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access to populational mental health knowledge

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Perinatal depression in women: Overview of risk factors, consequences and interventions

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Context

The perinatal period of a pregnancy is fraught with emotions. Although stress related to daily activities has little impact on the health of expectant and new mothers, experiencing very stressful situations can however lead to emotional and physical exhaustion, making them more vulnerable to depressive symptoms. When severe and persistent, these can result in prenatal depression (during pregnancy) or postpartum depression (after childbirth).

What is prenatal depression?

Nearly 70% of women will experience depressive symptoms throughout their pregnancy: fatigue, difficulty sleeping or concentrating, changes in appetite and eating habits, irritability, anxiety, sadness or the blues. As they are similar to pregnancy-related discomfort, these symptoms often go unnoticed and fade over time. However, a feeling of dissociation with the unborn child is a clear sign of prenatal depression, which can affect 10 to 15% of pregnant women[1].

What is postnatal or postpartum depression[2]?

Nearly 70% of women will experience depressive symptoms throughout their pregnancy

Childbirth is a trying and intense experience, both physically and emotionally. Some mothers are affected by mood disturbances and depressive symptoms after giving birth. There are three categories of postpartum affective disorders: the baby blues, postpartum depression and postpartum psychosis. Postpartum blues, commonly referred to as baby blues, is a condition that occurs in the days following childbirth and affects 50 to 80 percent of new mothers. Symptoms may last a few weeks and involve mood swings, weepiness and irritability. Postpartum depression affects 10 to 20 percent of new mothers. It is a more severe condition accompanied by despondency, crying episodes, guilt, anxiety, and irritability. A feeling of detachment towards the child is also present. Postpartum psychosis is a rare condition, affecting only about 1 in 1000 mothers and is accompanied by extreme confusion, agitation, hopelessness, hallucinations, and mania.

Who is more at risk of developing prenatal or postpartum depressive symptoms?

Though there is no direct cause leading to depression, certain biological, psychological and sociocultural variables increase the vulnerability of women[3-5]: depression and anxiety during pregnancy; personal and family history of depression; stressful events or difficult family life; absence or lack of social support; infant temperament; low self-esteem; low socioeconomic status, immigration; multiple birth (twins, triplets) or unwanted pregnancy; perinatal mortality (spontaneous abortion, death in utero); severe baby blues; pregnancy hormone level disturbance; limited access to prenatal and postnatal care.

What are the consequences of prenatal or postpartum depression[3, 6]?

For the mother: difficulty adopting a healthier pregnancy-related lifestyle (proper nutrition, moderate physical activity, rest); marital stress, which could lead to separation or divorce; difficulty experienced by the expectant or new mother in managing stress and anxiety related to daily activities; strained interpersonal relations with family members and loved ones.

For the child: low birth weight; disturbance in the mother-child bond; negative perception of the newborn's behaviour, which could lead to attachment insecurity and delayed emotional development; difficulty managing stress in a child who was exposed to excessive levels maternal hormone levels during pregnancy, or experienced inadequate maternal attachment in infancy.

What can we do to fight prenatal or postpartum depression?

Despite the existence of effective screening tools and treatments, postpartum depression is largely undetected, undiagnosed and untreated. Improved screening allows for more rapid intervention if necessary.

Informing expectant mothers about prenatal and postpartum depression.
Information leads to early detection of depression and helps break taboos.

Postpartum depression is largely undetected, undiagnosed and untreated.

Promoting physical activity.
Exercise can help fight stress and improve well-being. Little is known about the direct impact of exercise on prenatal or postpartum depressive symptoms. Moderate physical activity during the perinatal periods is recommended to better manage fatigue and enhance social support (group activities).

Reducing the stress of planning for the child's arrival.
Stress reduction methods to implement include greater availability of prenatal and postpartum medical care, a better work-life balance during pregnancy and upon return from maternity leave, and strong social support.

Light therapy, psychotherapy and medication.
Interventions such as light therapy and psychotherapy used together with cognitive-behavioural or interpersonal approaches are effective. Depending on the severity of depression, the use of antidepressants may be recommended by the doctor, after assessing possible health risks for the unborn child.

Programs and services promoting good prenatal and postpartum health.

Several programs are offered by Health and Social Services Centres (CSSSs) including: prenatal and postnatal advice; postnatal follow-up by a nurse upon return to the home with the newborn; contacts with postnatal support groups: breastfeeding support, postnatal classes and activities offered in sports and community centres, etc.; the OLO program (egg, milk, orange), which helps women in need get daily nutritional requirements and vitamin supplements during their pregnancy; the SIPPE program (Integrated perinatal and early childhood services), which is offered in underprivileged neighbourhoods to support young mothers or mothers with low education levels through their pregnancy and the child's fist five years of life.

Though many services and programs are available to support women throughout their pregnancies, their increased risk for depression is not often discussed. Therefore, it would be pertinent to stress the importance of providing mental health training to all perinatal care providers.

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