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Risk factors associated with Postpartum Anxiety in Australia, Europe, and North America: A Systematic Review and Narrative Synthesis.

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HIGHLIGHTS

- Identifying vulnerabilities to Postpartum Anxiety (PPA) during perinatal care provides opportunity to reduce risk.
- Interventions should target factors amenable to change during the perinatal period.
- Improved social support can reduce susceptibility when chronic risk factors present.

01. Introduction

Approximately 20% of women and birthing people experience postpartum anxiety (PPA), that is, anxiety occurring in the year following childbirth (Fawcett et al., 2020). This is associated with significant individual and societal costs, due to the negative effects on a range of mother-child interactions and enduring implications for the child (Bauer et al., 2015). Reducing the prevalence and consequences of PPA is a strategic priority in the UK and many similar nations.

Increasing awareness and monitoring of people who are vulnerable to PPA is important to facilitate early intervention, whilst a better understanding of factors which are responsive to treatment during the perinatal period (pregnancy and the postpartum year) is necessary so that they may be targeted to reduce risk profiles.

02. Objectives

- Synthesise evidence of risk factors associated with PPA to guide future research and support the development of interventions that may reduce the prevalence and severity of PPA in the context of UK primary care and similar health services.
- Highlight evidence of risk factors that may be particularly amenable to treatment during the perinatal period ('modifiable' risk factors).

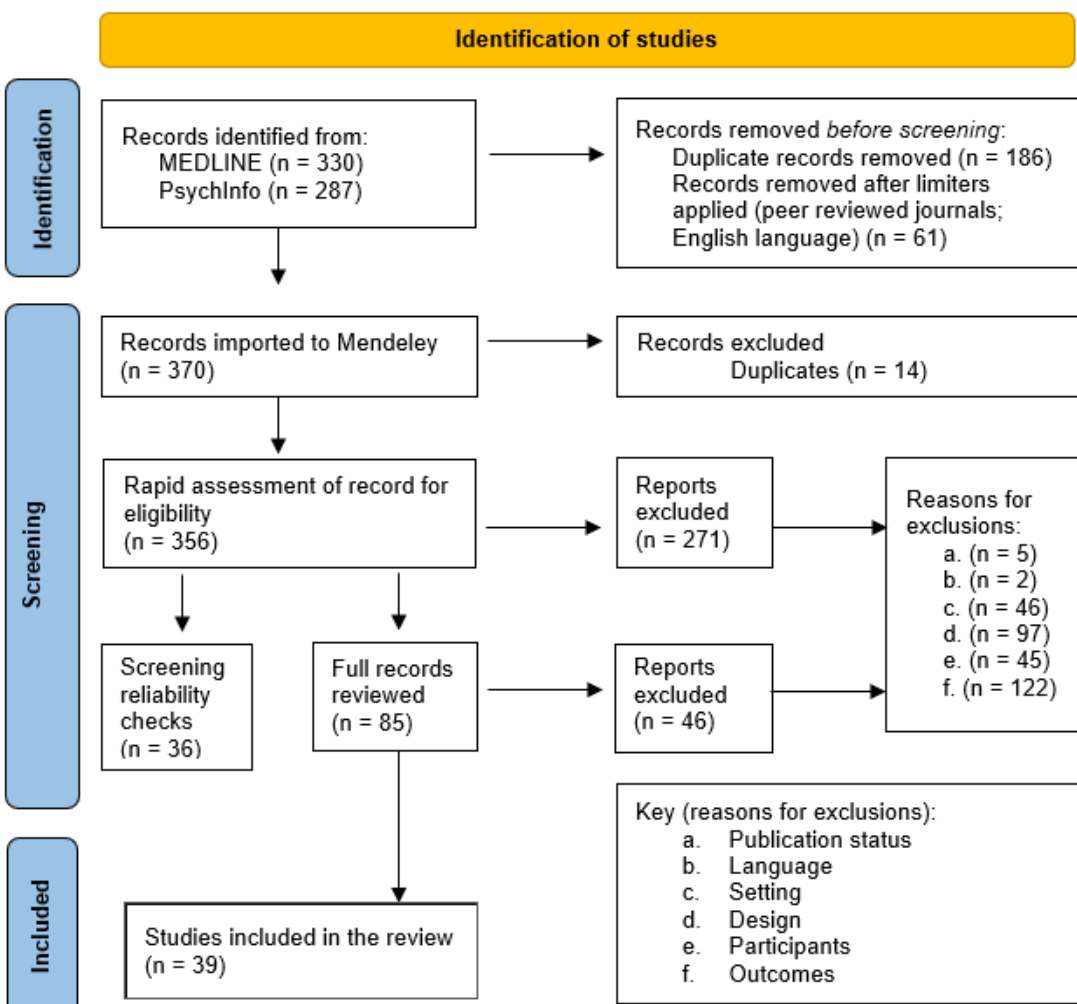
03. Research question

- What factors have been reported to increase the risk of maternal* postpartum anxiety (PPA) in Australia, Europe, and North America?

04. Methods

This review was guided by 'Preferred Reporting Items for Systematic Reviews and Meta-Analyses' (PRISMA; Page et al., 2020). A registered protocol is available via the QR code (PROSPERO CRD42021231595). Study selection is described in Figure 1.

