 3, 5, 6, 7, and 8 will be 15-25 minutes individual Skype or phone consults.

EXPECTED OUTCOMES

• Improved
• Psychological flexibility
• Quality of Life
• Coping skills
• Decreased
• Depressive symptoms
• Anxiety
• Cognitive Distortions

DISCUSSION

• Obvious need for access to competent, cost-effective perinatal mental health services in PC. A hybrid telehealth-psychoeducational group could create more accessibility and overcome barriers to care such as transportation and cost. Use of fACT ensures quality evidenced-based care.

AMMO BAR

• Baby Blues, Postpartum Depression, Postpartum Psychosis
• Telehealth? Successful outcomes for postpartum patients; specifically with breastfeeding (Macnab, Rojjanasrirat, & Sanders, 2012)
• ACT? Consistently effective evidenced-based treatment for a wide variety of symptoms and diagnoses: Diabetes and HBP Mood and anxiety disorders OCD and intrusive thoughts PTSD

All of these symptoms and diagnoses can be present in perinatal populations. (Bonacquisti, Cohen, & Schiller, 2017)
• Visits could include other health providers à la Centering Pregnancy