Risk Factors for Postpartum Depression

Postpartum depression is a serious health concern for the estimated 13% of pregnant women who are affected by it. Postpartum depression is more severe than the typical “baby blues” that many women experience for the first week after giving birth, but is less severe than postpartum psychosis, a serious psychological illness which occurs in only .1-.2% of births. Postpartum depression is characterized by a depressed mood most of the day nearly every day. It can also be accompanied with symptoms such as disinterest in the new infant, feelings of guilt or worthlessness, negative feelings towards the new infant, decreased interest in and pleasure from activities, sleep and appetite disturbances and lack of concentration. To be diagnosed with postpartum depression, a woman must suffer from these symptoms for at least two weeks within 4-12 weeks of giving birth.

While it is important for all new mothers and physicians to be aware of the possibility of postpartum depression, research has found that some women might be more susceptible to it than others because of factors ranging from socioeconomic status to past history of mental illness. The strongest predictive risk factors for postpartum depression include experiencing stressful life events during pregnancy, lack of emotional and social support, perceived social isolation, and depression or anxiety during pregnancy. High levels of anxiety during depression have also been found to predict the severity of postpartum depression. One of the strongest predictive factors is a mother’s past history of psychiatric illness at any time during life, as well as family history of mental illness. Moderate risk factors include marital problems during pregnancy and having personality characteristics such as neuroticism, nervousness, shyness, self-consciousness, and
pessimism. Minor yet significant risk factors for postpartum depression include obstetric complications, premature labor or delivery, and socioeconomic factors such as low income, unemployment and financial strain.

While twice as many teenage mothers develop postpartum depression as do women of childbearing age, maternal age is not a predictive factor for woman over the age of 18. Other factors that have not been found to be risk factors include mother’s education level, length of parents’ relationship, and, in Western societies, baby’s gender. Some studies in other countries such as India and China have shown that gender of the baby does have an affect on mother’s postpartum depression.

It is important to be aware of the risk factors for postpartum depression because of the negative affect this illness can have on both the new mother and her child. It can interfere with healthy child development and mother-child bonding during the first few months of life. Extreme cases of postpartum depression can lead to suicide or even postpartum psychosis and infanticide. Childbirth followed by postpartum depression can also lead to the start of a chronic problem with depression in a woman’s life. In order to detect the presence of postpartum depression, the Edinburgh Postnatal Depression Scale is a simple and effective diagnostic tool used by clinicians. Fortunately for those women who are diagnosed with postpartum depression, antidepressant drugs, especially SSRIs, have been found to be effective in treating the condition and are safe to use at low doses while breastfeeding. Some women might also be responsive to hormonal therapy and psychotherapy.
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References:


