

THE IMPACT OF PERINATAL SUPPORT ON THE PREVENTION OF POSTNATAL DEPRESSION

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doi:

doi url:

Published in March 2025

Abstract

Postnatal depression is a mood disorder that steals the joy of motherhood. it affects both of the mother and her child. The diversity of risk factors complicates the prevention. Several studies have shown a significant decrease in its incidence thanks to continuous support during pregnancy, labor and postpartum. Women who have benefited from this care have reported optimal control of labor, a better mother-child bond, and a positive perinatal experience; the protective effect of perinatal support seems evident. The objective of this literature review is to describe the aspects of postnatal depression, the methods of perinatal support, and its impact on perinatal mental health. The access to Doulas and educating medical and paramedical staff should be a priority in perinatal healthcare.

Keywords: Perinatal Support, Postnatal Depression, Doula, Continuous Support, Birth Assistance, Evidence-Based.

Introduction

The perinatal period is a particularly vulnerable time in a woman's life [1,2]. The birth of a child brings about many changes, both physically and psychologically, for the mother. Although childbirth is generally considered as a happy event, the smooth running of labor and post-partum period could be affected by several factors.

While medical progress has significantly reduced the rate of maternal-fetal morbidity and mortality, many authors believe that it has also led to the overmedicalization of a physiological event. The desire to control the risk associated with childbirth has led to an automation of the care of pregnant women at the expense of their emotional experience, their desires, and their perception of the natural act of giving birth. In this context, the mental health of the mother should be a priority during the perinatal period. The absence of emotional support during pregnancy, as well as poor mental health during the perinatal period, represents an increased risk factor for perinatal psychopathology. [1-3]

Postnatal depression (PND) affects 10 to 20% of women and is associated with maternal suffering and negative repercussions on the child. It is defined by major depressive symptoms that occur within one year of delivery. If left untreated, it can last up to 2 years after delivery. [1-4] A Doula or birth companion is a person who offers assistance to the couple during pregnancy, childbirth, and the postpartum period.

The purpose of this support is not medical: the doula provides informative and emotional support to the parents, helps them to express their desires, dispel their fears, and make suitable and satisfying "Evidence-Based" choices (for example: choice of the birth structure, delivery position, methods to better cope with labor, first latch etc.) [5,6]. Perinatal support allows a better perception of the course of pregnancy and more specifically of childbirth and the postpartum period, and thus better mental health. [1-3,5,6]. The objective of this literature review is to demonstrate the value of perinatal support in improving mental health and preventing PND in the mother.

What is postnatal depression?

PND is defined by a major depressive state occurring within one year of delivery. It is diagnosed by the presence, for more than two weeks, of at least 5 of the following depressive symptoms:

- Deep sadness
- Extreme fatigue
- Loss of interest
- Guilt
- Suicidal thoughts
- Sleep disorders
- Eating disorders
- Difficulty concentrating
- Psychomotor agitation or slowing [4-8].

PND affects one in seven women worldwide [9]. Its prevalence has reached a rate of 17% [10], but it is not excluded that it can affect all women after childbirth. [9,10] Several studies have focused on determining the prevalence of this psychopathological entity; the largest series were reported by Weobong B et al. (2017) [13], Corrêa H et al. (2016) [14] and Yussuf ASM et al. (2015) [15] and included samples of 16,560, 3060 and 2072 women respectively. They revealed prevalence rates of the order of 3.5%, 19.5% and 14.3% respectively. [7,10-15]

These variations in incidence could be related to an underestimation or a lack of knowledge of the symptoms. It is in this context that several tests have been created to screen for PND. The Edinburgh Postnatal Depression Scale (EPDS) is a self-questionnaire that allows a first approach to the psychological state of the parturient in the postpartum period [16,17]. It is composed of ten questions concerning mood, anxiety, guilt and difficulty. For each question, four answers are proposed and each scored from 0 to 3 for a total score of 30. Healthcare providers consider that mothers need a medical follow up when the score is greater than or equal to 11. It is important to keep in mind that the EPDS is not a diagnostic test, it only allows to pre-orient the patient towards a possible medical follow-up. [8,16,17] Since its creation in 1987, the EPDS has been translated into many languages and used in many countries to help detect PND [16]. Studies have shown that it is a reliable and valid screening tool and that high scores on the EPDS are associated with an increased risk of PND. However, there have been a divergence of opinion regarding the use of this questionnaire due to the possibility of obtaining false positive or false negative results depending on the culture, language and socio-economic level of the woman. [17] It is therefore important to use the EPDS in association with a clinical evaluation and the individual context of each woman to determine the diagnosis and appropriate treatment options [16-20].

