Personality factors in the prediction of anxiety and depression during pregnancy and the postnatal period.

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Developing a risk score based on established risk factors and personality traits, to predict possible postnatal anxiety/depression with or without problems in bonding between mother and child at the first consult at the midwives practice or…

Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Other condition
Study type	Observational non invasive

Summary

ID

NL-OMON44097

Source
ToetsingOnline

Brief title
Predicting postnatal depression

Condition

- Other condition
- Pregnancy, labour, delivery and postpartum conditions
- Psychiatric disorders NEC

Synonym
postnatal depression/anxiety

Health condition

moeder-kind binding en motorische, cognitieve en sociale-emotionele ontwikkeling van het kind

Research involving
Human

Sponsors and support

Primary sponsor: Universitair Medisch Centrum Groningen
Source(s) of monetary or material Support: ZonMW

Intervention

Keyword: negative emotions, personality, predictors, pregnancy

Outcome measures

Primary outcome

Anxiety/depression at 6 weeks postnatal.

Secondary outcome

- potential problems in bonding between mother and child.

- cognitive, emotional and motor child development at almost four years of age.

Study description

Background summary

10-15% of all pregnant women experience anxious or depressive symptoms postnatal. Therefore it is one of the most common complications of pregnancy/childbirth. Having a history on anxiety/depression, complications during previous pregnancies/childbirths and recently having experienced a stressful life-event are well known risk factors for developing a postnatal depression/anxiety. Specific kinds of psychopathology have been associated with certain aspects of personality. However, these studies have been done with men and non-pregnant women. Studying personality and the established perinatal risk factors in women might lead to a predictive model for postnatal depression/anxiety and may also lead to a predictive model for mother-to-infant bonding.
The importance of adequate mother-to-infant bonding has been shown in few studies. For example, lower levels of postpartum mother-to-infant bonding have been found to be associated with poorer social-emotional development of the child (Mason, 2011), while higher levels of mother-to infant bonding might promote better adjustment to the maternal role and survival and early

development of the infant.
This study investigate to what extend mother-to-infant bonding is a mediator in the cognitive, emotional and motor child development.

Study objective

Developing a risk score based on established risk factors and personality traits, to predict possible postnatal anxiety/depression with or without problems in bonding between mother and child at the first consult at the midwives practice or department of obstetrics of the hospital. As well as to develop a model to predict mother-to-infant bonding. To investigate what extend mother-to-infant bonding is a mediator in the cognitive, emotional and motor child development.

Study design

An observational longitudinal study in primary, secondary and tertiary obstetric care.

Study burden and risks

This study does not bring any risks for the participants. The burden of participation is very low; women are asked to fill in some questionnaires at some points during pregnancy and in the first year postnatal, which will take them 3,4 hours in 53 months. The benefits of this study are on population level; being able to identify women with a high risk on postnatal anxiety/depression with or without problems in bonding between mother and child in obstetric care or with high risk of child development problems gives the opportunity to tailor individual care.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adults (18-64 years)
Elderly (65 years and older)

Inclusion criteria

All pregnant women living in the Netherlands; when they go see a midwife or research nurse (Verloskundig Consortium) for the first consult and their midwife or department of obstetrics of a hospital is participating in the study. Besides that, through regional media and media focused on our population, like "Wij jonge ouders" and "VivaMama".

Exclusion criteria

-No mastery of Dutch language

Study design

Design

Study type: Observational non invasive

Masking:	Open (masking not used)
Control:	Uncontrolled
Primary purpose:	Basic science

Recruitment

NL

Recruitment status:	Recruitment stopped

Start date (anticipated):	01-01-2010
Enrollment:	6000
Type:	Actual

Ethics review

Approved WMO Date:	16-11-2009
Application type:	First submission
Review commission:	METC Universitair Medisch Centrum Groningen (Groningen)
Approved WMO Date:	01-04-2011
Application type:	Amendment
Review commission:	METC Universitair Medisch Centrum Groningen (Groningen)
Approved WMO Date:	01-06-2011
Application type:	Amendment
Review commission:	METC Universitair Medisch Centrum Groningen (Groningen)
Approved WMO Date:	10-02-2015
Application type:	Amendment
Review commission:	METC Universitair Medisch Centrum Groningen (Groningen)
Approved WMO Date:	15-06-2015
Application type:	Amendment
Review commission:	METC Universitair Medisch Centrum Groningen (Groningen)
Approved WMO Date:	23-06-2016
Application type:	Amendment
Review commission:	METC Universitair Medisch Centrum Groningen (Groningen)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
CCMO	NL29576.042.09