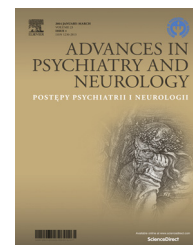


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# Incidence and determinants of postpartum depression among healthy pregnant women and high-risk pregnant women

Występowanie i determinanty depresji poporodowej wśród kobiet w ciąży zdrowej i zagrożonej

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## ABSTRACT

**Introduction:** Not every woman associates pregnancy, childbirth and puerperium with experiencing moments of joy. In the first 3 months following childbirth, approximately 15–20% of mothers all over the world suffer from postpartum depression. **Objective:** The aim of this study was to answer the question of whether postpartum depression is more common among high-risk pregnant women in comparison to healthy pregnant women, and whether there are differences in the severity of symptoms as well as in correlates and predictors within the studied groups of women. **Materials and methods:** A total sample of 284 healthy ( $N = 172$ ) and high-risk pregnant women ( $N = 112$ ) were examined. Participants were recruited at the maternity hospitals and gynaecology clinics, pregnancy classes as well as via web pages and Internet fora for birth and pregnancy. Participants completed a set of self-report questionnaires twice: during the 37th and 42nd week of pregnancy and between the 2nd and 4th week postnatally. The following methods have been used in the study: Beck Depression Inventory, Postpartum Depression Screening Scale, The Perceived Stress Scale, Social Support Scale, Coping Orientation to Problems Experienced Scale, Marital Bond Scale and Breastfeeding Self-Efficacy Scale-Short Form and demographic survey. **Results:** Postpartum depression symptoms are more common (85.7%) and more intense ( $p < 0.001$ ) in high-risk pregnant women in comparison to healthy pregnancies (46.5%). High-risk pregnant women achieve higher mean scores in Beck Depression Inventory ( $p < 0.001$ ). The regression analysis in a group of healthy pregnant women showed that the efficacy of breastfeeding, depression in pregnancy and the type of feeding explain 46.7% of the variance of the independent variable, which is postpartum depression. Among high-risk pregnant women, 67.1% of the variance reported subsequently the efficacy of breastfeeding, depression during pregnancy, childbirth

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complications, type of feeding and focusing attention away from the problem. **Conclusions:** Postpartum depression symptoms occur more frequently in high-risk than healthy pregnant women. The severity of postpartum depression symptoms is also higher among high-risk pregnancy group of women. The analysis of risk factors indicates that women exposed to symptoms of postpartum depression are those who suffered from depression during pregnancy, who had difficulty in coping and experienced negative emotions after childbirth as well as had a low self-efficacy in breastfeeding. They also chose less active ways of coping and focused on experiencing emotions and restrain coping. The results emphasise the need to pay more attention to the mental state of women whose pregnancy is high risk.

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## Introduction

In recent years, the issue of postpartum depression has become more and more widely discussed in the Polish scientific research in the field of psychology and medicine. It is most probably connected with the increase in the awareness of the role which is played by the mental health of women in the perinatal period for their functioning as a mother. It has also become more socially acceptable that motherhood – especially in this special first period – is not always a happy time. At the same time, together with the drop in the number of births, motherhood is becoming an increasingly growing social value. Moreover, due to the increased age of women becoming pregnant, the risk of pregnancy complications increases, which may constitute an additional burden for the mental well being of women. By this, the risk of postpartum depression is becoming a more real issue.

Postpartum depression (PPD) is a disorder which occurs in the first three months upon childbirth, with the prevalence rate of approximately 10–20% of mothers [1], and may last from 3 weeks to 12 months following childbirth [2]. Its main symptoms include the following: decreased mood, the feeling of guilt, the loss of interests and hobbies, negative assessment of oneself as a mother, the fear for harming the child, fatigue as well as concentration, sleep and eating disturbances. The feeling of hopelessness and suicidal thoughts are also reported. It is easy to notice that the clinical symptoms of postpartum depression do not vary from the symptoms of a major depression episode. However, due to the fact that they are closely linked to the postpartum situation and the period following the childbirth, the symptoms convergent with ‘typical’ depression are specific for the perinatal period. For instance, a negative assessment of own competences will regard the challenges connected with motherhood and adaptation to the new role, while anxiety with fear will be connected with the concern, e.g. for the health of the infant. The aetiology of postpartum depression is complex. Among the factors increasing the risk of its occurrence, there are earlier depression episodes, low self-esteem, the stress connected with taking care of the baby, prenatal anxiety, stressful life experiences, lack of social support, disturbed marital relations, child's temperament,

baby blues, lonely motherhood, a low economic status and unplanned and/or unwanted pregnancy [3] as well as a high-risk pregnancy [4, 5]. It should be stressed that pregnancy is a special time for a woman and it may lead to experiencing stress, both physical and emotional [6]. In a high-risk pregnancy, there are additional difficulties in the form of the risk of miscarriage, premature childbirth or mother's medical conditions (e.g. arterial hypertension, diabetes, renal failure or heart diseases). They contribute to the occurrence of a long-term psychological stress [6]. Its intensification may exceed the adaptation ability of a woman; as a consequence, it may induce emotional difficulties, such as a breakdown, sadness, low spirit and also depression. Since the aetiology of postpartum depression has not been determined yet, the studies carried out worldwide concentrate to a great degree on the search for factors, which may explain its occurrence better.

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## Aim

The aim of this study was to answer the question of whether postpartum depression is more common among high-risk pregnant women than among healthy pregnant women and whether there are differences in the severity of symptoms as well as in correlates and predictors within the studied groups of women.

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## Materials and methods

The study was carried out between 2008 and 2011. The female participants were recruited at the Gynaecology and Maternity Ward of the Provincial Hospital in Włocławek, at the gynaecology clinics and pregnancy classes in Łódź, at the pregnancy classes at the Province Hospital in Włocławek and also via web pages and Internet forums devoted to pregnancy and maternity. Participation in the study was voluntary and consisted in completing a set of self-report questionnaires. The study was conducted twice. Upon consent to participate, the women completed the first set of questionnaires between the 37th and the 42nd week of pregnancy and the second one between the 2nd and the 4th week postnatally. The following scientific tools were used in

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