

Study suggests persistent childbirth pain increases risk of postnatal depression

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New research presented at this year's World Congress of Anaesthesiologists (WCA) in Hong Kong (28 Aug-2 Sept) shows that women who experience persistent childbirth pain are more likely to develop postnatal depression (PND) following the birth of their child.

The study was conducted in 2016 by Ms Wei Du, a third-year medical student, with Duke-NUS Medical School, Singapore, and her mentors and co-authors from KK Women's and Children's Hospital, Singapore - Professor Alex Sia and Dr Ban Leong Sng, both Senior Consultants at the Department of Women's Anaesthesia, as well as Dr Helen Chen, Senior Consultant, Department of Psychological Medicine.

PND affects about 10-15% women worldwide, resulting in significant morbidity and poor maternal and neonatal health outcomes [1]. PND is associated with long-term psychological and social-economic impact [2]. This new study investigated the effects of persistent childbirth pain, psychological, and pain vulnerability on PND scores.

The authors conducted a cohort study involving 200 healthy women who received epidural pain relief during the deliveries of their firstborns. Psychological vulnerability was assessed using the Perceived Stress Scale (PSS) and the Pain Catastrophizing Scale (PCS). A phone survey was conducted at 6 to 8 weeks after childbirth to assess the presence of persistent childbirth pain and anxiety status, using pain questionnaire and Spielberger State Trait Anxiety Inventory (STAI) respectively. PND was evaluated using the Edinburgh Postnatal Depression Scale (EPDS).

Modelling was then used to identify any possible association with childbirth pain.

A total of 138 women (69%) were included in the analysis. The incidence of PND (defined as EPDS score ≥ 12) after 4 weeks postpartum, was 5.8%. Patients with persistent pain (>4 weeks postpartum) had significantly higher EPDS scores as compared to patients whose pain resolved by 4 weeks by a difference of 2.44 mean score, and compared to patients who never had pain postpartum by a difference of 4.07 mean score. Other significant factors that were associated with higher EDPS score included higher levels of stress, greater pain vulnerability during the intrapartum period and higher anxiety level at 6 to 8 weeks postpartum.

Ms Du shared on the significance of the study: "We concluded that greater pain vulnerability and stress during intrapartum period, and presence of persistent pain or higher anxiety during postpartum period are positively associated with higher scores on PND tests." Dr Sng added: "The research findings support the need to address pain comprehensively to lessen the risk of developing PND, and a larger study is being conducted to evaluate the impact of [pain](#) and PND in pregnant women."

The authors are currently following up these findings with a larger study.

More information: [1] Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry*. 2005 Jun;62(6):593-602.

[2] Ohayon MM. Epidemiology of depression and its treatment in the general population. *Journal of Psychiatric Research*. 2007;41(3):207-13.

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