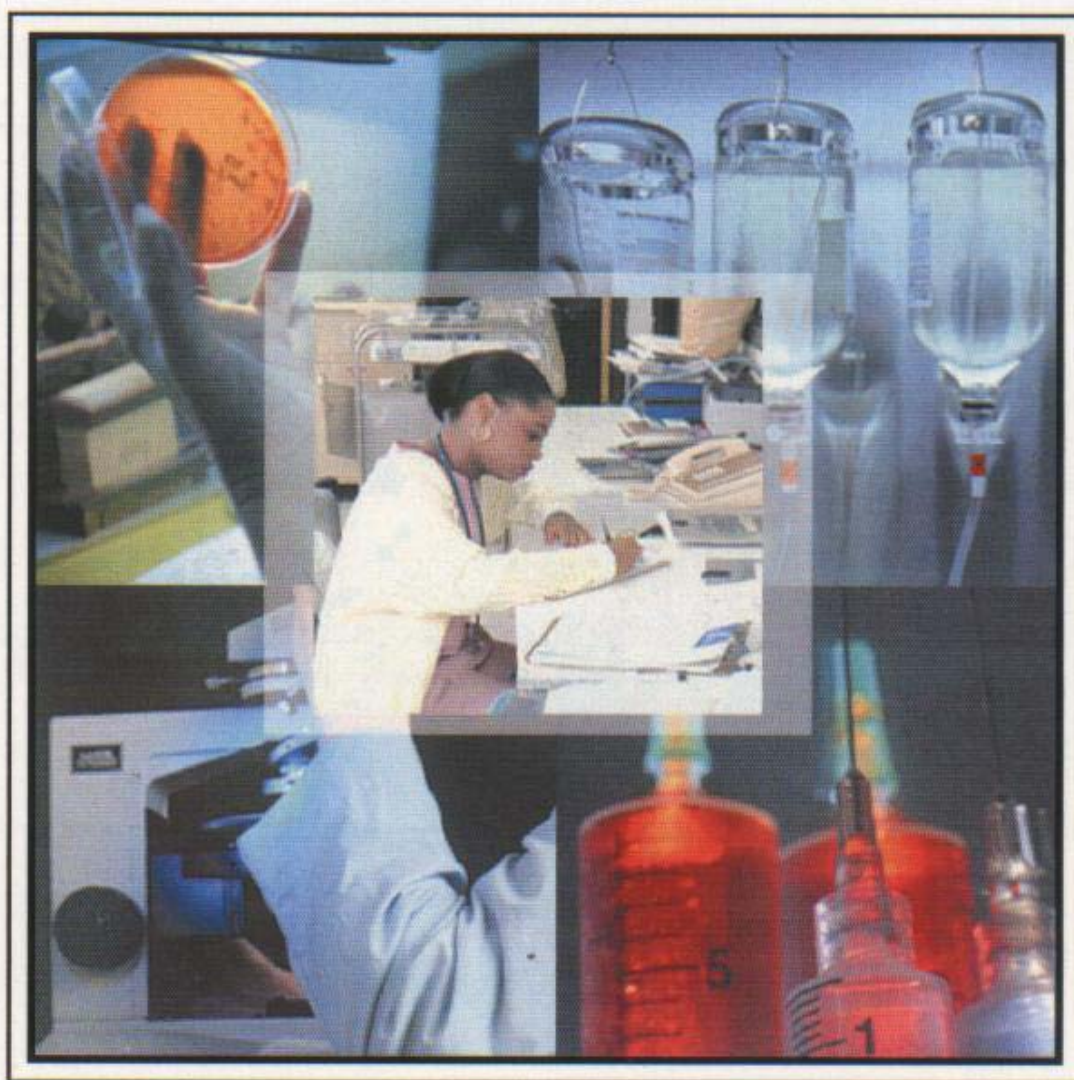



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Among Immigrant Mothers in Québec 1
Samia Mechakra-Tahiri, PhD, MA
Maria Victoria Zunzunegui, PhD, MA
Louise Seguin, MD, MPH

Data from the Québec Longitudinal Study of Child Development were used to examine factors associated with postnatal depression and the links between self-rated health (SRH) and depressive symptoms in mothers 5 months after giving birth, according to immigration status. Postnatal depressive symptoms were measured using the 12-item Center for Epidemiologic Studies Depression Scale (CES-D). Immigrant mothers were classified according to their ethnocultural (majority or minority) group and compared with Canadian-born mothers.

