Preventing Postpartum Depression

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- Postpartum depression • Prevention
- Preconception counseling

Depression is one of the most common illnesses complicating the postpartum period. Its period prevalence has been estimated at 21.9% of women within the first year of giving birth.[1] Over 40% of women experiencing a postpartum depressive episode may experience a recurrent episode after a subsequent pregnancy.[2]

The consequences of postpartum depression can be devastating. Suicide is a major cause of perinatal maternal death.[3] Depressed mothers are less likely to breastfeed, read or sing to their babies, bring their babies to pediatric visits, and implement infant safety practices.[4,5] Adverse effects of maternal postpartum depression on offspring are apparent during infancy and persist through adolescence, including effects on emotion regulation, stress reactivity, and cognition.[6,7]

Although the causes of postpartum depression are not fully understood, certain factors have been found to correlate with increased risk of developing postpartum depression. These include genetic vulnerabilities, hormonal changes, stressors, insufficient social supports, nutritional deficits, sleep and circadian rhythm changes, and reduction in physical activity. It is posited that improvements in one or more of these areas could:

- reduce vulnerability to postpartum depression (primary prevention)
- reduce severity and duration of symptoms when postpartum depression occurs (secondary prevention)
- improve functioning, relationships, and prognosis for women and their offspring (tertiary prevention).

This article summarizes emerging evidence for interventions that may prevent postpartum depression and mitigate its adverse effects. It is worth noting the limitations of this body of knowledge.[8] Most studies to date have been underpowered for detection of prevention effects and have used symptom rating scales rather than diagnostic

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criteria for major depression. There has been no consensual definition of women at risk, thus limiting comparison of findings across studies. Perhaps most important, most studies to date have isolated a single intervention modality—for example, antidepressant medication or telephone-based social support. However, risk for postpartum depression is multifactorial, with several influences interacting with one another and accounting for a portion of the variance.[9] In individual women, some of these influences may be more salient than others. Conceptual frameworks for prevention posit that when vulnerability to distress is multifactorial, mitigating influences are likely to be more powerful when acting cumulatively rather than individually.[10] Therefore, this article begins with a description of assessment of factors that may increase risk of postpartum depression, then summarizes interventions designed to address each modifiable risk factor.

ASSESSMENT OF RISK FOR POSTPARTUM DEPRESSION

Risk Factors for Postpartum Depression

Early identification of women at risk for postpartum depression is crucial to successful prevention. Risk factors associated with developing a postpartum depressive episode have been extensively studied and encompass elements of a woman's genetics, hormonal and reproductive history, and life experiences.[11] Biologic factors that have consistently been found to be associated with increased risk of postpartum depression include experiencing depressed mood or anxiety during pregnancy, a past history of depression or premenstrual dysphoric disorder, and a family history of depression.[11–14] Psychosocial factors, including stressful life events and lack of perceived social support, have also consistently been found to predict postpartum depression.[9,11,12,14] Several other factors, including low socioeconomic status, low self-esteem (particularly in relation to parenting ability), negative birth experience or obstetric complications, difficult infant temperament, and unplanned or unwanted pregnancy, have been less consistently demonstrated to be risk factors for developing postpartum depression.[11,12,14,15]

Formal Risk Assessment Tools

Although several tools have been created to attempt to identify women with known risk factors for postpartum depression, existing tools generally have low sensitivities and poor predictive values. In addition to the lack of a well-validated tool, there is no consensus on the optimal timing of prenatal risk assessment and no evidence on the cumulative impact of having more than one risk factor. Of the available tools, some take into account factors in the immediate postpartum period, decreasing their utility in primary prevention, whereas others can be used during pregnancy. Among the latter, the two that are the most well-studied have significant limitations. The Pregnancy Risk Questionnaire only considers psychosocial risk and has low predictive value. The Postpartum Depression Predictors Inventory-Revised, a self-report questionnaire developed based on findings from meta-analyses, appears to have good positive predictive value but may miss many true positives.[16,17]

Clinical Risk Assessment for Primary Prevention

In the absence of a widely validated screening tool, clinical assessment is the best strategy for early identification of women at risk for developing postpartum depression. Key elements of a clinical assessment include:

- history of depressive episodes, including postpartum episodes
- history of premenstrual dysphoric symptoms