



group programme focusing on attachment

Outcomes of an antenatal

INTRODUCTION

The Mellow Bumps programme was developed to offer support to pregnant women with additional social care needs. The focus of the programme is reducing anxiety during pregnancy, increasing knowledge of child development and attachment, and also beginning the bonding process between the mother and unborn baby. The focus on anxiety reduction is particularly important, as high levels of stress can have a negative impact, not only on the mother-to-be's wellbeing, but also on the future outcomes for her unborn baby (Talge et al, 2007; O'Connor et al., 2007).



Stress Awareness reduction of baby strategies

Social connectivity Knowledge attachment & development Reduced stress

Mellow Bumps - Key components and outcomes

METHOD

participants cohort study, Adult Wellbeing Scale completed (Snaith et al, 1978) questionnaires before and after taking part in the Mellow Bumps groups. Wilcoxon signed rank tests were used to compare preand post-group scores (2-tailed).

Follow up focus groups were held with group participants and facilitators in order to generate qualitative data, including experiences and further service uptake.

CONCLUSIONS

Mums-to-be who participate in the Bumps programme show Mellow statistically significant improvements on all subdomains of the Adult Wellbeing Scale. On average their babies are born at a healthy gestational age and weight. This suggests that participation in the Mellow Bumps programme has good outcomes for mothers and their unborn children, particularly in light of the known negative impacts of antenatal stress.

FUTURE RESEARCH

The MRC funded "THRIVE" RCT will compare Mellow Bumps with other antenatal programmes and will further our understanding of this programme's impact.

RESULTS AWS pre- and post-group 6 ean) **AWS** Pre Post **Inward Directed** Depression Anxiety Outward Directed Irritability Irritability n = 119**AWS** subscale * = stat. sig. p<.05

Following Mellow Bumps the average baby is born at 38 weeks + 5 days and weighs 3.27kg/ 7lb 3.5. Facilitators report increased confidence and further service uptake in participants.



O'Connor, T.J., Heron, J., Golding, J., Beveridge, M., & Glover, V. (2002). Maternal antenatal anxiety and children's behavioural/emotional problems at 4 years. Report from the Avon Longitudinal Study of Parents and Children. British Journal of Psychiatry, 180, 502-508.

Talge, N.M., Neal C, Glover V, (2007). Early Stress, Translational Research and Prevention Science Network: Fetal and Neonatal Experience on Child and Adolescent Mental Health. Antenatal maternal stress and long-term effects on child neurodevelopment: How and why? Journal of Child Psychology and Psychiatry, 48, 245–261.

Snaith, R.P, Constantopoulos, A.A., Jardine, M.Y. & McGuffin, P. (1978). A clinical scale for the self-assessment of irritability. British Journal of Psychiatry. 132:163-171





