Prepregnancy Obesity: Risk Factor for Postpartum Depression

BY DOUG BRUNK

SAN DIEGO — Prepregnancy obesity is an independent risk factor for postpartum depression, a large analysis demonstrates.

Common pregnancy stressors such as divorce or separation being involved in a physical fight also were found to increase the risk.

“While I advocate that we should screen all women for depression, I think there are subsets of women whose risk is so high that we should either be identifying them and referring them for help, or at least be providing additional support.”

During pregnancy, the researchers obtained demographic and anthropomorphic information and pregnancy stressors, in addition to a psychiatric, medical, obstetric, and family history. Participants were also asked to complete the Pregnancy Risk Assessment Monitoring System (PRAMS).

Self-reported prepregnancy body mass index was stratified by the World Health Organization classification system: underweight (less than 18.5 kg/m²), normal weight (18.5-24.9 kg/m²), preobese (25-29.9 kg/m²), obese class I (30.34.9 kg/m²), obese class II (35-39.9 kg/m²), and obese class III (40 kg/m² or greater).

In the PRAMS stressors component of the study, Dr. LaCoursiere and Dr. Varner found that common pregnancy stressors increase the risk of postpartum depression.

Dr. LaCoursiere reported that the rate of postpartum depression was directly related to the extremes of body mass index: the rates in the underweight, normal weight, and preobese groups were 18%, 14%, and 19%, respectively, while the rates among those with a BMI of greater than 35 kg/m² was 40% or more.

For example, the adjusted odds ratio for postpartum depression among women who reported partner-associated stressors such as divorce or arguing more than usual was 2.61, while the adjusted odds ratio for those who reported traumatic stressors such as being homeless or being involved in a physical fight was 1.66.

The adjusted odds ratio for those who reported both types of stressors was 8.48.

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Dr. LaCoursiere acknowledged certain limitations of the study, including the self-reported height and weight data and the fact that while women who were being actively treated for depression were excluded, the questionnaire was not administered antepartum or immediately postpartum. Therefore, she said, “this cohort may represent women who were depressed antenatally and continued to have antenatal depression into the postpartum period.”

Dr. LaCoursiere reported that she had no conflicts to disclose.