Several factors favoring PND have been reported in the literature, the most influential is a history of depression in the mother's history. Obstetric factors such as the course of delivery (occurrence of complications, use of forceps, prolonged labor, ...), an unplanned or an emergency C- section or the occurrence of an incident during pregnancy (risk of premature delivery, hospitalization ...) would be predictive factors of the occurrence of postnatal depression [10;12;21-23].

It has been described that a birth weight of less than 1500g (prematurity, retarded intrauterine growth) would increase the risk of postnatal depression by 4 to 18 times. [21] Poor lifestyle, sleep disorders before and during pregnancy, a history of a severe premenstrual syndrome, a low socio-economic level and an unbalanced diet can also be associated with this entity [21-25].

Social support has an important impact in the prevention of postnatal depression. The support of the husband, the family and possibly the education of the pregnant woman through "Evidence-Based" childbirth education classes represent environmental factors of great emotional value that can significantly reduce the rate of postpartum depression. The support of the pregnant woman during pregnancy and childbirth is strongly recommended and highly preventive from PND. [10,12,21-25]

Birth Support

The over medicalization of childbirth is a growing concern in many countries. It refers to the excessive use of medical technologies in the childbirth process, which can lead to unnecessary interventions and expose the mother and newborn to negative effects. [32,33] Common but excessive medical interventions during childbirth include artificial induction of labor, episiotomy, membranes swiping, the use of forceps or vacuum extraction, cesarean section...., etc. Although in some cases these interventions are necessary to protect the health of the mother and newborn, they can also be used inappropriately or without a valid and "Evidence-Based" medical reason. This can lead to a prolongation of labor, an increase in the intensity of pain and the risk of infection, a negative perception of childbirth by the mother and a feeling of losing control during labor, which can go against the expected joy related to this happy event. Overmedicalization can sometimes lead to negative consequences that would be responsible for a big disappointment felt by the mothers and their families. This could explain why many mothers struggle during breastfeeding or in bonding with their babies. These would be, in several cases, encouraging PPD [32-38].

Studies have shown that continuous birth support has several benefits for women and their newborns. It significantly reduces the use of epidurals and other medical interventions (episiotomies, forceps...etc) with a reduction in the duration of labor and the rate of cesarean section. [26-31]. The presence of a Doula has been clearly associated with an improvement in the health of the newborn, a longer duration of breastfeeding and increase in women's satisfaction with their experience. [26-33]

Several studies have focused on the impact of birth support on PPD. A recent study by Ahmadpour et al. revealed that a positive and satisfying experience during childbirth was strongly related to a low incidence of PPD [34]. The study by Sobczak A et al. demonstrated that the support of a doula significantly reduces stress and anxiety related to labor and thus prevents PPD [35].

Birth support is an important element that helps women feel more in control and more confident during the birth process. However, it should be noted that it does not by itself prevent this mental disorder.

PPD can be caused by several factors including psychiatric history, stressful life events, lack of social and family support and other environmental factors. [36-42]

Training of medical & paramedical staff

Family doctors, obstetricians and midwives are more likely to approach childbirth from an essentially medical point of view, based on pre-established protocols guided by a need to prevent and control the occurrence of complications affecting mothers and newborns. The emotional aspects of the perinatal experience are rarely a priority in childbirth healthcare.[43]

Training medical and paramedical staff in birth support practices could strongly contribute to improving the experience and quality of childbirth. It would be very interesting to make them aware of the benefits of continuous support during labor and respect for the physiology of childbirth on the reduction of complications, on the reduction of cesarean section and on the improvement of the mental health of the mother. [43] This type of training could also allow better management of childbirth, effective communication and a lower level of stress among healthcare personnel. Such an approach, involving all stakeholders in the perinatal period, would readily contribute to a significant reduction in the prevalence and intensity of PPD.

Conclusion

Postnatal depression is the main cause of maternal morbidity and disability during the perinatal period. It is characterized by the presence of multiple risk factors. The course of childbirth is strongly involved in PPD. Birth support has allowed women to better experience their perinatal experience and to considerably reduce the incidence of this psychopathological entity. Raising awareness among medical and paramedical staff and training them in birth support could have a significant impact on improving perinatal mental health. “If a Doula were a drug it would be unethical not to use it.” Jhon Kennell.

Conflicts of Interest: The author declares no conflicts of interest.

Funding: This research received no external funding.

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