

Clinical interviews effective in predicting postpartum depression

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For non-depressed, pregnant women with histories of major depressive disorder, preventive treatment with antidepressants may not necessarily protect against postpartum depression, according to new UCLA research. In addition, asking questions about daily activities—especially work—appears to be an effective screening tool for helping doctors identify women at risk of depression after they have their babies.

Twenty percent of adult women will experience an episode of [major depressive disorder](#) at some point in their lives. Women with a history of depression are particularly vulnerable to depression after they give birth. UCLA researchers recognized that there is a lack of data on predictors of [postpartum depression](#) in women with previous histories of depression but who don't suffer from it during pregnancy.

From April 2003 to March 2009, researchers recruited 343 [pregnant women](#) who were not suffering from depression at the time of conception but who had been diagnosed with major depressive disorder at some time prior to pregnancy. Women with bipolar disorder, schizophrenia or a [substance abuse disorder](#) were not included.

Scientists enrolled participants in the study between 12 and 36 weeks gestation. A study psychiatrist assessed each woman's mood and psychotropic medication at least twice, once within 60 days before their babies' due dates and again within 60 days after delivery. The researchers used structured, clinical interviews including questions about work activities and difficulties, insomnia and suicidal thoughts.

In contrast to previous studies, UCLA researchers found that among women with prior histories of major depressive disorder but who were not depressed when they become pregnant, only 11 percent developed postpartum depression. That figure is significantly lower than the 25 to 40 percent depression occurrence found in other studies.

Additionally, researchers also found that prescribing preventive antidepressants for this group of women did not affect the risk for developing postpartum depression, and also that a better predictor of postpartum depression were clinical interviews with the [women](#) about work activities, insomnia and suicidality.

The findings suggest that structured interviews about difficulties at work could alert doctors to patients at risk of postpartum depression who might benefit from being referred to a psychiatrist for monitoring after they give birth.

More information: Rita Suri et al. Prospective Longitudinal Study of Predictors of Postpartum-Onset Depression in Women With a History of Major Depressive Disorder, *The Journal of Clinical Psychiatry* (2017). [DOI: 10.4088/JCP.15m10427](https://doi.org/10.4088/JCP.15m10427)

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