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Shifting the Postpartum Emphasis: Maternal Depressive Symptom Trajectories

Lisa Kuhns, PhD | November 28, 2023

In contrast to the widespread emphasis on a [postpartum](#) onset of depression among mothers, study findings published in *JAMA Network Open* reveal stable trajectories of depressive symptoms throughout pregnancy and postnatally. As such, public health policies aimed at alleviating maternal depression should target the entire perinatal period.

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Public health policies regarding the optimal timing of interventions for maternal depressive symptoms are complicated by contradictory information about the onset of symptoms. However, it is important to determine when depressive symptoms first emerge in order to develop timely interventions. To address this uncertainty, investigators conducted a prospective observational cohort study with a trajectory analysis of inter-individual differences in depressive symptoms.

To examine the timing of onset and stability of maternal depressive symptoms, participants from 7 different cohorts were recruited either during preconception or pregnancy and followed into the postnatal period. Participants self-reported depressive symptoms using either the Edinburgh Postnatal Depression Scale (EPDS) or the Center for Epidemiological Studies Depression (CES-D) scale.

The present study analyzed data from 11,563 pregnant women, spanning 3 decades. The participants' mean age was 29 years, and they were predominantly White women (87.6%), with 4.9% of the women being East Asian and 2.6% being Southeast Asian. The investigators used K-means clustering and identified 3 consistent trajectory groups of maternal depressive symptoms — low, mild, and high symptom groups.

“ These findings suggest that interventions, guidelines for care, and public health policies aimed at alleviating maternal depressive symptoms should target both pregnancy and the postnatal period. ”

Using item response theory (IRT) techniques, the investigators found that the mean trajectory of all individuals, including those who passed clinically validated cutoffs for probable depression, remained stable throughout the perinatal period both within and across all cohorts. When stratified by participants who had probable depression at any time point during pregnancy and/or after childbirth, the investigators again found a stable trajectory of maternal depressive symptoms over the perinatal period across all symptom groups and cohorts.

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Given that maternal health is a modifiable risk factor for offspring health outcomes, study authors concluded, "These findings suggest that interventions, guidelines for care, and public health policies aimed at alleviating maternal [depressive](#) symptoms should target both pregnancy and the postnatal period."

This study's limitations include the exclusion of individuals using psychotropic medications and a lack of cohorts from the global south.

References: