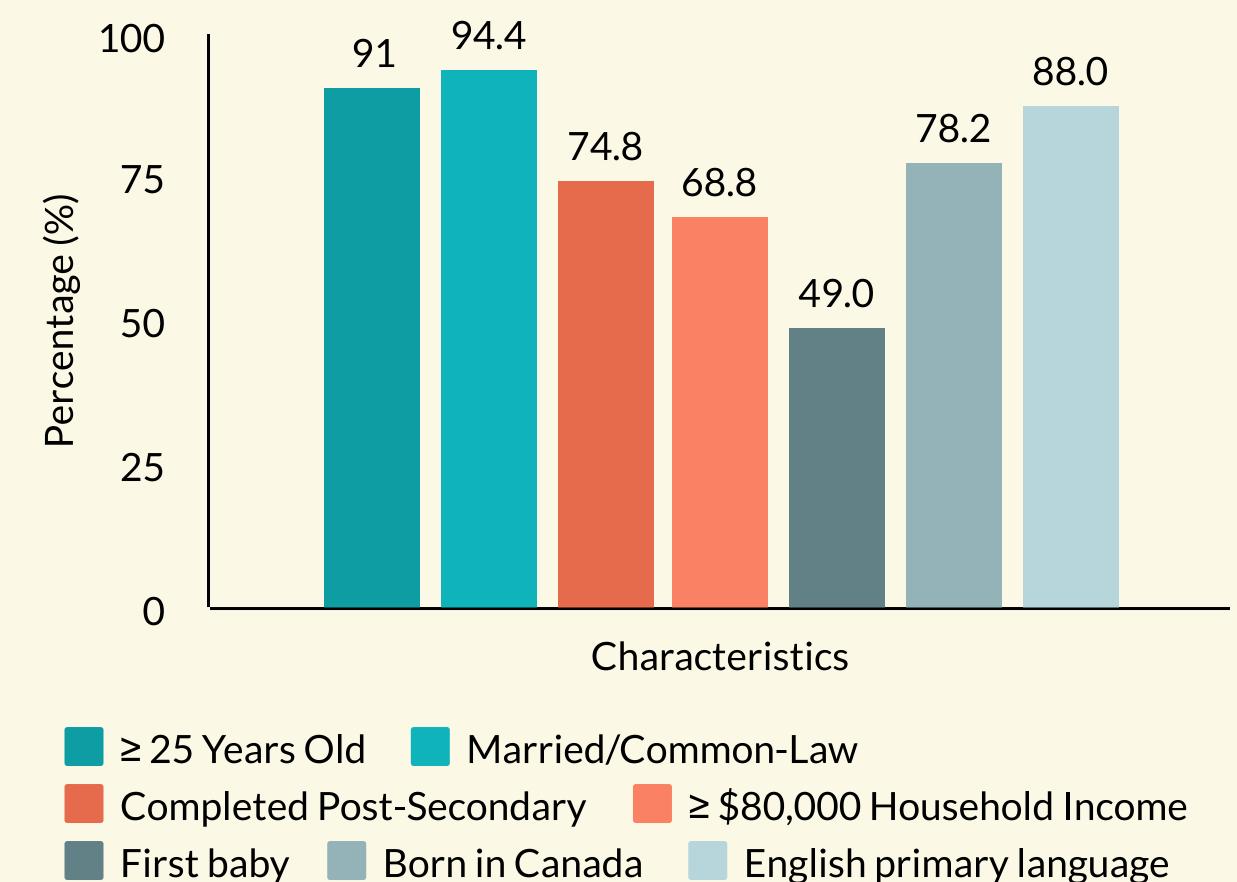
WHO WE ARE



All Our Families (AOF) is a community-based, longitudinal pregnancy cohort in Calgary, Alberta designed to understand relationships between life experiences, maternal and family well-being, and child development.

Demographics of Participants











Social support and increased dispositional optimism are two tools that can help women cope with mental health challenges.



SOCIAL SUPPORT Social support has the largest impact on alleviating anxiety and depressive symptoms in postpartum.



STRATEGIES

Lifetime stress increased the risk for early delivery, however, among those with internal or external coping strategies, this risk of early delivery was reduced.



FAMILY PLANNING 78% of women planned their pregnancy.

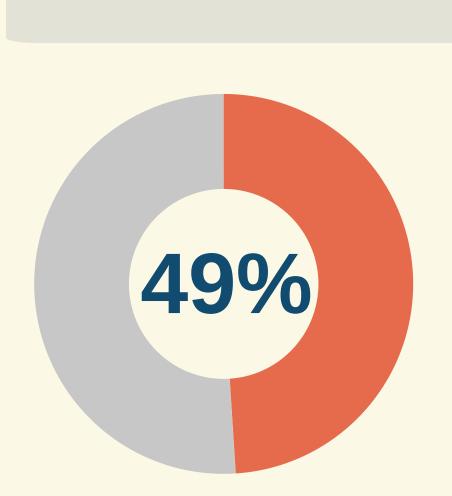


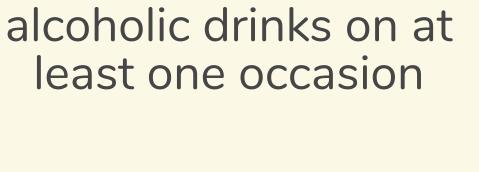
PEER PROGRAMMES

Group prenatal care, prenatal education and peer support programmes have the potential to improve social support.