Logistic regression was used to evaluate the association between SRH and depressive symptoms. The prevalence of high depressive symptoms was larger among immigrants from minority groups (24.7%) than among immigrants from majority groups (8.3%) and Canadian-born mothers (11.2%). SRH was associated with depressive symptoms among Canadian-born mothers, but not among minority immigrant mothers. Canadian-born mothers integrated mental health into their assessment of overall health status, however, depressive symptoms among minority immigrant mothers were common, and their determinants warrant further research.

KEYWORDS. Perceived health, postpartum depression, mother, immigration

Type and Timing of Services Following Postnatal Discharge: Do They Make a Difference?

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Lise Goulet, MD, PhD

Danielle D'Amour, RN, PhD

Raynald Pineault, MD, PhD

Background: The debate continues as to what constitutes an adequate postnatal follow-up after an early hospital discharge. The main objective of this study was to determine whether the type and timing of postnatal services were associated with mothers' and newborns' health, breastfeeding duration, and maternal assessment of the delay and usefulness of the services they received after discharge.

Methods: A telephone survey was conducted one month after a vaginal, uncomplicated delivery by 2,583 mothers who had given birth in five health regions of the Province of Québec, between 1999 and 2003.

Results: The response rate to the survey was 72.1%. Virtually all the newborns (98.1%) had at least one routine contact with a health professional after discharge. Within 72 hours of discharge, 26.0% of the mothers received only a telephone call, 44.3% were visited by a public health nurse, 11.1% of the babies were examined by a physician and 49.5% were examined by a nurse or a physician. Newborns who had a first contact with a health professional within 72 hours of hospital discharge were less likely to have been readmitted to the hospital (adjusted Odds Ratio 0.45; 95% CI 0.21-0.97), while their mothers were less likely to have signs of moderate to severe depression at one month postpartum (adjusted Odds Ratio 0.60; 95% CI 0.45-0.79). The sooner the telephone call and the home visit were received the more likely the women were to have found that the services were useful.

Conclusion: Our findings suggest that the timing, more than the type, of postnatal follow-up after an early obstetrical discharge could make a difference.

KEYWORDS. Postnatal care, postpartum care, home visits, length of stay, women, mental health, newborn, hospital readmission, satisfaction

The Personal Work of a First Pregnancy: Transforming Identities, Relationships, and Women's Work

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DeAnne K. Hilfinger Messias, PhD, RN

Jeanne F. DeJoseph, PhD, CNM, FAAN

The purpose of this qualitative research was to explore women's experiences and perceptions of work during a first pregnancy. In this article we present findings related to women's personal work, one aspect of pregnancy work identified in the larger study (1996-2002). Qualitative data were collected through semi-structured interviews with a purposeful, convenience sample of 29 women, ages 18-40 years, from diverse ethnic/racial, social, and economic backgrounds. Their personal work of pregnancy included growing a child, creating self as a mother, preparing for the baby, situating self vis-à-vis parental and societal models of motherhood, and personal relationship work. A first pregnancy transformed women's work as they added pregnancy to the mix and experienced significant shifts and transformations in personal and social identities and in the meanings, values, and priorities they attached to

work. Findings were limited by the context and experiences of the participants in this convenience sample; however, they suggest the need for more attention to the complex personal work of pregnancy by clinicians and researchers and for continued expansion of conceptual frameworks of women's work during pregnancy.

