Postpartum depression in mothers with children suffering from diseases of the **perinatal period** Ekaterina Kozhadey, Severin Grechanyi, Natalia Semenova ekaterinakozhadey@gmail.com, +79818560883,Russia

113 women in the after childbirth period (from 4 to 36 days) who gave birth in the perinatal center of the St. Petersburg State Pediatric Medical University because of pathology of pregnancy and the threat of labor

Two inspections: 1) in the first 4-6 days after delivery; 2) in the period of 30-36 days after delivery

At the re-examination stage, 2 groups of women were formed:

The main group consists of 78 women whose children were discharged from the maternity hospital 4-6 days after birth. Reexamination was conducted on an outpatient basis. Questionnaires were distributed by visiting nurses when visiting women at home.

Comparison group consists of 35 women whose children were in the neonatal pathology department and other departments of the St. Petersburg State Medical University Clinic (infectious, neurological, surgical, cardiological) with diagnoses such as prematurity, jaundice of the newborn, consequence of hypoxic and / or traumatic brain damage, heart and cardiovascular system defects, etc. The majority of children (29 of them) had a

At the initially comparable level of anxiety, depression and anhedonia of two groups of women in the first days after birth, mothers with children suffering from perinatal pathology had significantly higher levels a month after birth (compared with mothers of healthy children)

The number of women with a relative risk of postpartum depression development in the main group was 80%, while in the comparison group it was 45%. The number of women with a high probability of postpartum depression development in the main group was 10%, and in the comparison group it was 45% If in the group of women with healthy newborns, there was a positive trend in reducing the symptoms of anxiety, depression and anhedonia, while in the group of women with neonatal pathology, there was no improvement in the indicators of anhedonia, which creates the risk of developing postpartum depressive disorder

Data dynamics

Data	First examina	tion Re-examination	Statistical significance on Wilcoxon test, p
	Main	group n=78	
EPDS	16,00[12,75;19,00]	8,00[6,00;10,00]	p=0,001
HADS (anxiety)	12,00[9,00;14,00]	7,00[6,00;7,00]	p=0,001
HADS (depression)	13,00[10,75;16,00]	7,00[5,00;8,00]	p=0,001
SHAPS	40,50[30,75;45,00]	29,00[26,00;36,00]	p=0,001
	Comparis	on group n=35	
EPDS	14,00[10,00;16,00]	10,00[7,00;13,00]	p=0,001
HADS (anxiety)	12,00[9,00;14,00]	9,00[7,00;11,00]	p=0,001
HADS (depression)	12,00[9,00;16,00]	9,00[6,00;12,00]	p=0,001
SHAPS	35,00[31,00;41,00]	35,00[27,00;40,00]	p=0,282*

combination of the diagnoses stated above. All the children at the time of the re-examination of their mothers needed to continue the examination and treatment, including the decision on the issue of surgical intervention

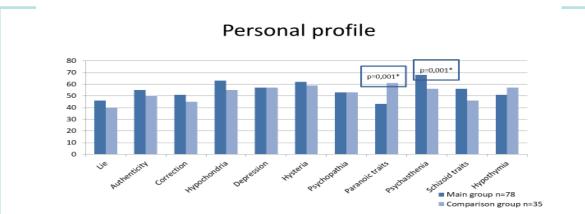
Research methods:

Adapted Russian version of the Edinburgh Postnatal Depression Scale (EPDS) methodology

Adapted Russian version of the methodology «Hospital Anxiety and Depression Scale (HADS)»

Adapted Russian version of the Snaith-Hamilton Pleasure Scale, SHAPS

Adapted Russian version of the MMPI methodology (abbreviated version)



Robertson E. et al. Antenatal risk factors for postpartum depression: a synthesis of recentliterature // General hospital psychiatry. 2004. Vol. 26(4). P. 289-295

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