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2D-5   Placental CRH as a predictor for postpartum depression

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Postpartum depression (PPD) is a major health concern with
consequences for the well-being of the mother and newborn. It
has been suggested that the sudden drop of placental CRH (pCRH)
after delivery contributes to its development.
Aims: To determine whether differences in pCRH during pregnancy
predict PPD.
Study design: Blood samples were obtained at 15, 19, 25, 31 and
37 weeks gestation. Depressive mood was assessed at the last four
pregnancy visits, and at nine weeks postpartum.

Subjects: Participants were 100 pregnant women (31.2 yrs,
SD = 5.3) with a singleton, intrauterine pregnancy.
Outcome measures: Placental CRH was measured in all blood
samples, and depression was assessed at each time point by
questionnaire.
Results: Women who develop major (n = 5) or minor (n = 11) PPD
show significantly higher pCRH increases throughout pregnancy,
$F(2,97) = 7.87$, $p < 0.001$. Post hoc analyses reveal that this effect
is due to differences at 25 weeks gestation. ROC curves were
computed, and an area under the ROC curve of 0.78 ($p = 0.001$)
suggests that pCRH at 25 weeks gestation is a useful diagnostic
test for PPD. At the ideal pCRH cut-off score (56.86 pg/ml;
Youden's statistic), 75% of PPD cases would have been correctly
identified whereas in 24% of women, the disorder would have
been falsely predicted. Results remain significant after controlling
for sociodemographic and pregnancy-related predictors of PPD,
including depression during pregnancy.
Conclusions: These data suggest that pCRH at 25 weeks gestation
is a strong and independent predictor of PPD.