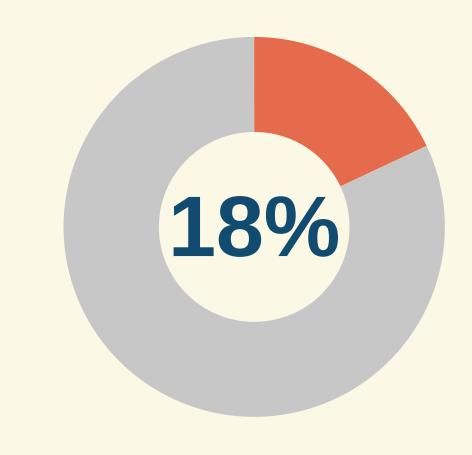
Well-Being & Pregnancy

In the 12 months prior to pregnancy:





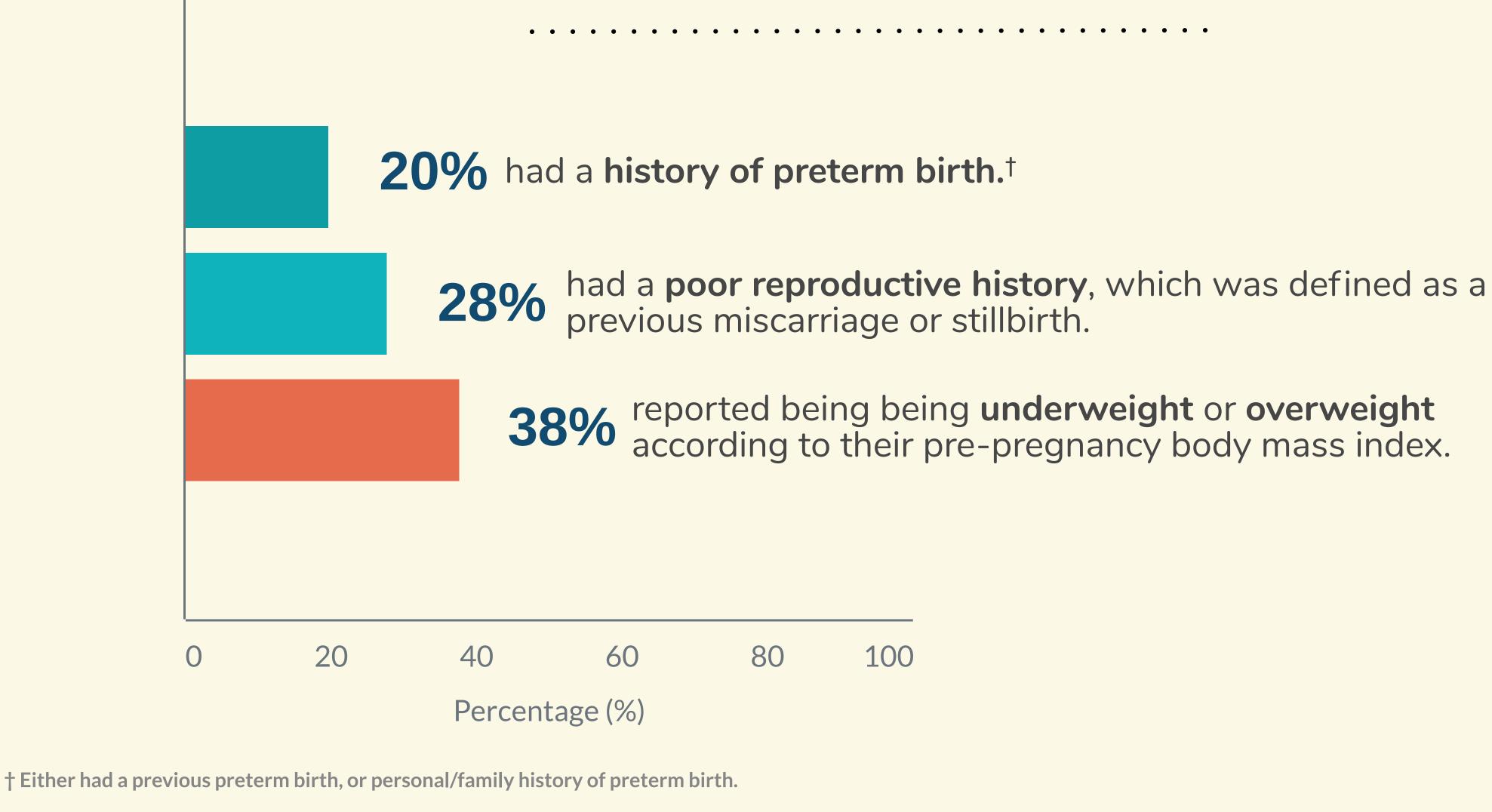
had 5 or more



smoked cigarettes

1 in 3 women experienced at least two of the following before delivery:

- History of any abuse (physical, emotional, sexual, financial) or neglect
- History of mental health challenges*
- Depressive symptoms during pregnancy
- Elevated anxiety during pregnancy Low social support during pregnancy
- * Feeling sad, blue, depressed or down for at least two weeks, or diagnosed with other mental disorders such as generalized anxiety disorder, bipolar disorder, schizophrenia, or obsessive compulsive disorder.



