

# Family history of mental illness ups odds for postpartum depression

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Pregnant women with a family history of any mental health condition

may be at increased risk of depression after giving birth, a new research review finds.

In an analysis of 26 studies, researchers found that women with a [family history](#) of psychiatric diagnoses were at heightened risk of [postpartum depression](#). On average, they were twice as likely to be diagnosed with the condition as women with no such family history.

The findings—published online Aug. 17 in *JAMA Psychiatry*—don't mean that family history dooms some women to developing depression after giving birth.

Simply having a [risk factor](#) "does not automatically result in [postpartum depression](#)," said lead researcher Mette-Marie Zacher Kjeldsen of Aarhus University in Denmark.

But, she said, it's important to know what factors make some women more vulnerable to the condition and the extent of the added risk.

Postpartum depression is common. In the United States alone, roughly [one in eight women](#) report depression symptoms soon after giving birth, according to the U.S. Centers for Disease Control and Prevention.

Guidelines say that all new mothers should be [screened](#) for postpartum depression, by both their obstetrician and their baby's pediatrician, the doctor who may see them most often. The American Academy of Pediatrics recommends screening moms during babies' routine check-ups over the first six months of life.

But while any new mother can develop depression, there are some factors that raise the risk. Those include a history of depression before pregnancy, or having little support from family and friends.

When it comes to [mental health](#) in general, Kjeldsen said, it's well known that family history matters: Studies looking at various psychiatric conditions have consistently found it to be a risk factor.

But the new findings help "quantify" the impact of family history on the risk of postpartum depression, said Anna Bauer, an assistant professor of psychiatry at the University of North Carolina at Chapel Hill School of Medicine.

Beyond that, Bauer said, it appears to be family history of any psychiatric condition—not only depression—that matters.

Bauer, who was not involved in the study, said that while no one can change their family history, it's important to understand its role as a risk factor for postpartum depression. Doctors may, for instance, want to screen those new mothers for depression more often.

As for why [family members'](#) mental health matters, Kjeldsen said past research suggests it's a combination of genes and environment. Family members may share some genes that make them more vulnerable to psychiatric conditions—and they may also share life experiences and exposures that do the same.

Plus, Kjeldsen pointed out, there's the role of family support. If a woman's family members are struggling with their own mental health issues, she might not get the support she needs after giving birth.

The findings are based on more than 100,000 women who participated in 26 studies across the globe. They were considered to have a family history if a "close or extended family member" had ever suffered from a psychiatric disorder (usually based on the women's own reports, collected before any diagnosis of postpartum depression).

Overall, the study found, those women had twice the risk of being diagnosed with postpartum depression compared to new mothers with no family history of mental health disorders.

According to Bauer, it's important for new mothers and their families to be aware that postpartum depression is a common psychiatric condition and not a personal failing. Some women, she noted, can feel guilty about being depressed at a time when they think they're "supposed to" be happy.

"A new mother should not feel shame about this," Bauer said.

She also stressed that there are effective treatments for depression, both medication and counseling.

It is normal to be tired or have [mood swings](#) after giving birth, Bauer said: A new mother is caring for a newborn, short on sleep, going through body changes and dealing with a major life adjustment.

But some mood and behavior changes, Bauer said, can be red flags, such as feeling too run down to get out of bed, or being unable to sleep; strong feelings of sadness or anxiety; appetite loss; and disinterest in activities you once enjoyed.

**More information:** Mette-Marie Zacher Kjeldsen et al, Family History of Psychiatric Disorders as a Risk Factor for Maternal Postpartum Depression, *JAMA Psychiatry* (2022). [DOI: 10.1001/jamapsychiatry.2022.2400](#)

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