Prepregnancy Obesity Risks Later Depression

BY DOUG BRUNK

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

Common pregnancy stressors such as divorce or separation or 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 risks are so high that we should either be identifying ways to prevent depression in this group or carrying out early targeted surveillance and treatment," Dr. D. Yvette LaCoursiere said at the annual meeting of the Society for Maternal-Fetal Medicine.

"So if a woman comes to pregnancy with a BMI of greater than 35 kg/m^2 and has psychosocial stressors, she may have a risk of postpartum depression of 40%-60%." That population should be targeted for research and clinical purposes, she suggested.

Research has shown that women with a history of depression are at increased risk of developing postpartum depression, but the possible association between prepregnancy obesity and postpartum depression has not been sufficiently studied, said Dr. LaCoursiere of the obstetrics and gynecology department at the University of California, San Diego.

She and her associate, Dr. Michael W. Varner of the maternal-fetal medicine division at the University of Utah, Salt Lake City, followed 1,053 women who were delivered of a term, singleton, liveborn infant at one of four hospitals in Utah between 2005 and 2007. At intake, the researchers obtained demographic and anthropomorphic information and pregnancy stressors, as well as a psychiatric, medical, obstetric, and family history. Participants completed the Pregnancy Risk Assessment Monitoring System (PRAMS).

Self-reported prepregnancy BMI was stratified by the World Health Organization classification system for underweight (less than 18.5 kg/m^2), normal weight (18.5-24.9), preobese (25-29.9), obese class I (30-34.9), class II (35-39.9), and class III (40 or greater). At 6-8 weeks post partum, the women completed the Edinburgh Postnatal Depression Scale. Postpartum depression, defined as a score of 12 or more, was directly related to the extremes of BMI, Dr. LaCoursiere said. For example, rates in the underweight, normal weight, and preobese groups were 18%, 14%, and 19%, respectively; in the obese class I, II, and III groups they were 19%, 32%, and 40%.

We should find ways to prevent depression or conduct early surveillance and treatment in this high-risk group.

DR. LACOURSIERE

When the researchers controlled for demographic, psychological, medical, and obstetric risk factors, the overall adjusted odds ratio of postpartum depression was 2.87 for obese class II women and 3.94 for class III women.

In the PRAMS stressors component, Dr. LaCoursiere and Dr. Varner found that common pregnancy stressors increase the risk of postpartum depression. 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, versus 1.66 for those who reported traumatic stressors such as being homeless or being in a physical fight. The adjusted odds ratio for those who reported both types of stressors was 8.48.

Forty-four percent of the women reported that clinicians asked about their mood during pregnancy; 54% said they were asked during the postpartum period.

Study limitations included the self-reported height and weight data and the fact that while women being actively treated for depression were excluded, the questionnaire was not given antepartum or immediately post partum. So the cohort "may represent women who were depressed antenatally and continued to have antenatal depression into the postpartum period," said Dr. LaCoursiere, who reported no conflicts of interest. ■