

Lessons learned from development, implementation and evaluation of delivering Online Mellow Bumps in Turkey during the COVID-19 pandemic.

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What is Online Mellow Bumps?

Mental health difficulties throughout pregnancy can result in repeated adverse environmental exposure for the foetus, leading to a number of emotional, cognitive, or behavioural developmental deficits (Glover, 2014). Furthermore, maternal mental health is a key factor that affects parent-infant attachment throughout childhood. The parent-infant attachment formed during pregnancy persists postnatally and shapes the infant's future relationships throughout their life. It is therefore in the best interest of the child to promote the mental health and well-being of the mother and the quality of the parent-infant relationship, promoting healthier outcomes from as early as pregnancy (Luoto, Mottola & Hilakivi-Clarke, 2013).

Mellow Parenting support socially and psychologically vulnerable families and children around the world by providing evidence-based psychological interventions both pre- and postnatally. As a result of the COVID-19 pandemic, the original face-to-face programme was unable to go ahead as scheduled, leaving parents and children at risk due to lack of support available. Mellow Parenting noted the importance of continuity of support and proposed online strategies for some of their interventions.

Modelled on the offline Mellow Bumps intervention, online Mellow Bumps is offered in the third trimester of pregnancy for a period of seven weeks; one day a week for approx. two hours and is facilitated by two trained practitioners who are trained by Mellow Parenting. There was an additional either 'Partner's Session' that groups had the option to run. Mums-to-be receive their workbooks in the post and the groups are delivered via Zoom. Referrals can be taken from agencies as well.

The underpinning values are based on the psychological theories of attachment, social learning and cognitive behavioural therapy and focus on decreasing maternal stress levels, developing knowledge of child development and improving parent-child relationships. As such, the programme aims to encourage nurturing, engagement and attunement between mother-to-be and baby. In developing this education and skillset, the programme also seeks to minimize the risk of maternal mental health in the postnatal period.



Method

An exploratory study design using routine evaluation data collected pre- and post-intervention from January 2021 to May 2021. 128 mums-to-be from 21 different provinces in Turkey were recruited via convenience sampling: self-referral, social media or word of mouth. The only criteria was that they were in the third trimester of pregnancy.

Materials. Online questionnaire created using Qualtrics and distributed electronically. The questionnaire collected information for maternal mental health – symptoms of stress, depression and anxiety, maternal well-being, perceived quality of relationship with the baby, online feasibility, confidence levels, feelings of social connectivity, and demographic information.

The questionnaire consisted of: Depression, Anxiety and Stress Scale – 21 Items (DASS-21; Lovibond & Lovibond, 1995), World Health Organisation – Five Well-Being Index (WHO-5; WHO, 1998), Bumps Tunnel, questions gathering demographic information and Likert-scale questions measuring online feasibility, confidence, and social connectivity. Upon completion of the group, participants were invited to complete the post-group questionnaire within 14 days.

Future Research

- Replicate amongst greater at-risk populations such as lower socio-economic status or clinical levels of mental health symptoms
- Replicate using other countries and cultures to determine whether the findings extend across different populations
- Replicate using larger, more inclusive samples with greater representation of demographic variables such as relationship status, level of employment and level of education
- Replicate using a control group to make a comparison and explore causality
- Assess the long-term effects of Online Mellow Bumps beyond the period of group delivery, considering outcomes for both mother and child
- Assess the difference between face-to-face and online group, performing a comparison between the efficiency of the two

Findings

102 out of 128 participants completed 5 or more sessions, which is considered completion of the programme. This gives an **intervention completion rate of 89.5%**. 57 participants' pre- and post-intervention questionnaires were eligible for inclusion in the analysis. This gives a **response rate of 44.5% for evaluation**.



In conclusion, **Online Mellow Bumps could be successfully delivered without detriment to the mums-to-be participating**. The online format has shown promising potential for continuation beyond the COVID-19 pandemic. Improvements should be sought to increase participation in the evaluation process, though engagement in the group was high.

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