

Background: The genetic contribution to postpartum depression (PPD) etiology is not well understood, particularly how genetic predisposition is modified by social support or previous adverse life events.

Methods: We recruited a diverse racial/ethnic population (N=1512 women) at six weeks postpartum from three obstetrical clinics in North Carolina. PPD status was determined using the MINI-plus (v6). Participants were administered a battery of validated, self-report instruments to assess depression (Edinburgh Postnatal Depression Scale), adverse life events (Leserman Trauma Form¹), social support (Medical Outcomes Survey, DAD survey²), and life stressors (Everyday Stressors Inventory). Biological samples were also taken for genetic analyses.

Results: In our cohort, 36% of women screened positive for PPD. This population was ethnically diverse (68% black and 14% hispanic). Among women with trauma history, there was an almost 3-fold increase (OR, 2.61) in the odds of PPD. PPD was significantly associated with increased history of trauma ($P < 0.001$) and abuse ($P < 0.001$), less social support ($P < 0.001$) and decreased involvement of the baby's father ($P < 0.001$), and increased life stressors ($P < 0.001$). Genetic analyses are underway now and will be presented for the first time in September.

Discussion: Several independent risk factors were found to be associated with PPD including social support, paternal involvement, and life stressors, which are avenues for future intervention studies. History of abuse and trauma were also significantly associated with PPD. The role of genetic predisposition is currently under investigation and will be presented at the conference.

Keywords: adverse life events, postpartum depression, genetics

References

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