KEYWORDS. Pregnancy, women's work, maternal identity

Suicidal Ideation Among Low-Income Women on Family Assistance Programs

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Lorann Stallones, PhD

Marilyn Leff, MSW, MSPH

Silvia Sara Canetto, PhD

Carol J. Garrett, PhD

Bruce Mendelson, MPA

Low-income women face significant adversities. Many of the adversities they contend with have been associated with suicidal ideation in other groups. However little is known about low-income women's suicidal ideation and its correlates. The purpose of this study was to evaluate prevalence of and risk factors associated with suicidal ideation in a randomly drawn sample of 2,112 women ranging in age from 18 to 59 years and enrolled in family assistance programs. As in other studies of low-income women, this group had high rates of mental and physical health problems. Yet, the overall prevalence rate of suicidal ideation was not substantially higher than those found in other populations. Emotional difficulties, substance abuse/dependence, physical limitations, having been arrested, and injuries were associated with suicidal ideation. Increasing numbers of adversities were associated with increasing prevalence of suicidal ideation. Employment and pregnancy were inversely associated with suicidal ideation when controlling for adverse events. This study provided important information on prevalence and risk factors associated with suicidal ideation among low income women on family assistance programs as well as suggested areas for future work to improve the health of these women.

KEYWORDS. Suicidal ideation, low-income women, survey

Assessment of Recreational Physical Activity During Pregnancy in Epidemiologic Studies of Birthweight and Length of Gestation: Methodologic Aspects

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Lisa Chasan-Taber, ScD

Kelly R. Evenson, PhD

Barbara Sternfeld, PhD

Seema Kengeri, MPH

In 2002, the American College of Obstetricians and Gynecologists revised their 1994 guidelines to recommend that pregnant women without medical or obstetric complications follow exercise guidelines for nonpregnant women. In spite of these guidelines, the optimal dose of recreational physical activity (i.e., total volume of energy expenditure, and specific frequency, duration and intensity) for a pregnant

woman remains to be determined. Identification of this dose has been hampered by the complexity of assessing recreational physical activity in general, and particularly during pregnancy, a demanding period characterized by changing physiology. Therefore, we reviewed the measurement methods in the epidemiologic studies that examined the association between recreational physical activity and two specific pregnancy outcomes of primary public health importance, birthweight and length of gestation. From a review of the medical literature, we identified 20 published journal articles between 1966 and 2005. Study designs, participants, and physical activity assessment measures varied widely across studies. The majority of these studies did not consistently assess type, frequency, intensity, and duration of activity and did not measure these variables during each trimester of pregnancy. Because the effect of recreational physical activity on birth outcomes is likely to be modest, measurement must be highly accurate to minimize the possibility that an effect will not be observed because of measurement error. Recommendations are made for the future assessment of recreational physical activity in epidemiologic studies of these major birth outcomes.

KEYWORDS. Exercise, pregnancy, measurement, woman, recreational physical activity

Breast Cancer Risk and Screening:

A Comparison of Lesbian and Heterosexual Women

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Dana L. Brandenburg, PsyD

Alicia K. Matthews, PhD

Timothy P. Johnson, PhD

Tonda L. Hughes, PhD, RN, FAAN

Objectives: Using data collected as part of the Multisite Women's Health Study, we examined the differences between lesbians and heterosexual women on objective breast cancer risk calculations using the Gail Model. Health risk behaviors and screening behaviors for breast cancer were also examined. It was hypothesized that lesbians would have higher objective cancer risk estimates and report more behavioral and screening risk factors for breast cancer than heterosexual women.

Methods: Secondary data analyses were conducted using data from a study of women's health conducted from 1994 to 1996. Using a cross sectional design, a convenience sample of lesbian ($n = 550$) and heterosexual ($n = 279$) women was recruited from Chicago, New York City and Minneapolis-St. Paul. Data were collected using a self-administered questionnaire.

Results: Estimates of 5-year and lifetime breast cancer risk were higher for lesbians compared to heterosexual women. Groups did not differ in self-perceptions of being overweight, but more lesbians reported heavier drinking and more reported abstinence from alcohol. Group differences in adherence to breast cancer screening were not significant.

Conclusions: Findings suggest a small but statistically significant difference in the calculated breast cancer risk estimates of lesbian and heterosexual women, which seem to be largely accounted for by differences in reproductive risk factors.

KEYWORDS. Sexual orientation, lesbian, breast cancer risk, Gail Model