An Exploration of the Prevalence of Depression amongst Obese Pregnant Women and the Relationship between Depression and Potential Demographic Risk Factors

H. Friedman1, M. Li2, R. Cronin2, R. Taylor2, L. McCowan3; 1New York University School of Medicine, New York, USA, 2University of Auckland, Auckland, New Zealand

Background: Antenatal depression is a condition from which 8-29% of women suffers worldwide, and may be more prevalent in obese women and women of low socioeconomic status. Counties Manukau is a region of New Zealand that has a high prevalence of obesity and socioeconomic deprivation amongst its population. There are limited data concerning the issue of depression in pregnant women in this population. Additionally, the relationship between demographic characteristics and rates of depression in this population is unexplored.

Methods: Depression was assessed amongst obese pregnant women at recruitment to the Healthy Mums and Babies (HUMBA) trial (between 12-18 weeks of pregnancy) using the Edinburgh Postnatal Depression Scale (EPDS). These scores were analyzed to determine the prevalence of depression in the study cohort, defined as EPDS score > 13. Additionally, socioeconomic status was evaluated using New Zealand’s Deprivation Index. Demographic factors were self-reported by study participants using questionnaires administered by HUMBA research midwives. Statistical analysis was done using logistic regression and chi square tests. At present, 65% of the study cohort has been recruited.

Findings: One hundred and thirty seven women were included in the current analysis of whom 19 (13.9%) met the criteria for depression. Depression index was not associated with depression. Women who did not complete secondary school were more likely to be depressed than women who had a secondary school qualification or completed some form of tertiary education (OR: 4.81, CI: 1.63-14.19). BMI grouping did not have a significant overall effect on EPDS score. Comparisons between categorical groups showed that the BMI group of 30-35 was associated with a higher rate of depression compared to the other BMI groups (OR: 3.90, CI: 1.02-14.89). When level of education was adjusted for in a multivariate model, BMI group of 30-35 no longer had a significant relationship with depression.

Interpretation: The rate of depression in this obese cohort of pregnant women is similar to rates reported in other settings. Women with lower levels of education appeared to be more likely to be depressed than their more educated counterparts. If this finding is confirmed in results from the full cohort, women with lower educational attainment should be considered for EPDS screening during pregnancy.

Source of Funding: None.

Abstract #: 1.017_WOM

Transformed Women, Transformed Communities: Impact of Mental Health Support Groups for North Indian Women

N. Gailits1, M. Li2, K. Mathias3, E. Nouvet4, P. Pillai4, L. Schwartz5; 1New York University School of Medicine, New York, USA, 2University of Auckland, Auckland, New Zealand

Background: Antenatal depression is a condition from which 8-29% of women suffers worldwide, and may be more prevalent in obese women and women of low socioeconomic status. Counties Manukau is a region of New Zealand that has a high prevalence of obesity and socioeconomic deprivation amongst its population. There are limited data concerning the issue of depression in pregnant women in this population. Additionally, the relationship between demographic characteristics and rates of depression in this population is unexplored.

Methods: Depression was assessed amongst obese pregnant women at recruitment to the Healthy Mums and Babies (HUMBA) trial (between 12-18 weeks of pregnancy) using the Edinburgh Postnatal Depression Scale (EPDS). These scores were analyzed to determine the prevalence of depression in the study cohort, defined as EPDS score > 13. Additionally, socioeconomic status was evaluated using New Zealand’s Deprivation Index. Demographic factors were self-reported by study participants using questionnaires administered by HUMBA research midwives. Statistical analysis was done using logistic regression and chi square tests. At present, 65% of the study cohort has been recruited.

Findings: One hundred and thirty seven women were included in the current analysis of whom 19 (13.9%) met the criteria for depression. Depression index was not associated with depression. Women who did not complete secondary school were more likely to be depressed than women who had a secondary school qualification or completed some form of tertiary education (OR: 4.81, CI: 1.63-14.19). BMI grouping did not have a significant overall effect on EPDS score. Comparisons between categorical groups showed that the BMI group of 30-35 was associated with a higher rate of depression compared to the other BMI groups (OR: 3.90, CI: 1.02-14.89). When level of education was adjusted for in a multivariate model, BMI group of 30-35 no longer had a significant relationship with depression.

Interpretation: The rate of depression in this obese cohort of pregnant women is similar to rates reported in other settings. Women with lower levels of education appeared to be more likely to be depressed than their more educated counterparts. If this finding is confirmed in results from the full cohort, women with lower educational attainment should be considered for EPDS screening during pregnancy.

Source of Funding: None.

Abstract #: 1.017_WOM

A Randomized-controlled Trial of a Livestock Asset Transfer Intervention to Improve Economic and Health Outcomes and Reduce Intimate Partner Violence in a Post-Conflict Setting

N. Glass1, N. Perrin2, M. Mpanano3; 1Johns Hopkins School of Nursing, Baltimore, MD, USA, 2Johns Hopkins School of Nursing,