



Relationship between Preterm Birth and Postpartum Depressive Symptoms in Primary Medical Facilities among Mothers

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ABOUT THE STUDY

Postpartum depression is one of the psychiatric disorders that can occur after childbirth, and the prevalence of postpartum depression in Japan has been reported to be as high as 6.3-15.2% at 1 month postpartum. It was discovered that postpartum depression was linked to a lower quality of life. It was also reported that women with postpartum depressive symptoms were more likely to commit suicide, and that postpartum depression influenced unintended injury and accidental fall in infants, attachment disorder in the mother-child relationship, health seeking behaviour and breast-feeding in infancy, and, as a result, child neglect and its related effects on child development.

Screening and intervention should be done as soon as feasible because postpartum depression affects not only the mother but also others around her, including her child, as mentioned above. Women who are vulnerable to these risk factors can be identified early and given effective support by recognising the risk factors for postpartum depression [1]. It has been observed that postpartum care, including treatment for postpartum depression, lowers the incidence of postpartum suicide.

High levels of life stress, a lack of social support, personal abuse, a history of depression before and during pregnancy, concerns about child care, discontentment with married life or a partner, or premature birth were previously recognised as the main risk factors for postpartum depression. Numerous studies have looked into the connection between preterm birth and postpartum depression, and while some of these studies found a substantial connection, others did not. According to a recent review by Zhao et al., premature birth is linked to postpartum depression [2].

Thus, there is significant debate concerning the connection between preterm birth and postpartum depression. According to a report, preterm delivery causes the deaths of children under the age of five. 30% of babies hospitalised to the Neonatal Intensive Care (NICU) are premature, which suggests that premature babies are more likely to experience respiratory

distress syndrome than term babies. According to reports, moms of preterm infants experience pregnancy, childbirth, and childcare differently than they anticipated, with greater emotional distress, a higher depression score, and greater traumatization [3]. This raises the possibility that preterm birth and postpartum depression are related. While postpartum depression and psychosocial factors have been studied in Japan, few other pertinent aspects have been looked at.

It has been discovered that many mothers of preterm infants suffer from high levels of anxiety regarding the wellbeing of their kids, posttraumatic symptoms brought on by shock from an unexpected preterm birth, inadequate psychological preparation for motherhood, inadequate preparation of the home and other environments, and experiences that are not what was anticipated or expected for birth. These results imply that mothers of late-preterm newborns frequently experience stress. The association between preterm birth and postpartum depressive symptoms is thought to be related to early parental stress and issues with mother-child interaction. Routine stress is thought to be one of the risk factors for postpartum depression [4].

The relationship between late preterm birth and postpartum depressive symptoms is influenced by daily stress and mothers' unfavourable attitudes toward their offspring. However, some research found no link between preterm birth and postpartum depression symptoms. Researchers came to the conclusion that varying confounding variables, depression screening and assessment tools, and study subjects could all be contributing factors to inconsistent results. To better understand the connection between late preterm birth and postpartum depressive symptoms, more research is required [5].

According to research, primipara were more likely than multipara to have suspected postpartum depression, primipara experienced high levels of stress, especially in the early postpartum period, and primipara scored more highly on the Hospital Anxiety and Depression Scale than multipara for both anxiety and depression. Researchers hypothesised that women with postpartum depression lacked motivation for a second

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pregnancy and did not want another child, which led to a higher prevalence of postpartum depression in primipara compared to multipara [6].

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