

Do nurse-led support groups for adolescent mothers improve reports of depression and health outcomes as compared to routine verbal infant and maternal nursing education during the perinatal period?

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Background and Significance

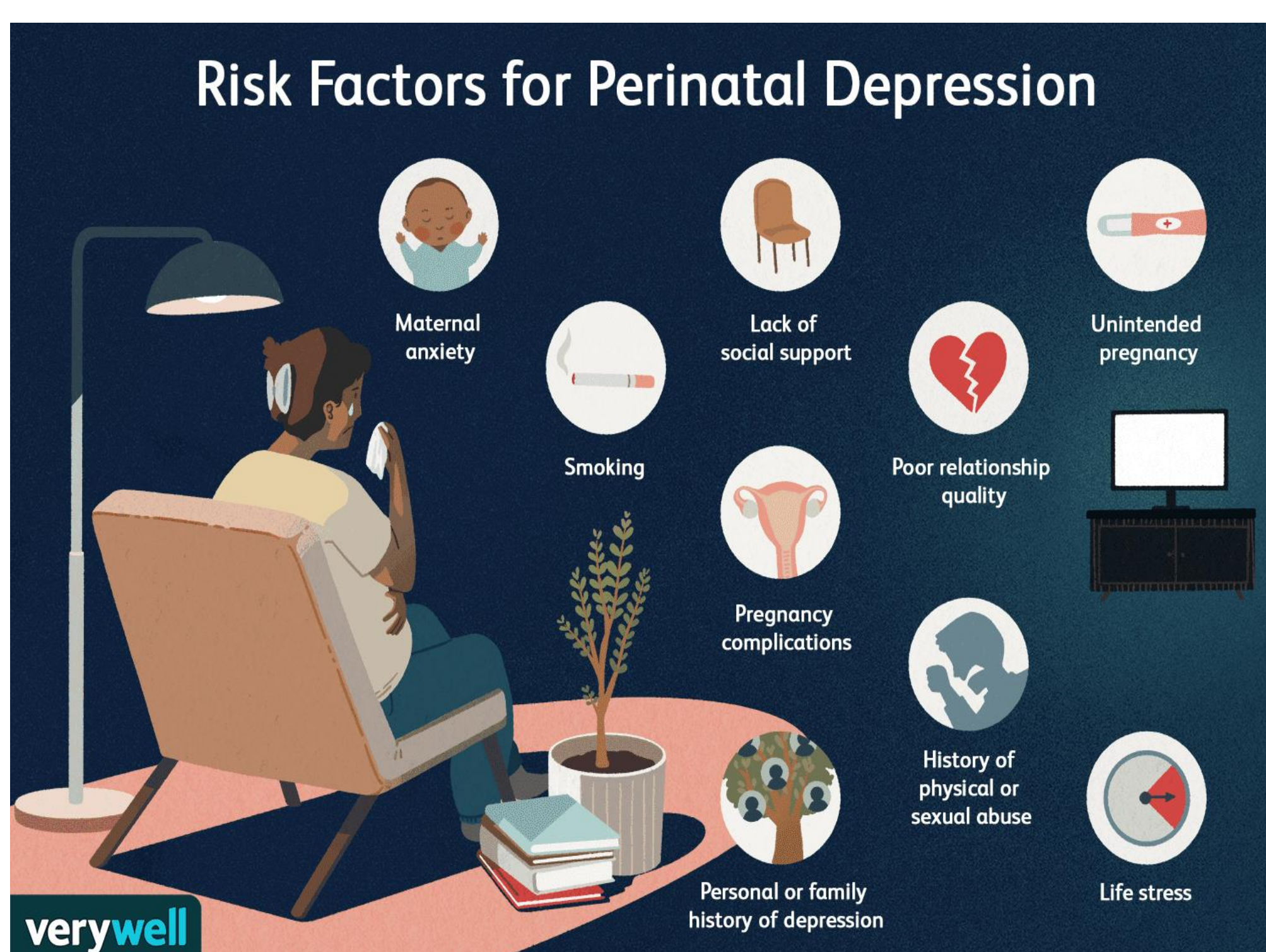
- Perinatal depression is the feeling of distress and sadness during the periods of pregnancy and may affect any mother.
- Young ladies within the age of 10 to 19 years old are considered adolescent mothers and are at higher risks of perinatal depression due to multiple factors.
- Risk factors for adolescent maternal depression are lack of social support, unintended pregnancy, history of physical abuse, family history of depression, and more.
- In the US, 26.9% of adolescent mothers experienced mild depression, 11.3% experienced moderate depression, and 3.8% experienced severe depression in 2022.
- Adolescent maternal depression is detrimental to the mother but could also have negative developmental health outcomes for the future baby.
- Adolescent maternal perinatal depression could put the mother at increased risks for repeated pregnancies if they are not properly educated on family planning.

