



Alberta Pregnancy
Outcomes and Nutrition

Leaflet

Join APrON's Participant Advisory Committee

The APrON team will be running a participant focus group this November and we want you to be a part of it! If you have ideas on how we can keep participants, like you, engaged and interested in our research, we want to hear from you. The session will be 1.5 hours long and will take place at the Alberta Children's Hospital in Calgary. If you would like to learn more about this exciting opportunity, please contact us by email at **infocalgary@apronstudy.ca**.

FREE Webinar series

We are delighted to tell you about a series of webinars, lead by some of our very own APrON Investigators. The webinars are aimed at health professionals and government decision makers to teach them the importance of cohort groups, like APrON. Anyone from the public is welcome to attend and we would love it if you would join us! The webinars will be held on October 3, 10, 17 and 24 from 12-1pm and registration is FREE! For more information or to register, visit <https://attendee.gotowebinar.com/register/7450825497417852928> or email Sabina Valentine at **sparkes@ualberta.ca**.

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SPECIAL POINTS OF INTEREST

- Hot off the press—see inside for new APrON results
- Join our Participant Advisory Committee
- New online survey option will soon be available for 6 month post-partum participants





RESULTS

We are now devoting a portion of each newsletter to research results. Today we would like to tell you, first, that two very important papers have been accepted for publication. These papers do not report research results *per se* but are nevertheless very significant. Here is a brief description of the two papers:

The Alberta Pregnancy Outcomes and Nutrition (APrON) cohort study: Rationale and Methods

This paper is what we like to call a foundational methodology paper. It describes the reasons for starting APrON and the methods we used. In a complex study such as APrON, it is very helpful in the scientific world to publish a paper of this type. The paper will come out in the *Journal of Maternal and Child Nutrition* and was posted on the internet in July at the following link: <http://onlinelibrary.wiley.com.ezproxy.lib.ucalgary.ca/doi/10.1111/j.1740-8709.2012.00433.x/pdf>

Kaplan BJ et al. (in press). The Alberta Pregnancy Outcomes and Nutrition (APrON) cohort study: Rationale and Methods. *Maternal and Child Nutrition*, 2012 Jul 17. doi: 10.1111/j.1740-8709.2012.00433.x. [Epub ahead of print]

Increasing the quality of life from womb to grave: The importance of pregnancy and birth cohorts

This paper is an essay that our team also feels is quite significant: it presents the rationale for investing in longitudinal research of children and their families. In the past, most health research has NOT had enough funds to follow groups of people over months or years; APrON had 5 years of funding to do so, and we hope to be able to sustain the work for years to come (provided we have the funding to do so). This essay contributes to improving the scientific ‘climate’ that we hope will place greater emphasis on longitudinal research.

Kaplan BJ, Leung BMY, Giesbrecht GF, Field CJ, Bernier FP, Tough S, Cui X, Dewey D; and the APrON Study Team (in press). Increasing the quality of life from womb to grave: The importance of pregnancy and birth cohorts. *Applied Physiology, Nutrition and Metabolism*





WHAT IS TEMPERAMENT AND WHY ARE WE STUDYING IT?

Temperament refers to a child's behavioural style. In particular, it refers to how easily a child becomes excited or upset and how easy it is for the child to calm down. Temperament also includes things like how active, shy, adaptable and distractible a child is. These characteristics are often looked at as innate rather than learned and tend to be stable from infancy through adulthood. Most experts agree that temperament has a genetic and biological basis, although environmental factors and maturation can change the ways a child's temperament is expressed.

“We are interested in finding out if the temperament of babies and young children is affected in any way by the mother's mood and diet during pregnancy.”

Differences in temperament between children and their parents can affect how family members interact with one another. While some children can adapt quickly and easily to family routines and get along with siblings, others may have a hard time adjusting. These difficulties can lead to stress and friction within the family.

In the AprON study, we are asking you to answer questions about your child's temperament at 3, 6, and 12 months of age, and at 2 and 3 years of age. We are interested in finding out if the temperament of babies and young children is affected in any way by the mother's mood and diet during pregnancy. We also want to learn more about the ways that early temperament may affect a child's learning style and thinking processes.

If you have any questions about our research on temperament please contact Dr. Gerald Giesbrech at Gerald.Giesbrecht@albertahealthservices.ca or Dr. Deborah Dewey at Deborah.Dewey@albertahealthservices.ca.



RESULTS

Here are some results from one of APrON's sub-studies on maternal mood...

What did we do?

We asked 85 APrON women to tell us about their experiences of positive and negative mood during their 1st, 2nd, and 3rd trimesters. We wanted to 'capture' positive and negative experiences as they were occurring in the everyday lives of the participants, so we asked them to carry a PDA (like a cell phone) that rang several times during the day and asked questions about how they were feeling. We also measured depression using a standard depression measure.

What did we find?

For most women, negative mood decreased from 1st to 2nd trimester and then increased again during the 3rd trimester. In contrast, positive mood increased from 1st to 2nd trimester and then decreased again in the 3rd trimester. Unfortunately, women who were depressed not only experienced more negative mood in every trimester, they also did not experience an increase in positive mood during the 2nd trimester. In other words, for depressed women, the pregnancy experience does not bring with it the positive feelings that non-depressed women experience.

Take home message

For many women, the 2nd trimester seems to be a relatively 'tranquil' time where the balance of positive and negative mood shifts in favour of positive mood. One of the reasons for this shift may be that women experience fewer physical problems in mid pregnancy. During the early and late part of pregnancy, many women experience pregnancy-related physical symptoms such as nausea in the 1st trimester and aches and pains or poor sleep in the 3rd trimester. For depressed women, it is possible that the physical symptoms may not resolve after the 1st trimester, leading to a less positive pregnancy experience.



This paper has been accepted for publication: Giesbrecht, G., Letourneau, N., Campbell, T., & Kaplan, B. (in press). Affective experience in ecologically relevant contexts is dynamic, and not progressively attenuated during pregnancy. *Archives of Women's Mental Health*.

ONLINE QUESTIONNAIRES WILL SOON BE AVAILABLE

Thanks to the hard work of one of APrON's summer students, we are one step closer to being able to offer the six month post-partum questionnaires online. Our team is still trying to work out the "kinks" but if your child is coming up on his/her 6 month birthday, you may be given the option to complete your questionnaires online! We know that our surveys can be long and time consuming but we are hopeful that providing an online option will make it easier for some parents to fill them out. Our intent is to offer an online option for all questionnaires in the future!



Contact Us!

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**If you have any suggestions, questions or comments,
please send them in. We truly appreciate your feedback!**