During the second trimester (study intake):

2 in 11 reported high levels of stress

during pregnancy (18.1%)

1 in 12 reported depressive symptoms during

pregnancy (8.1%)

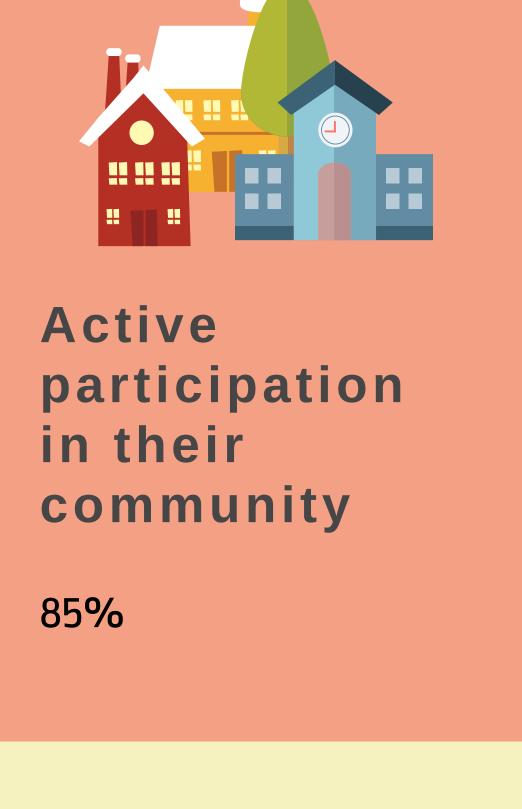
1 in 6 reported anxiety symptoms during pregnancy (16.9%)

2 in 15 reported low social support during pregnancy (13.8%)

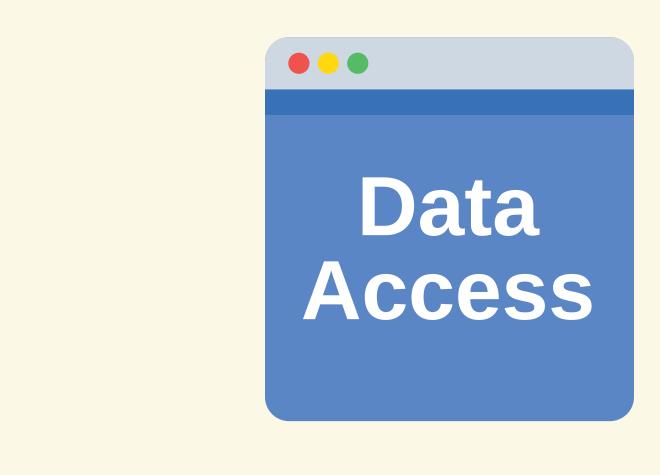
Along with these experiences, most women had:







We are learning that across economic circumstances women can experience challenges to mental health and coping. Importantly, most women are in happy relationships with their partners, having strong social support systems, and use community resources such as attending parenting classes, story time at the library, and places of worship. Social supports and community resources improve well-being for mom and baby.



The All Our Families cohort data can be accessed through the data respository at Secondary Analysis to Generate Evidence (SAGE) at PolicyWise for Children & Families. For more information, contact PolicyWise. https://policywise.com/sage/

References: Hetherington E, McDonald S, Williamson T, et al. Social support and mental health at 4 months and 1 year postpartum: analysis from the All Our Families cohort. J Epidemiol Community Health 2018; 72:933-939.

Epidemiol. 2017;46: 1389-1390k.

16.

McDonald SW, Kehler H, Tough SC. Risk and resilience factors for early child development: an analysis of the All Our Babies Cohort. (Prepared for Upstart, United Way of Calgary). Calgary, AB: University of Calgary, Department of Pediatrics, 2013. McDonald SW, Lyon AW, Benzies KM, et al. The All Our Babies pregnancy cohort: design, methods, and participant

characteristics. BMC Pregnancy Childbirth 2013;13(Suppl 1):S2. McDonald SW, Kingston D, Bayrampour H, et al. Cumulative psychosocial stress, coping resources, and preterm birth. Arch Womens Ment Health. 2014;17:559-568.

McDonald SW, Hicks M, Rasmussen C, et al. Characteristics of women who consume alcohol before and after pregnancy recognition in a Canadian sample: a prospective cohort study. Alcohol Clin Exp Res. 2014;38(12):3008-

Tough SC, McDonald SW, Collisson BA, et al. Cohort profile: the All Our Babies pregnancy cohort (AOB). Int J

