PARALLEL SESSION 1 – THURSDAY JUNE 20TH 2019, 15h15 – 16h45
Issues in women’s mental health in the perinatal period

- S. Lehto: Who are at risk of perinatal depression? Findings from national and birth cohort samples.
- R. Castro: Maternal and paternal postpartum mood: Associations with early interactions with the baby
- Collins: Postpartum depressive symptoms of husbands and wives as related to their sense of coherence, personality traits and quality of dyadic relationship
- S. Tschudin: Early detection and interdisciplinary care of perinatal depression

Theme
For many women, pregnancy and postpartum are challenging times. For a minority, this period can be overshadowed by mental illness. Until recently, most research focused on postnatal depression, but a wide spectrum of disorders can occur before and after birth. Our symposium aims to give an overview on issues surrounding women’s mental health in the perinatal period. We start presenting results from a Finnish cohort seeking to identify risk factors for perinatal depression in women with and without a psychiatric history; then, we discuss a study investigating how maternal blues and highs (BH) associate with paternal BH and how parents’ BH relate with quality of baby-bonding; next, we present depression prevalence in first-time parents and its association with personality traits, sense of coherence and relationship quality. Finally, we discuss results from an interdisciplinary intervention aiming to further early detection and care of perinatal depression.

Takeaways
After our symposium, the audience would have: a) had a general overview on state-of-the-art research in perinatal mental health issues involving risk factors, influences of maternal illness on paternal mental health, effects of perinatal disorders on the child, consequences of perinatal depression to the couple’s relationship, and on an interdisciplinary intervention for early detection and care of perinatal depression; and b) understood where are the research gaps and what still needs to be done in this field.

Chair: Rita Amiel Castro, Senior Research Associate, University of Zurich, CH

Co-chair: Ulrike Ehlert, Professor, University of Zurich, CH
Who are at risk of perinatal depression? Findings from national and birth cohort samples

Aim
Up to 20% of women suffer from clinically relevant depressive symptoms during pregnancy, and approximately 15% of women experience postnatal depression. As part of our ongoing work, we seek to identify factors predicting depression in the perinatal period.

Methods
We have used national samples covering all pregnant Finnish women between 1996-2010 or 2002-2010, and a well-representative new Finnish cohort, the Kuopio Birth Cohort (KuBiCo; www.kubico.fi). The utilised national samples consisted of register-based data, and the KuBiCo Study uses register-based data together with self-reported questionnaires and laboratory measurement data throughout pregnancy and beyond.

Results
In the national samples, we observed that fear of childbirth predicted an increased likelihood for both depression during pregnancy and after childbirth, in particular in women with no previous psychiatric history. Other identified risk factors for depression during pregnancy comprised low socioeconomic status, lack of social support and unhealthy lifestyle factors such as smoking. However, in terms of postpartum depression, caesarean birth, nulliparity and major congenital anomaly formed significant risk factors. Furthermore, in the KuBiCo Study we observed that pregnancy-related complications such as gestational diabetes predicted a doubled likelihood for postnatal depression in women with no previous psychiatric history, but not in women with previous psychiatric history.

Conclusion
In the case of pregnant women with no previous psychiatric morbidity, health care professionals should particularly pay attention to mental wellbeing of women facing pregnancy or labour complications.

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Maternal and paternal postpartum mood: associations with early interactions with the baby

Aim
Whereas the depressive spectrum has been widely researched in postpartum women postpartum milder hypomanic symptoms ('the highs') have received less attention. There is some indication that together with the blues, euphoria may be a risk factor for later postpartum depression. Evidence suggests that men also experience perinatal mood disorders, which may be linked to maternal disorders and may affect family relationships. We aim to investigate the association between maternal blues and highs (BH) with paternal BH at early postpartum; to examine if parents’ BH are associated with the quality of baby-bonding.

Methods
Women and their male partners (N=98) were assessed at the 5th postpartum day for mild hypomania, postpartum blues and quality of baby-bonding. Couples filled in separately psychological questionnaires and provided socio-demographic information.

Results
Maternal blues were significantly associated with paternal blues (B=.29, p=.03, CI(95%)=.00-.58) and maternal highs also significantly predicted paternal highs (B=.30, p=.01, CI(95%)=.06-.53) after controlling for covariates (e.g. age and parity). Paternal blues, but not maternal were significantly associated with worse baby bonding (B=.17, p=.00, CI (95%)=.06-.29). Maternal highs, but not blues, were associated with early baby bonding (B=-.18, p=.00, CI(95%)= -.32- -.04).

Conclusion
The relationship between paternal BH with maternal BH has important implications for family health and well-being. Also, fathers' blues and mothers' highs were associated with poorer father-baby bonding. Consideration of co-occurrence of early postpartum disorders in couples, which may further lead to more severe mental disorders, is an important step in research and practice involving childbearing families.

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Postpartum depressive symptoms of husbands and wives as related to their sense of coherence, personality traits and quality of dyadic relationship

Aim
The aim of this study was to assess the prevalence of depressive symptoms in a population of new parents residing in Linköping, Sweden. Another aim was to study the association between parents’ personality traits, sense of coherence, quality of relationship and depressive symptoms.

Methods
The subjects were 30 couples recruited from two child health care centres in the Swedish town of Linköping. They received written information of the study and were asked whether they wanted to participate as subjects. The partners separately filled out rating scales and demographic questionnaires. The scales included the Edinburgh Postpartum Depression Scale (EPDS), Antonovsky’s Sense of Coherence Scale (KASAM), a Swedish Scale of Personality (SSP) measuring the traits Neuroticism, Introversion/Extraversion and Aggressiveness. They also completed the Quality of Dyadic Relationship Scale (QDR36).

Results
27% of the mothers and 17% of the fathers had EPDS values indicating postpartum depression. Multiple regression analyses showed that the combination of Neuroticism, a low Sense of Coherence and low ratings on the Quality of Relationship Scale were significantly related to depressive symptoms for both parents.

Conclusion
Most earlier studies have examined postpartum depression in women without including the spouse. Our results suggest that further research on emotional characteristics of both partners may provide a more comprehensive view of postpartum depression, and information relevant to health care providers supporting the emotional wellbeing of the whole family in the postpartum period.

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Early detection and interdisciplinary care of perinatal depression

Aim
Prevalence of depression is at 10-12% in women of childbearing age and is at least equally high during pregnancy and postpartum. Depression, if undetected and untreated, has a negative impact on pregnancy, delivery, mother-child bonding and the child’s development. If mental disorders and psychosocial stressors are detected early, however, well-shaped care might prevent or minimize an unfavorable evolution. With the aim to further early detection and adequate care of perinatal depression we developed and evaluated a regional interdisciplinary care offer based at our obstetrical university clinic.

Methods
A working group with representatives of all institutions engaged in the care of women during pregnancy and in postpartum formulated a perinatal care concept. It consisted of a depression screening based on the Whooley questions and the Edinburgh Postnatal Depression Scale (EPDS) as well as of continuous individualized care for affected women. The acceptance and effectiveness of the project was assessed with an online survey for health professional involved in perinatal care two years after its start.

Results
The care concept will be presented and illustrated with an exemplary case. According to the 62 health professionals, who took part in the survey, and to our clinical experience the screening for perinatal depression, as well as our continuous individualized care offer were well accepted by health professionals and pregnant women alike.

Conclusion
The multi-faceted psychosocial needs of pregnant women at risk for depression affords interdisciplinary care offers and regional programs have the potential to further awareness for perinatal depression.

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