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Social adversity in pregnancy and trajectories of women's depressive symptoms: A longitudinal study

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ABSTRACT

Background: Sound evidence has linked the experience of adversity with depression. Less is known about this association over time.

Aim: The aim of this study is to determine whether or not social adversity experienced by pregnant women is associated with their patterns of depressive symptoms over their reproductive life course.

Methods: Data were obtained from a cohort of women collected at their first obstetrical clinic visit of an index pregnancy (time-point 1) and at a further six time-points to 27 years following the birth. Latent Class Growth Modelling was used to estimate trajectories of women's depressive symptoms over this time period. Logistic regression modelling determined the prospective association between measures of adversity in pregnancy and 27-year postpartum depression trajectories, controlling for potential confounders.

Findings: Experiencing financial problems, housing problems, serious disagreements with partners and with others, and experiencing serious health problems in pregnancy were associated with membership of high and middle depression trajectories over the 27 years. Having someone close die or have a serious illness was associated with the high depression trajectory only. Younger maternal age and low family-income at first clinic visit were also associated with an increased risk of women's membership of both high and middle depression trajectories.

Conclusions: Experiencing adversity during pregnancy predicts subsequent patterns of maternal depression over an extended period of women's reproductive life course. It is not clear whether women's experiences of adversity during pregnancy were causally associated with subsequent depression or whether there are other explanations of the observed association.

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Statement of significance

Issue

Evidence links the experience of adversity to poor mental health.

What is already known

It is not uncommon for women to experience social adversity during their pregnancies. Adversity is associated with poor maternal mental health. Symptoms of poor mental health may continue over women's life course.

What this paper adds

Pregnant women who experienced social adversity during their pregnancy subsequently experienced higher levels of depression over a 27 year period.

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1. Introduction

In Australia and New Zealand the proportion of women who experience depression in the first year following the birth of a child has been reported as being between 10.0 and 20.0%.¹ Following the birth of their child, women may continue to experience depressive symptoms. These symptoms may follow distinct trajectories over time.^{2–5} Exposure to stressful life events, particularly those of a social nature, has been associated with poor mental health.⁶ This longitudinal study will determine whether social adversities experienced by women during their pregnancies predict their depression trajectories to 27 years post-birth.

1.1. Social adversity and mental health

Brown and Harris built on a number of prior studies pointing to adverse exposures as a cause for depression.⁷ Their body of research identified a range of factors responsible for sustaining the disorder^{8,9} with financial hardship in particular found to be a risk factor for chronic depression.⁸ Stressful life events have been found to have a significant causal relationship with the onset of major depression.¹⁰ Stressful life events, categorised here as impaired close relationships, serious illness or injury, job-loss, financial issues and loss including death or serious illness of a close family member have been found to be associated with some affective disorders.⁶ In addition severe life events and difficulties were found to be associated with persistent and recurrent forms of depression.¹¹ In her extensive review of depression and stressful environments, Hammen describes stressors as triggers or causal agents of depressive episodes.¹²

1.2. Adversity in pregnancy

For women, the perinatal period is a time of transition in terms of biological changes and new experiences.¹³ Studies suggest it is relatively common for pregnant women to report the experience of stressful life events.^{14–16} In a large, randomly selected sample of women, 17.0% reported having three or more stressful life events in the one year prior to their baby's birth.¹⁷ Stressful life events included hospitalization of a family member, someone close dying, moving house or being homeless, separation and/or divorce, unemployment, inability to pay bills, arguing with partner, partner not wanting the pregnancy, woman or partner incarcerated, being in a physical fight and someone close having a substance use problem.¹⁷

Further, women reporting stressful life events when pregnant were more likely to also report increased depressive symptoms.^{15,18,19} Women with an Edinburgh Postnatal Depression Scale (EPDS) score of 13 or more were also more likely to recall having experienced a stressful life event, namely the death or serious illness of someone close, unemployment and financial and housing problems.¹⁸ Also stressful life events were found to be associated with increasing levels of anxiety and depressive symptoms during pregnancy and this association was not influenced by either personality traits or childhood trauma.¹⁵

1.3. Predictors of maternal depression

The strongest predictors of maternal depression and anxiety in the perinatal period included having a prior history of depression and a poor partner relationship.¹ Being a teenage mother, being unmarried, having poorer socio-economic status and poor quality partner relationships, were other antenatal predictors of maternal depression in the postnatal period.^{1,20,21} Studies that have reported on maternal mental health beyond the postnatal period found being unmarried, unhealthy and having low education levels were

risk factors for women's membership of higher-symptoms' groups,⁴ as was stress related to living conditions and low partner and/or social supports.²²

1.4. Study aims

This study is from the Mater and University of Queensland Study of Pregnancy (MUSP), a longitudinal birth-cohort study that began in 1981 and continues to the present day. Mother-infant dyads have been surveyed at consecutive study-phases and information was collected on women's experiences of adversity in pregnancy and their mental health over 27 years. This present study examines whether the experience of social adversity in pregnancy predicts women's mental health in the long term. This is of particular interest given that the experience of social adversity during pregnancy is not uncommon. Based on previous findings, we hypothesized that the experience of social adversity in pregnancy potentially contributes to women's poor mental health in the longer term. This study's aim therefore is to determine whether or not adversities experienced during pregnancy are associated with women's depression trajectories to 27 years after the birth.

2. Participants

The MUSP is a longitudinal birth cohort of women who booked in to have their babies at the Mater Mothers' Hospital in Brisbane Australia between 1981 and 1984. A sampling frame was used for recruitment which included all consecutive pregnant women attending a hospital booking-in visit, usually in their first pregnancy-trimester. Women recruited into this study represented an urban sample, residing on the south-side of the Brisbane River and encompassing pockets of socially disadvantaged communities. Of the women recruited into the MUSP study, 6753 later gave birth to a live singleton baby. This present study involved 2435 of these women from whom depression data were available at the following study phases that is, at women's first clinic visit (time-point 1) and at (time-point 3) six months (1981–1984), (time-point 4) five years (1986–1988), (time-point 5) 14 years (1995–1997), (time-point 6) 21 years (2001–2004) and (time-point 7) 27 years (2008–2011) post birth.

2.1. Participants lost to follow-up

By the time of the 27 year follow-up, data were available for a little over half of the original study cohort. Participation rates declined over time with 92.7% at 6 months, 72.7% at 5 years, 68.3% at 14 years and 55.6% at 21 years and 52.7% at 27 years.²³ In comparing this study's participants to those lost-missing participants, we found the lost-missing participants had poorer socio-demographic circumstances, as has been previously reported²⁴ and a higher proportion had depressive symptoms at first clinic visit and life event scores.

3. Ethical approval

This study was conducted in accordance with the prevailing ethical principles. Consent was obtained from women at each study phase and ethical approvals were obtained from both Mater Mothers' Hospital and the University of Queensland, for study-phases to 21 years. Ethical approval for the 27 year phase of the MUSP study was obtained from the ethics committee of the University of Queensland. Additional approval was obtained from the University of Queensland Research and Ethics Approval (Behavioural & Social Sciences Ethical Review Committee) to

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