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Abstract Title

Perinatal BRIDGE: A Mixed-Methods Evaluation of a Virtual DBT-Informed Group Intervention for Perinatal Mental Health

Authors

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Background

Perinatal mental illness can disrupt caregiver-infant relationships and negatively affect children's later development. Caregiver-focused treatments do not consistently improve child outcomes. Dual-generation approaches may better mitigate intergenerational risk. We hypothesized improvements in mental health and parenting-related outcomes.

Objective

To test for pre-post improvements in caregiver mental health and parenting-related outcomes and explore participants' experiences of Perinatal BRIDGE (Building Regulation in Dual Generations).

Methods

Single-arm, convergent mixed-methods design. Clinicians in a specialized perinatal service referred 38 participants, pregnant or within 12 months postpartum. The 16-week virtual group program integrated dialectical behaviour therapy skills with perinatal parenting content. Eight self-report outcomes assessed mental health, parenting, and relationships at baseline and post-program. Complete-case paired tests assessed change; multiple imputation tested robustness. Six interviews underwent reflexive thematic analysis, with findings integrated with quantitative results.

Results

24 participants completed post-program assessment. Pre-post analyses included 14-24 participants. Completers and non-completers did not differ significantly on the baseline measures compared (all $p > 0.50$). Depression improved from 16.32 (SD 3.79) to 11.70 (4.78), $p < .001$, $d = 0.83$; sleep disturbance 28.00 (6.02) to 21.25 (6.87), $p = .002$, $d = 0.78$; coping confidence 11.96 (3.02) to 13.65 (2.98), $p = .002$, $d = 0.72$; anxiety 47.45 (13.18) to 37.65 (16.62), $p = .017$, $d = 0.53$. Parenting stress, anger, social support and couple satisfaction did not change significantly ($p > .25$). Among paired participants, 87.5% exceeded the depression clinical cutoff at baseline versus 37.5% post-program ($p = .002$). Across four themes, participants described shared understanding and safety, continued skill development, engagement shaped by capacity, timing and virtual access, and family and systemic influences on wellbeing.

Conclusion

Our hypothesis was partly supported: depression, anxiety, sleep disturbance, and coping confidence improved, while parenting and relational measures did not significantly change. These preliminary findings suggest promise for Perinatal BRIDGE in routine clinical care.