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thoughts and misperceptions about prenatal health behaviors relative to alcohol use.

"We did not discuss the women's actual alcohol consumption in the presence of her partner unless they disclosed it voluntarily, for reasons of privacy and safety," Dr. Chang said. "But the knowledge assessment was the springboard for the discussion of alcohol use during pregnancy."

In the goal-setting and contracting component, the discussion focused on prenatal drinking goals. "It was not uncommon to hear women say their goal was to have 'just one drink' per week—and the women in the study were generally older and well educated. This would lead to a discussion of the surgeon general's advisory that no amount of alcohol is safe during pregnancy," Dr. Chang said.

In the behavior-modification segment, the pregnant subjects were encouraged to think about circumstances, such as social events, that might invite the temptation to drink during pregnancy and to develop a list of alternative behaviors, such as having something to eat or a fake drink, Dr. Chang said. "We also asked the partner to list plans for personal behavior changes that could support the pregnant woman, such

## Depression Cut By Intervention Before Delivery

SAN ANTONIO — A depression prevention course offered during pregnancy significantly reduced the incidence of major depressive episodes before delivery in a group of Hispanic women at high risk for depression, reported Huynh-Nhu Le, Ph.D., at the annual meeting of the Society for Prevention Research. She expects the intervention will ultimately result in reduced rates of postpartum depression as well.

"A lot of research is now moving away from the idea of postpartum depression to a more general idea of pregnancy-related depression. Technically, postpartum depression occurs up to 4 weeks after birth—but in some cases, it may have started before delivery. What we're trying to do is prevent these women from becoming more depressed," she said in an interview. "To do this, we need to integrate mental health screening into primary care settings."

Her study included 143 Hispanic women, aged 18-35 years, who were less than 24 weeks pregnant. All were considered at high risk for depression based on their history of depression or a score of 16 or higher on the Center for Epidemiologic Studies Depression Scale (CES-D). The women were randomized either to usual care or to an eight-session intervention that taught them mood regulation skills and provided information about parenting and child development.

Preliminary results from the intervention, measured 8 weeks before delivery, showed a significant decrease in the incidence of major depressive episodes in treated vs. nontreated women (1% vs. 7%), said Dr. Le of George Washington University, Washington.

—Kate Johnson

as drinking less or socializing differently." Finally, the intervention was summarized on paper and provided to the partners.

Both the intervention and control subjects had a postpartum follow-up interview to review the frequency and quantity of alcohol consumed during pregnancy as well as changes in alcohol-related health habits since enrollment. "We had a 95% follow-up rate overall, and only 3% of partners were ultimately unable to participate in one part of the study or another," Dr. Chang noted.

The investigators used univariate and multivariate analyses to compare the intervention and control groups before and after study enrollment, and least squares

regression models were used to evaluate the effect of the intervention on three dependent variables: alcohol consumption quantity, frequency, and both.

When the two groups were compared, "there were no statistically significant differences in the amount or frequency of prepregnancy alcohol consumption, and most of the women in both conditions demonstrated overall reduced alcohol consumption once enrolled," Dr. Chang said. "Many of the women spontaneously decreased the frequency of their alcohol consumption to a mean of 5% drinking days, although fewer than 20% were abstinent."

The results of an intention-to-treat

analysis showed a significant interaction between the intervention and prenatal alcohol consumption, Dr. Chang reported. "The brief intervention was most effective in reducing the frequency of consumption among women who drank more at the time of the study enrollment," she said. Additionally, "the intervention was more effective for heavier drinking subjects when the partner was involved."

The analyses identified additional variables that increased the risk of prenatal alcohol consumption: prenatal alcohol use before the study, level of education, temptation to drink in social situations, and number of years of regular alcohol use. ■

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