Objectives

- The purpose is to assess the impacts of nurse-led support groups provided to adolescent mothers experiencing depression during the perinatal periods as compared to standard mother and baby teaching.
- Assess the impacts of nurse-led support groups on maternal adolescent life skills, baby-mother relationship, and maternal self esteem.

Methods

- Databases:** CINAHL and PubMed
- Keywords:** Nurse-led support groups, adolescent pregnancy, perinatal depression
- Limitations:** Randomized controlled trials(RCT) within (2017-2023), nurse-led, ages (10-19), studies in english language only
- Exclusion criteria:** Aged above 19 years old, serious maternal condition, not nurse-led interventions, depression not related to any form of pregnancy, not RCT



Literature Review

Author	Type of Study	Sample Size	Results	Level of Evidence	Overall Quality
Sangawang & al., 2021	Single-blinded RCT	n = 42	Adolescent mothers in the intervention groups reported a decrease in postpartum depression at T3 as compared to T0, while on the other hand, adolescent mother in the control group reported an increase in postpartum depression at T3 as compared to T0.	II	A
Cox & al., 2019	Multifaceted RCT	n = 140	Participants reported improved depressive symptoms in the intervention group from baseline (17.9) as compared to 36 months post intervention (16.4). On the other hand, we observed an increase in reported depressive symptoms from baseline (16.2), as compared to 36 months later without intervention (17.0).	II	B
Paine & al., 2020	Non-blinded RCT	n = 483	Results reported that postnatal depression after 6 months ranged between 0 and 24 out of 30, with p=0.44. The study mainly focused its intervention on young mother's references of internal state.	II	B
Fatori & al., 2021	Parallel group RCT	n = 80	The study focused on child development (5 domains: cognitive development (p = 0.488), receptive language development (p = 0.255), expressive language development (p = 0.014), fine motor development (p = 0.561), gross motor development (p = 0.166) and anthropometric growth: BMI-for-age (p = 0.800), length-for-age (p = 0.583). In addition, Maternal emotional and verbal responsivity (p = 0.002) and opportunities for variety in daily stimulation (p = 0.009).	II	B
Boobpamala & al, 2020	RCT	n = 76	There was a significant decrease in depression score in participants that were in the intervention group as compared to the control group. Results obtained for depression scores at time 1, 2, 3, and 4 were (p=0.750, p=0.029, p=0.015, and p<0.001) respectively.	II	B

Implications for Nursing and Role of CNL

- The nurse will be responsible for understanding underlying risk factors of depression, recognizing signs and symptoms of depression.
- The nurse will have to determine and anticipate which intervention is individually appropriate for each mothers and their families.
- Nurses will need appropriate training in psychotherapy to be adequately equipped to optimize health outcomes for mothers and babies when leading supporting groups.
- The CNL will endorse the role of an **educator** by educating pregnant and future mothers on the skills required to promote mental health during the perinatal period.
- The CNL will endorse the role of a **team manager** by creating an interdisciplinary team integrate specific aspects of patient care to optimize patient outcomes.
- The CNL will **advocate** that the adolescent mothers and their families are well-informed on available resources to assist their families.

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Conclusions

- The Early Depressive Prevention Program that integrates social support theory, empowerment, and self-esteem concept, was found to enhance coping skills, and prevent depression among pregnant adolescents.
- Coupling teen-tot services with parenting and life skills interventions improved reports of maternal depression, maternal self-esteem, repeated pregnancy, and child maltreatment in adolescent mothers.

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