Rural and Remote Health www.rrh.org.au
James Cook University ISSN 1445-6354

Abstract

Postnatal maternal mental health and postnatal attachment

Part of Special Series: WONCA World Rural Health Conference Abstracts 2022

AUTHORS

Aileen O'Mahony[1] MB, BCh, BAO *

Carol Stephens[2] Paediatrician

Vicki Livingston[3] Biostatistician

Eugene Dempsey[4] Professor

Geraldine Boylan[5] Professor

Deirdre Murray[6] Professor

CORRESPONDENCE

* Aileen O'Mahony omahonyaileen1@gmail.com

AFFILIATIONS

[1] University College Cork, Cork, Ireland

[2, 4, 5, 6] Department of Paediatrics and Child Health, University College Cork, Cork, Ireland; and The Irish Centre for Maternal and Child Health Research (INFANT), Cork University Hospital, Cork, Ireland

[3] The Irish Centre for Maternal and Child Health Research (INFANT), Cork University Hospital, Cork, Ireland

PUBLISHED

10 January 2023 Volume 23 Issue 1

HISTORY

RECEIVED: 20 September 2022

ACCEPTED: 20 September 2022

CITATION

O'Mahony A, Stephens C, Livingston V, Dempsey E, Boylan G, Murray D. Postnatal maternal mental health and postnatal attachment. Rural and Remote Health 2023; 23: 8126. https://doi.org/10.22605/RRH8126

Abstract

Aims: Maternal mental illness has a significant influence on negative maternal and childhood outcomes. Few studies have focused on both maternal depression and anxiety, or explored the interplay of maternal mental illness and the mother–infant bond. We aimed to examine the relationship between early postnatal attachment and mental illness at 4 and 18 months postpartum.

Methods: This was a secondary analysis of 168 mothers recruited from the BabySmart Study. All women delivered healthy term infants. Depression and anxiety symptoms were measured via the Edinburgh Postnatal Depression Scale (EPDS) and Beck's Depression and Anxiety Inventory at 4 and 18 months respectively. Maternal Postnatal Attachment Scale (MPAS) was completed at 4 months. Negative binomial regression analysis investigated associated risk factors at both time points.

Results: The prevalence of postpartum depression fell from 12.5% at 4 months to 10.7% at 18 months. Anxiety rates increased from 13.1% to 17.9% at similar time points. At 18 months, both symptoms were new in almost two-thirds of women, 61.1% and 73.3% respectively. There was a strong correlation between the anxiety scale of the EPDS and the total EPDS p-score (R=0.887, $p<0.001$). Early postpartum anxiety was an independent risk factor for later anxiety and depression. High attachment scores were an independent protective factor for depression at 4 months (RR=0.943, 95%CI: 0.924–0.962, $p<0.001$) and 18 months (RR=0.971, 95%CI: 0.949–0.997, $p=0.026$), and protected against early postpartum anxiety (RR=0.952, 95%CI: 0.933–0.97, $p<0.001$).

Conclusion: The prevalence of postnatal depression at 4 months was similar to national and international rates, although clinical anxiety increased over time with almost 1 in 5 women scoring in the clinical anxiety range at 18 months. Strong maternal attachment was associated with decreased reported symptoms of both depression and anxiety. The effect of persistent maternal anxiety on maternal and infant health needs to be determined.