



Anxiety and Depression in Postpartum Women

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Abstract

This dissertation explored the concept of postpartum depression through theoretical, methodological, clinical and experiential frameworks. The aim of this research was to identify whether depression in postpartum women differed quantitatively or qualitatively to depression experienced at other times. The research design used cross-sectional and longitudinal analysis to compare childbearing women with matched controls. Postpartum women were not found to be at increased risk of depression. However, a consistent, but insignificant, peak was noted in levels of non-somatic depression, anxiety and stress in the early postpartum months. This effect was not evident in control group responses, and when analysed longitudinally was not found to be enduring in the postpartum sample.

Many researchers have identified anxiety as the most common symptom for women experiencing 'depression' during the postpartum period. However, as anxiety and depression within the general population are thought by many researchers to be distinct disorders, the view that anxiety contributes as a primary symptom to a postpartum depressive disorder is problematic. The Edinburgh Postnatal Depression Scale (EPDS) is the most widely used self-report instrument for identifying depression in postpartum women. This dissertation challenged the capacity of the EPDS to identify 'depression', firstly by comparing EPDS results with other self-report instruments designed to differentiate depression and anxiety, and secondly by analysing the content and factor structure of the EPDS.

Good convergent and poor divergent validity was found at each assessment for all scales. For example, although the EPDS intercorrelated highly with other depression scales, it also correlated highly with scales designed to measure anxiety and stress. Exploratory and confirmatory factor analyses on the EPDS consistently showed a two-factor solution with a six-item depression cluster (EPDSdepr) and a three-item anxiety cluster (EPDSanx). Further analysis of this data revealed that EPDSanx contributed more to the total EPDS score than EPDSdepr. The findings from this research challenge assumptions regarding postpartum women's susceptibility to psychopathology and the adherence to an exclusive depression framework at this time.

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