



Editorial

Perinatal Depression and Beyond—Implications for Research Design and Clinical Management

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The 2 newly published studies, Smythe et al¹ and Sultan et al,² are systematic reviews (Smythe et al¹ also comprises a meta-analysis) dealing with the topic of perinatal mental health (ie, mental health during the time of pregnancy up to 1 year after birth). Smythe et al¹ estimated prevalence rates of perinatal depression and anxiety in parental dyads and associated factors. The pooled prevalence of depression was 1.72% (antenatally), 2.37% (0-12 weeks post partum), and 3.18% (3-12 months post partum). Given the paucity of dyadic studies, no prevalence estimate for anxiety could be determined. Sultan et al² examined the psychometric properties of 10 existing patient-reported outcome measures for assessing maternal postpartum depression. Although all included patient-reported outcome measures demonstrated adequate content validity, only the Edinburgh Postnatal Depression Scale received a class A recommendation (recommended for use). All other patient-reported outcome measures received a class B recommendation (further psychometric evaluation required before recommendation). The authors concluded that the Edinburgh Postnatal Depression Scale is currently the best available patient-reported screening measure for maternal postpartum depression.

Perinatal mental health problems are very common: according to the World Health Organization,³ approximately 10% of women in high income countries and approximately 30% in low- or middle-income countries are affected. The most common perinatal mental health problems are depression, anxiety disorders, and posttraumatic stress disorder (PTSD).⁴ In the UK, the health care costs associated with maternal mental health problems are estimated at £8.1 billion, of which 72% are associated with health care costs related to the child.⁵ Indeed, maternal depression, anxiety, or PTSD symptoms may negatively impact birth and breastfeeding outcomes and increase the risk for emotional or behavioral problems, symptoms of attention deficit hyperactivity disorder, or impaired cognitive development in the child.^{6,7}

Despite the large body of research on maternal perinatal mental health, most studies are conducted in samples of White, highly educated women, of middle to high socioeconomic background, and with planned or wanted singleton pregnancy. Hence, more studies on more diverse samples including teenage pregnancy, single motherhood, multiple pregnancies, adoption, and so forth, are needed. Moreover, paternal perinatal mental health has so far received fairly little attention from researchers and clinicians. A recent article⁸ called for an inclusion of fathers' mental health in perinatal research. With the increasing involvement of fathers (or coparents) in family life in western societies, their mental health is also ever more important for maternal mental health, family relationships, and child development.⁹ Similar to (expectant) mothers, (expectant) fathers also have an elevated risk of depression and anxiety disorders and PTSD during the perinatal period. Indeed, perinatal depression is reported by approximately 8% to 10% of fathers and is the most studied paternal mental health disorder so far.¹⁰ Paternal depression symptoms have been shown to increase the risk of child emotional and behavioral problems and psychopathology.¹¹ Of critical importance is that partner depression is a factor associated with risk for one's own depression, thus making it a cumulative family factor associated with risk for both parent and child outcomes.¹²

There is still inequality in perinatal depression management across countries, and evidence-based practical guidelines for the management of perinatal depression and other mental health problems are quite sparse. Various treatment options are available, with psychopharmacological

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treatment most often recommended for severe symptoms (except in the case of PTSD), and psychotherapy for moderate to severe symptoms, with cognitive-behavior therapy achieving the best outcomes.¹³ However, there are disparities in the availability of the treatment across countries. Nevertheless, even when the treatment is available, mothers are reluctant to seek help because of lack of knowledge about symptoms, fear of stigma, and feelings of guilt and shame. Therefore, universal screening for perinatal mental health disorders might be beneficial for women and their families in order to detect problems at early stages. However, more studies are needed to examine its cost-effectiveness and ethical aspects, especially if no systematic referral is offered following the screening.

To implement screening, valid and reliable assessment tools are a prerequisite. However, most assessment tools continue to focus only on depression symptoms, and there is a lack of assessment tools specifically designed for perinatal mental health problems other than depression. Moreover, measures designed for (expectant) fathers are scarce. Perinatal mental health problems in (expectant) fathers may be underestimated because they may express their distress differently from mothers, ie, with mood alterations and anxiety, and more hostility and aggression. What is concerning is that cultural conceptions of masculinity and stigma may prevent them from seeking professional help.⁸ However, paternal depression should not be left unrecognized and untreated because it can be associated with parent-infant bonding difficulties and other infant-related outcomes.^{11,14}

Although studies including (expectant) fathers/coparents or even both (expectant) mothers and fathers/coparents are slowly emerging, data are still analyzed mainly at the individual level and not dyadically, even though most (expectant) parents have a committed relationship during the perinatal period.¹⁵ However, such scientific approaches neglect the interdependence within the family, as both (expectant) parents share common experiences and events, such as the birth of the same child or coparenting.¹² Indeed, parenting can be a source of dyadic stress, and because the stress experiences and resulting reactions of (expectant) parents may influence each other, this dyadic stress may be associated with perinatal mental health problems.^{12,15} On the other hand, dyadic coping (ie, jointly dealing with daily stressors) may provide a buffer against perinatal mental health problems. Hence, (expectant) parents can draw on each other's resources when their own resources are depleted. In addition, the fact that both experience the same stress may also be perceived as comforting and may thus be protective.^{1,15}

To conclude, perinatal mental health disorders, such as postpartum depression, are highly prevalent, as also highlighted in the systematic review and meta-analysis by Smythe et al.¹ They affect not only (expectant) mothers, but also (expectant) fathers/coparents and may have a long-lasting negative impact on the child. The personal distress and associated health care costs are high and strategies for prevention, early detection and treatment of such difficulties are called for.^{4,5,13} According to the findings of Sultan et al² based on their systematic review, the Edinburgh Postnatal Depression Scale should be used to screen for and assess postpartum depression symptoms in mothers. Future research needs to focus on validating self-report measures for (expectant) fathers/coparents. The rather frequent contacts with health care professionals during the perinatal period provide ideal opportunities for the screening of (expectant) parents. Moreover, further studies of perinatal mental health problems should focus on the inclusion of couples in different constellations and, in general, on the inclusion of more diverse populations.¹² Finally, interdependence within the family system should be considered. Thus, using dyadic research designs, future research should examine the coexistence of perinatal mental health problems in (expectant) parents as well as associated outcomes.¹ Such dyadic approaches could even be extended to 3 or 4 family members by including siblings or grandparents to further unravel and investigate the complex family relationships and their implications for family mental health.¹⁵

ARTICLE INFORMATION

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