

Cohort study

Sixteen per cent of women have depression symptoms in the year after childbirth and are more likely to report physical symptoms, including tiredness and back pain

10.1136/eb-2014-101880

Jane Henderson

National Perinatal Epidemiology Unit, University of Oxford, Oxford, UK

Correspondence to: Ms Jane Henderson, National Perinatal Epidemiology Unit, University of Oxford, New Richards Building, Old Road Campus, Oxford OX3 7LF, UK; jane.henderson@npeu.ox.ac.uk

Commentary on: Woolhouse H, Gartland D, Perlan S, *et al.* Physical health after childbirth and depression in the first 12 months postpartum: results of an Australian nulliparous pregnancy cohort study. *Midwifery* 2014;30:378–84.

Implications for practice and research

- The importance of physical and mental health in the postnatal period has been recognised in this study and in other research.^{1 2}
- Postnatal visiting has declined in the UK and satisfaction with postnatal care is low compared to other aspects of maternity care. Further research should focus on cost-effective strategies to improve this.

Context

Many women experience a range of physical and mental health problems of varying severity and duration following childbirth. The interaction between physical symptoms and mental health has not been extensively researched, although some studies have reported associations.^{1 2} Some interventions have been found to be more effective than others in improving outcomes.^{3 4}

Methods

This study used data collected as part of a wider research project, the Maternal Health Study, to explore relationships between common physical health problems and depressive symptoms in the 12 months after first birth. The study took place in six public hospitals in Melbourne, Australia between 2002 and 2005. The study was restricted to nulliparous women aged 18 years or over whose pregnancy had progressed no further than 24 weeks gestation at enrolment. The women were also required to have proficient enough English for them to complete the questionnaires.

The initial questionnaire pack was mailed to women shortly after booking and reminder postcards were sent to non-respondents after 2 weeks. Follow-up questionnaires were sent at 3, 6 and 12 months postpartum. Depression was assessed at each stage using the Edinburgh Postnatal Depression Scale; physical health, including urinary and faecal incontinence, was assessed at 3 months using standard instruments.

Findings

A total of 1507 women returned completed questionnaires, an estimated response rate of 28–31%, with under-representation from women aged

25 years or less and those born overseas from non-English speaking backgrounds. Follow-up percentages at 3, 6 and 12 months were 95%, 93% and 90%, respectively. Analyses reported in the paper relate to the 1305 women who completed all questionnaires.

The period prevalence of depression in the first year was 16.1%. Exhaustion, severe headaches and pelvic pain were associated with more than threefold odds of concurrent depression at 3 months. Other physical symptoms were also associated with depressive symptoms.

Commentary

This study confirms the findings of other research in this area, suggesting that postnatal depression is relatively common, that it does not necessarily decline over the first postnatal year and that it is associated with physical symptoms, especially exhaustion.^{1 2 5} The authors note that the association between physical and mental health is likely to be bidirectional: women with physical problems are more likely to be depressed, but being depressed may also make them more aware of their physical discomfort, delay helpseeking and disengage them from treatment.

A major strength of this paper is the prospective design; women were recruited in pregnancy and more than 90% (1305 women) were followed up for 12 months. The study is also strengthened by the use of standardised instruments to assess morbidity. However, the method of mailed invitation via participating hospitals meant that there was no exact information about the denominator—it is not known exactly who was invited to participate. The estimated response rate of 28–31% is low, with under-representation of young and foreign born women particularly apparent. Furthermore, women with depressive symptoms were less likely to complete all follow-up questionnaires and therefore more likely to be excluded from these analyses. The reported prevalence of depression may therefore be an underestimate. Exclusion of multiparous women and those without sufficient English, although performed for pragmatic reasons, limits the generalisability of the results. Ethnic minority women in particular may be more at risk of postnatal depression.⁶

Nevertheless, this study reports a strong association between physical and mental health which represent important findings. Health professionals need to be aware of this research and of the need to provide the necessary ongoing support to women.

Competing interests None.



CrossMark



Editor's choice
Scan to access more
free content

References

1. Schytt E, Hildingsson I. Physical and emotional self-rated health among Swedish women and men during pregnancy and the first year of parenthood. *Sex Reprod Healthc* 2011;2:57–64.
2. Henderson J, Redshaw M. Who is well after childbirth? Factors related to positive outcome. *Birth* 2013;40:1–9.
3. MacArthur C, Winter HR, Bick DE, *et al.* Effects of redesigned community postnatal care on women's health 4 months after birth: a cluster randomised controlled trial. *Lancet* 2002;359:378–85.
4. Morrell CJ, Spihy H, Stewart P, *et al.* Costs and effectiveness of community postnatal support workers: randomised controlled trial. *BMJ* 2000;321:593–8.
5. Monti F, Agostini F, Marano G, *et al.* The course of maternal depressive symptomatology during the first 18 months postpartum in an Italian sample. *Arch Womens Ment Health* 2008;11:231–8.
6. Barclay L, Kent D. Recent immigration and the misery of motherhood: a discussion of pertinent issues. *Midwifery* 1998;14:4–9.