Five Facets of Mindfulness During Pregnancy and Postpartum Periods

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Psychological Distress in Pregnancy

- Two-thirds of women with a preexisting mood disorders report *at least* one episode during pregnancy or postpartum, in particular bipolar I (Di Florio et al., 2013).

- Hospital admission for any mental disorder during pregnancy and postpartum periods is highest during the first 0-3 months after conception or giving birth (Munk-Olsen et al., 2006).

- Psychiatric disorders during the postpartum period can have lasting effects on the mother (psychological distress) and baby (issues with bonding; Sutter-Dallay et al., 2011).

- Mortality rates of pregnant mothers with psychiatric disorders are 4x as high as mothers without psychiatric history; unnatural causes (suicide and accidents) account for 40.6% of deaths in women with psychiatric disorders (Berg et al., 2003).

Treatment of psychological disorders in pregnancy and postpartum

Common treatment method: Psychopharmacological approach

- Balances mood fluctuations between mania and depression or mixed episodes
- *But many must change or quit medications due to teratogenic effects during pregnancy* (Viguera et al., 2011) *and expression of medications through breast milk during the postpartum period* (Dodd et al., 2005).

Mindfulness as a treatment in pregnancy and postpartum?

- Mindfulness-based practices have shown to be effective in mood disorders (Segal et al., 2018), and also in pregnancy (Luberto et al., 2017), and parenting (Potharst et al., 2017).
- Clinical and general understandings of mindfulness often involve decontextualized practices

Five Facets and their relationship with psychological disorders

- *Acting with Awareness*: significantly less depressive and anxiety symptoms (Brown et al., 2014)
- *Non-judging*: moderately less depressive symptoms (Brown et al., 2014; Kantrowitz-Gordon, 2018).
- *Non-reactivity*: moderately less anxiety symptoms (Kantrowitz-Gordon, 2018).
- *Describing*: small increases in depressive symptoms.
- *Observing*: no relationship with symptoms (Brown et al., 2014; Kantrowitz-Gordon, 2018).

Methods: Does mindfulness lead to less mania, depression, and anxiety during pregnancy?

Participants

- Women that have given birth within the last year or are currently pregnant, 18 years+; Final N=779
- *M* age = 29.4 , *SD* = 3.9 , range 18-46
- 71% currently pregnant; 19.6% not pregnant
- 52.5% White/Caucasian, 11% Black/African American, 8.2% Asian, 4.9% Hispanic/Latinx, 4.7% multiracial, 3.6% American Indian or Alaska Native
- Last given birth:11.3% 0-3 months, 15% 4-6 months, 12.5% 7-9 months, 12.7% 10-12 months

Recruitment

- Social media groups
- NAMI Washington
- $5 Amazon Gift Card Raffle

Design

Self-report surveys on common mental health challenges during pregnancy/postpartum and mindfulness practices including the five facets of mindfulness.

Measures

7 up 7 down: Depression & mania symptoms (Youngstrom et al., 2013)

- E.g. “Have there been times of several days or more when you were so sad that it was quite painful or you felt that you couldn't stand it?” (0-Never or hardly ever, to 3-Very often or almost constantly).

Hospital Anxiety and Depression Scale (Zigmond, 1983)

- E.g. “I get a sort of frightened feeling as if something awful is about to happen” (0-Not at all, to 3-Very definitely and quite badly).

Five Facets of Mindfulness (Baer et al., 2006)

- E.g.,“I perceive my feelings and emotions without having to react to them” (0-never or very rarely true, to 5 very often or always true).

Results: As predicted, overall mindfulness was associated with reductions in all symptoms

Table 1. Correlations between Five Facets of Mindfulness by symptoms in all participants

	Overall Mindfulness	Observe	Describe	Act with Awareness	Non-judgement	Nonreact
Mania	-.14**	.33**	-.01	-.43**	-.48**	.40**
Depression	-.21**	.36**	-.09*	-.51**	-.43**	.33**
Anxiety	-.22**	.32**	-.07	-.46**	-.44**	.31**

But also facets matter:

- Acting with awareness and nonjudgement was significantly related to *decreases* in all symptoms.
- Observing and non-react was associated with *increased* symptoms. Describing was non-significant.
- Postpartum showed stronger correlations than pregnancy

Table 2: Correlations between Five Facets of Mindfulness by symptoms in pregnant participants

	Overall Mindfulness	Observe	Describe	Act with Awareness	Non-judgement	Nonreact
Mania	-.10*	.31**	-.23	-.38**	-.42**	.37**
Depression	-.14*	.36**	-.04	-.48**	-.40**	.31**
Anxiety	-.13**	.26**	-.00	-.40**	-.40**	.35**

Table 3: Correlations between Five Facets of Mindfulness by symptoms in postpartum participants

	Overall Mindfulness	Observe	Describe	Act with Awareness	Nonjudgement	Nonreact
Mania	-.28**	.39**	-.07	-.54**	-.66**	.44**
Depression	-.42**	.39**	-.26**	-.64**	-.55**	.37**
Anxiety	-.47**	.45**	-.26**	-.72**	-.53**	.17

* Indicates $p < .05$; ** $p < .01$

Implications: Mindfulness appears to be effective, but facets matter

Considerations in a global context:

- History and context of mindfulness practices should be included when considering mindfulness practices.
- Future research should look at cultural variations in practices, attitudes, and feasibility in different populations.

Considerations for clinicians:

- Determining the difference between “what” (e.g., observe) skills and “how” skills (e.g., nonjudgement) is important in how mindfulness is practiced.
- The improvements in mania may be due to characteristics in mania itself, and not actually improvements.

Considerations outside of medicine:

- Mindfulness can be practiced without a prescription but those practicing should be educated in mindfulness effects.
- Western practitioners of mindfulness, mindfulness apps, and other sources run the risk of appropriation and all mindfulness practices should be re-contextualized within the roots of the mindfulness practice.

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