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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.