

# Migrant Mother Mental Health (MiMoMent): epidemiology and neurobiological correlates of perinatal mental health among migrant mother-child dyads living in the Netherlands

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With this study we aim to increase our understanding of perinatal mental health in migrant and refugee mothers, exploring potential risk and protective factors for PMCs from pregnancy up to 6 months after birth. We also aim to explore the...

<b>Ethical review</b>	Approved WMO
<b>Status</b>	Pending
<b>Health condition type</b>	Other condition
<b>Study type</b>	Observational non invasive

## Summary

### ID

NL-OMON57114

### Source

ToetsingOnline

### Brief title

Migrant Mother Mental Health in the Netherlands

### Condition

- Other condition
- Pregnancy, labour, delivery and postpartum conditions

### Synonym

anxiety, depression, distress during and after pregnancy, psychological symptoms

### Health condition

Psychological symptoms of anxiety, depression and (post-traumatic) stress perinatally

## Research involving

Human

## Sponsors and support

**Primary sponsor:** Vrije Universiteit

**Source(s) of monetary or material Support:** Ministerie van OC&W

## Intervention

**Keyword:** maternal mental health, migrants, perinatal mental health, refugees

## Outcome measures

### Primary outcome

The main study parameters will be symptoms of PMCs (i.e., depression, anxiety, PTSD) assessed through self-reports.

### Secondary outcome

The secondary study parameters will be neurobiological markers (i.e., cortisol, cortisone, dehydroepiandrosterone, brain-derived neurotrophic factors) measured in hair samples as well as child-level outcomes (e.g., development, temperament) as reported by mothers. We will also collect information on potentially protective and risk factors for PMCs (e.g., life events, resilience, childbirth experiences, quality of life, psychological flexibility) and socio-demographic information.

## Study description

### Background summary

Over half of the 2.6 million migrants that reside in the Netherlands are women. Women in the perinatal period who are displaced, as migrants or as refugees, have a higher risk of poor mental health. Evidence suggests that one in four pregnant migrant women, experience perinatal depression, one in five perinatal

anxiety, and one in eleven experience post-traumatic stress disorder (PTSD) perinatally. These rates are among women who migrated from low or middle-income countries (LMICs).

In addition to affecting the wellbeing and quality of life of women, these perinatal mental conditions (PMCs), also impact the development and overall health of their un/newborn children. The mechanisms that might be driving this potential intergenerational transmission of negative health outcomes are complex. Emerging evidence suggests the implication of maladaptive changes to the stress-response system and to neurodevelopmental pathways. Nevertheless, the currently available evidence is still fragmented and few studies have replicated findings in diverse groups. This scarcity of high quality evidence can also be observed in relation to the epidemiological assessments of PMCs among migrant and refugee women, especially among those who resettled in high-income countries such as the Netherlands.

## **Study objective**

With this study we aim to increase our understanding of perinatal mental health in migrant and refugee mothers, exploring potential risk and protective factors for PMCs from pregnancy up to 6 months after birth. We also aim to explore the trajectories from low to severe symptomatology of PMCs across this timespan, and the impact that PMCs may have on child-level outcomes. We will also study the association between relevant neurobiological markers in mothers and PMCs symptoms as well as the relation of these markers in mother-child dyads. Taken together, reaching these objectives can help us increase our understanding of the trajectory from root causes to impact as well as treatment of PMCs.

## **Study design**

This study consists of a prospective cohort where about 200 perinatal migrant and refugee women (and their un/newborn children) will be enrolled as participants. Women will be recruited between 18 and 24 weeks pregnancy. Three additional assessments take place: at 35 weeks pregnancy, at delivery (8 weeks after birth) and 6 months post-partum. Self-report data on PMCs (i.e., depression, anxiety and PTSD) will be collected at all time-points. At 6 months post-partum additional child outcomes will be collected. In a sub-sample of 60 mothers, collection of hair samples will take place at enrolment and in mother-child dyads at delivery (8 weeks after birth).

## **Study burden and risks**

Given the observational nature of the study, the risks associated with the investigation are negligible and the burden is minimal. Interested participants will be invited for a total of four assessments from circa 20 weeks of gestation until 6 months post-birth. The assessments consist of questionnaires on experiences of perinatal mental conditions symptoms, life events and

child-level development. surveys will last on 15 to 30 minutes depending on the timepoint. Additionally, concentrations of relevant neuro-biomarkers will be conducted on hair samples, which are collected in both mother and children, in a non-invasive manner..

## Contacts

### **Public**

Vrije Universiteit

Van der Boechorststraat 7  
Amsterdam 1081 BT  
NL

### **Scientific**

Vrije Universiteit

Van der Boechorststraat 7  
Amsterdam 1081 BT  
NL

## Trial sites

### Listed location countries

Netherlands

## Eligibility criteria

### **Age**

Adolescents (16-17 years)

Adults (18-64 years)

Babies and toddlers (28 days-23 months)

### Inclusion criteria

Psychosocial assessments (i.e., self-report mother mental health and mother-reported child outcomes)

- Aged 16+
- Currently pregnant (16-24 weeks)
- Migrant (i.e., not born in the Netherlands) born in a low-or middle-income

country (LMIC) according to the historical World Bank Classification (World Bank, 2023)

o Or living in the Netherlands with an asylum-seeking residence permit or currently seeking asylum in the Netherlands

Additional inclusion criteria for hair collection (for neurobiological markers analyses)

- Willingness to donate a hair sample
- Sufficient hair growth in the posterior vertex of the head
- Minimum health length of 3 cm

## Exclusion criteria

Psychosocial assessments (i.e., self-report mother mental health and mother-reported child outcomes)

- Unable to read and write in any of the study languages (i.e., Dutch, English, standard Arabic, Turkish)
- Planning to permanently move abroad before the last study assessment (6 months after expected birth)

Additional exclusion criteria for hair collection (for neurobiological markers analyses)

- Use of corticosteroids in the past 3 months

## Study design

### Design

**Study type:** Observational non invasive

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Basic science

### Recruitment

NL

Recruitment status: Pending

Start date (anticipated): 01-12-2024

Enrollment: 200

Type: Anticipated

## Ethics review

Approved WMO

Date: 31-10-2024

Application type: First submission

Review commission: METC Amsterdam UMC

## 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	NL86572.018.24