study was funded entirely by the NHS.

The second randomized, controlled trial looked at the impact of a telephone-based intervention with nonmedical professional peers for postnatal women with an EPDS greater than 12.

A total of 315 women received usual care with follow-up information available at 12 weeks. In contrast, the 297 women who were randomized to the intervention group and had follow-up data at 12 weeks received usual care plus telephone access to a peer volunteer—a mother who had personally experienced postnatal depression.

"Women in the intervention group were significantly less likely to have symptoms of depression at the 12-week assessment than [were] those in the control group (odds ratio 2.1)," wrote the authors, led by Dr. Dennis. "Specifically, 14% (40/297) of women in the intervention group had a score greater than 12, compared with 25% (78/315) in the control group" (BMJ 2009; 338:a3045[doi:10.1136/bmj.a3064]).

The study was supported by the Canadian Institutes of Health.

Authors from both studies reported having no conflicts of interests. ■

Prepregancy Obesity Linked To Postpartum Depression

BY DOUG BRUNK

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

"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 ways to prevent depression in this group or carry out early targeted surveillance and treatment," Dr. D. Yvette LaCoursiere said in an interview during a poster session 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 who has psychosocial stressors, she may have a risk of postpartum depression of 40%-60%. Perhaps that population should be targeted, both for research and for clinical purposes," she said.

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 department of obstetrics and gynecology at the University of California at San Diego.

She and her associate, Dr. Michael W. Varner of the division of maternal-fetal

A woman with a prepregnancy BMI of 35 kg/m^2 or more may have a 40%-60% risk of postpartum depression.

DR. LACOURSIERE

medicine at the University of Utah, Salt Lake City, followed 1,053 women who were delivered of a term, singleton, live-born infant at one of four hospitals in Utah between 2005 and 2007. At intake, the researchers obtained demographic and anthropomorphic information and pregnancy stressors, in addition to a psychiatric, medical, and family history.

Self-reported prepregnancy body mass index was stratified by the World Health Organization classification system for underweight (less than 18.5 kg/m^2), normal weight (18.5-24.9 kg/m^2), preobese (25-29.9 kg/m^2), obese class I (30-34.9 kg/m^2), obese class II (35-39.9 kg/m^2), and obese class III (40 kg/m^2 or greater).

At 6-8 weeks after delivery, subjects completed the Edinburgh Postnatal Depression Scale. Postpartum depression was defined as a score of 12 or more.

He reported that the rate of postpartum depression was directly related to the extremes of BMI. For example, the rates of postpartum depression in the underweight, normal weight, and preobese groups were 18%, 14%, and 19%, respectively, while rates among those in the obese class I, class II, and class III groups were 19%, 32%, and 40%, respectively.

After the researchers controlled for demographic, psychological, medical, and obstetrical risk factors, the overall adjusted odds ratio of postpartum depression was 2.87 for obese class 2 women and 3.94 for obese class 3 women.

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