

'Before-baby relationship checkup' shows promise for helping couples manage perinatal stress

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Checking in with expectant couples in connection with prenatal obstetrical visits shows promise as a feasible way to strengthen their

relationship and may reduce risk factors for perinatal mood and anxiety disorders, according to a recent study by researchers from UMass Chan Medical School and Clark University. The stage I open-series nonexperimental proof-of-concept study appeared in *Journal of Clinical Psychology in Medical Settings*.

"Having a baby might actually be one of the most stressful things that happens to a [relationship](#)," said co-author Tiffany Moore Simas, MD, MPH, MEd, the Donna M. and Robert J. Manning Chair in Obstetrics and Gynecology and chair and professor of obstetrics & gynecology. "Wouldn't it be nice if we actually acknowledged it and talked about in advance ways to bolster people with some skills?"

Dr. Moore Simas said that one of the [risk factors](#) for maternal perinatal depression was not having a supportive partner. "And so, if you can address that and mitigate it, then there's the potential for significant positive benefit there."

The study enrolled 10 couples, recruited from among a larger study of pregnant patients receiving outpatient care at UMass Memorial Medical Center, who completed the Before Baby Relationship Checkup, a personalized relationship health service.

The prenatal relationship checkup, developed by Ellen Darling, Ph.D., principal investigator from Clark University who is now a [clinical psychologist](#) in private practice, tested an adaptation of the "Marriage Checkup," an evidence-based intervention for relationship distress, which was initially developed by co-author James V. Cordova, Ph.D., professor of psychology, and colleagues at Clark University.

A focus of the relationship checkup was to engage a broad range of couples before problems became entrenched, according to Dr. Darling, and in doing so, to protect maternal, partner and child outcomes.

"The well-being of our intimate relationships is connected to individuals' psychological health, individual physical health and child outcomes," said Darling. "So, by treating relationships, we can see effects down the line on a whole system."

Darling added that a lot of risk factors for postpartum depression—young age, poverty, adverse life events—are difficult to directly treat. But relationship distress and poor social support can be addressed and targeted.

"This is a really vulnerable period for relationships. On top of that, it is a really vulnerable period in terms of the emergence of maternal mental health issues," said Darling. "Before we test this in a larger population, we wanted to look at acceptability, can we recruit and retain couples? Is this something expectant couples are interested in?"

The checkup consisted of a one-hour assessment and subsequent feedback session. It offered individualized treatment tailored to the specific needs of each [couple](#) and was designed to bridge the gap between educational workshops and traditional marriage therapy.

Couples completed several questionnaires with self-reported clinical outcome measures beforehand and following the feedback session, and qualitative data was gathered by soliciting feedback to open-ended questions probing participants' experience of the intervention.

Researchers found that the Before Baby Relationship Checkup was safe, feasible and acceptable to couples. Seven of the nine couples who completed the intervention noted that their participation generated positive feelings. Both men and women reported that the intervention facilitated nonthreatening discussion about their relationship. Couples also overwhelmingly said that co-locating the sessions at their obstetrician's office facilitated their participation.

While the sample size was small, limiting generalizability, over the course of the intervention, women's depression scores decreased significantly, while their perception of partner support increased significantly. While only trending toward significance, women also demonstrated a moderate decrease in anxiety symptoms and increase in intimate safety.

"The reason that this is so important is when we think about health, a lot of times we think about health as individuals. But health always occurs in the context of a unit, and often that is a family unit," said co-author Nancy Byatt, DO, professor of psychiatry, obstetrics & gynecology, and population & quantitative health sciences at UMass Chan. "What is innovative about Ellen's [Darling] work is that she's connecting the parents and doing an intervention that's focused on parents during a time period where people are highly motivated to change. Because change is hard."

Dr. Byatt, who founded and developed the [Massachusetts Child Psychiatry Access Program \(MCPAP\) for Moms](#), said the relationship checkup could be a "scalable" way to integrate a couples' focused intervention into obstetrical practices because of its brevity.

More information: Ellen V. Darling et al, The Before Baby Relationship Checkup: A Couples-Based Intervention to Reduce Relationship Risk Factors for Perinatal Mood and Anxiety Disorders, *Journal of Clinical Psychology in Medical Settings* (2021). [DOI: 10.1007/s10880-021-09819-8](#)

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