

Calls for mental health of both parents to be considered during the perinatal period

24 June 2022



Credit: Pixabay/CC0 Public Domain

Perinatal mood disorders such as postnatal depression and perinatal anxiety, may affect both mothers and fathers simultaneously, finds a new systematic review and meta-analysis led by UCL researchers.

Around 3 in 100 couples (3.18%) were found to both suffer from late [postnatal depression](#), which occurs three to 12 months after a child is born.

Meanwhile, in approximately 2 in 100 couples, both parents experienced antenatal depression—before the baby was born—(1.72%), and early postnatal depression—up to 12 weeks after the birth—(2.37%).

The study, published in *JAMA Network Open*, analyzed 23 studies with data from 29,286 couples who had low-risk pregnancies, published between 1st January 1990 and 8th June 2021.

The findings showed that mothers who experienced psychosocial factors, such as early life stressors, limited [social support](#) and exposure to intimate partner violence were more at risk of developing a perinatal mood disorder.

For fathers, the main factors associated with an increased risk of perinatal mood disorder were lower levels of education, unemployment, low social support and marital distress.

And previous studies show that a history of mood disorders increases the possibility of developing a common mental disorder in both parents.

Yet, a recent paper by members of the study team demonstrated that up to 40% of new mothers do not get a postnatal check-up 6 to 8 weeks after giving birth, despite this being recommended by the National Institute for Health and Care Excellence (NICE). And for men, there is no such check-up at all.

As a result, researchers believe the current model of postnatal care needs to be reassessed and that it should additionally focus on [social determinants](#) and relationships between expectant parents to identify couples at risk.

Lead author, Dr. Kara Smythe (UCL Institute of Epidemiology & Health) said: "In high-income countries such as the US and the UK, more than 80% of women and more than 70% of men become parents. Each year, more than 650,000 babies are born. Therefore, with prevalence rates of 2% to 3% for depression in both members of the parental dyad, the potential burden is considerable.

Mood disorders in one parent may impact the other parent, and there is evidence that paternal depression leads to increased symptoms of depression in mothers during pregnancy and in the first six postpartum months.

"Parental perinatal mood disorders are associated with adverse pregnancy outcomes, impaired bonding with the newborn, and behavioral problems in their children. Co-occurrence of mood disorders in both parents may amplify these negative outcomes; however, prevalence data are lacking.

"This information is necessary to inform healthcare priority-setting and facilitate a move toward a family-centered model of care that better serves mother and fathers as they transition to parenthood."

In the systematic review, researchers found that in high-income countries 11% of new mothers experience maternal depression during pregnancy and 13% after the baby is born.

Meanwhile, an existing meta-analysis of 21 countries estimated that 9.76% of fathers experienced paternal depression during pregnancy and 8.75% in the first postnatal year.

The rate of paternal anxiety also rises three-fold when the mother is depressed.

Perinatal mood disorders have also been found to progress throughout pregnancy and the months following the birth. Women are three times more likely, and men nine times more likely, to develop postnatal depression if they have experienced depression in the months prior to the child being born.

Dr. Smythe said: "Perinatal depression can follow a protracted course; most men and women who have [depressive symptoms](#) at 4 and 8 weeks post-partum continue to have symptoms at 6 months post-partum, and some develop symptoms in the later postnatal period.

"Future research should determine the longitudinal course of perinatal mood disorders coexisting in both parents, which may change [clinical practice](#). The focus on postnatal [depression](#) usually centers on the first 12 weeks post-partum, reflected in practice guidelines.

"However, our findings suggest that clinical attention to perinatal [mood](#) disorders may need to extend beyond the early postnatal period."

Study limitations

The data were from 15 different countries that used a range of screening tools, contributing to the observed heterogeneity. A random-effect meta-analysis was adopted to account for this, but the

model gave a higher weight to smaller studies, possibly limiting the validity of the results obtained. Smaller sample size also means that those study estimates are less precise.

Although several studies excluded patients with a history of mental health problems, this was not done uniformly. Thus, it is impossible to identify true incident cases.

Most studies were conducted in [high-income countries](#) and so the findings may not apply to low or middle-income countries. The research also didn't produce any studies that examined perinatal [mood disorders](#) in both parents outside of a heteronormative context.

More information: Prevalence of perinatal depression and anxiety in both parents: a systematic review and meta-analysis, *JAMA Network Open* (2022). [DOI: 10.1001/jamanetworkopen.2022.18969](#)

Provided by University College London

APA citation: Calls for mental health of both parents to be considered during the perinatal period (2022, June 24) retrieved 5 September 2022 from <https://medicalxpress.com/news/2022-06-mental-health-parents-perinatal-period.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.