AETIOLOGY

Review: depression and anxiety during pregnancy are strong indicators of postpartum depression


Q What are the risk factors for postpartum depression?

METHODS

- **Design:** Systematic review with meta-analyses.
- **Data sources:** Nineteen databases of medical, psychological, and social studies, searched to 2002.
- **Study selection and analysis:** Prospective studies (with diagnoses made 2 weeks postpartum or later, to avoid including women with postpartum blues) on non-psychiatric depression starting within a year of giving birth were eligible. For inclusion, the following factors had to be clearly defined: diagnostic criteria, assessment methods, and risk factors. Also, the statistical relation between postpartum depression and any variables had to be clearly stated. Recent studies were analysed with respect to two previous meta-analyses to ensure agreement with findings. Effect sizes were calculated and reported as defined by Cohen, where an effect size of 0.2 indicates a small relation, 0.4 indicates a moderate relation, and 0.8 a strong relation.
- **Outcomes:** Postpartum depression (according to DSM-IV).

MAIN RESULTS

The search identified two previous meta-analyses (n>14,000) plus additional studies including a further 10,000 women. Major predictors of postpartum depression were depression and anxiety during pregnancy, stressful life events, low social support, and a previous history of depression (effect sizes: depression: 0.75; anxiety: 0.68; life events: 0.61; social support: −0.64; previous history: 0.58). Neuroticism and the state of the marital relationship were moderate indicators (effect size of both: 0.39) and socioeconomic status or pregnancy-related obstetric complications were low risk factors (effects sizes: −0.14 and 0.26). Maternal age (in women over 18 years), educational attainment, parity, and relationship length had no significant association with postpartum depression.

Sources of funding: not stated.