FIGURE 1: FLOW CHART OF THE SELECTION PROCESS



*Language

Though problematic, 'maternal' is used to denote women and birthing people (as opposed to fathers and non-birthing co-parents) echoing the language used in the reviewed literature.

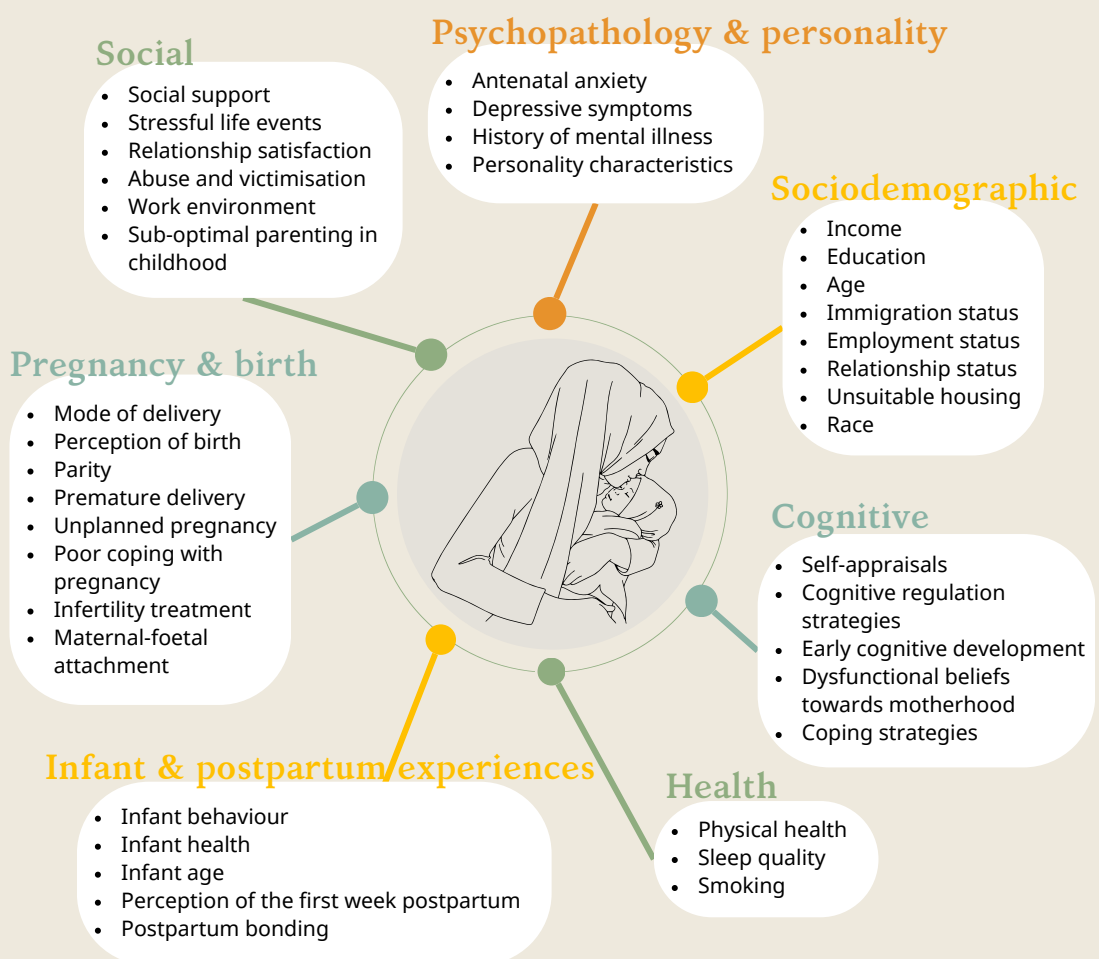
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05. Results

We identified seven broad categories of risk factors significantly associated with PPA, each with multiple descriptive sub-categories as presented in Figure 2.

FIGURE 2: RISK FACTORS ASSOCIATED WITH POSTPARTUM ANXIETY (PPA) IN AUSTRALIA, EUROPE, AND NORTH AMERICA



Historic and concurrent depression, historic anxiety, and low social support were the most frequently evidenced risk factors. Social support was also identified as a moderator of risk, with social support from friends, and emotional and informational support reported to be particularly important.

Modifiable risk factors (amenable to timely intervention) included social support, self-appraisals, cognitive regulation and coping strategies, sleep, and bonding.

Many of the chronic (i.e., historic, persistent, or difficult-to-modify) health and sociodemographic risk factors identified are also associated with social deprivation.

06. Conclusions

Multiple factors combine to increase the risk of PPA. To reduce risk profiles, targeting social, cognitive, and pregnancy/postpartum factors amenable to change during the perinatal period may have greater benefit in practice than focusing on the chronic risk factors. Furthermore, improving understanding of transdiagnostic mechanisms (e.g., cognitive regulation strategies) thought to underly many experiences of PPA, may help clinicians to identify mild-to-moderate symptoms often missed during routine screening.

The weight of evidence confirming the importance of social support during the postpartum period reinforces the need for peer support to be made available to anyone with heightened susceptibility to PPA. Developing peer support strategies which specifically address the evidenced cognitive vulnerabilities to PPA (e.g., dysfunctional beliefs towards motherhood) and adapting these to support the unique needs of the most at-risk groups could prove particularly beneficial.

Scan for protocol

