

## POSTPARTUM DEPRESSION: RISK FACTORS, DIAGNOSIS AND MANAGEMENT

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Received : 10/04/2026  
Received in revised form : 28/05/2026  
Accepted : 13/06/2026

**Keywords:**

Postpartum depression; Postnatal depression; Maternal mental health; Risk factors; Edinburgh Postnatal Depression Scale; Cognitive Behavioral Therapy; Selective serotonin reuptake inhibitors; Management

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DOI: 10.47009/jamp.2026.8.3.203

Source of Support: Nil,

Conflict of Interest: None declared

*Int J Acad Med Pharm*  
2026; 8 (3); 1132-1136



### ABSTRACT

**Background:** Postpartum depression (PPD) is a common mental health disorder that affects women following childbirth and poses significant challenges to maternal, infant, and family well-being. Despite its high prevalence, postpartum depression often remains underdiagnosed and undertreated, leading to adverse short- and long-term outcomes. **Objective:** This review aims to provide a comprehensive overview of postpartum depression, focusing on its risk factors, diagnostic approaches, and current management strategies. **Materials and Methods:** A comprehensive review of published literature was conducted using electronic databases, including PubMed, Scopus, Web of Science, and Google Scholar. Relevant articles addressing the epidemiology, risk factors, diagnosis, screening tools, treatment modalities, and preventive measures related to postpartum depression were selected and critically analyzed. **Results:** The reviewed literature indicates that postpartum depression affects approximately 10–20% of women during the first year after childbirth. Major risk factors include a previous history of depression or anxiety, inadequate social support, marital conflict, financial stress, unplanned pregnancy, obstetric complications, and sleep disturbances. Early identification is facilitated through validated screening instruments, particularly the Edinburgh Postnatal Depression Scale (EPDS). Evidence suggests that psychological interventions such as Cognitive Behavioral Therapy (CBT) and Interpersonal Therapy (IPT) are effective in reducing depressive symptoms. Pharmacological treatment, especially selective serotonin reuptake inhibitors (SSRIs), is beneficial for moderate-to-severe cases. Preventive strategies, including antenatal screening, psychoeducation, and family-centered support programs, have also demonstrated positive outcomes. **Conclusion:** Postpartum depression is a multifactorial and potentially serious condition that requires timely recognition and comprehensive management. Early screening, appropriate therapeutic interventions, and integrated maternal mental healthcare services are essential for improving maternal and infant outcomes. Increased awareness and multidisciplinary approaches can contribute significantly to the prevention and effective treatment of postpartum depression.

## INTRODUCTION

Postpartum depression (PPD) is a common and serious mental health disorder that affects women during the postpartum period, typically within the first year after childbirth. It is characterized by persistent feelings of sadness, anxiety, hopelessness, fatigue, and impaired maternal-infant bonding, significantly affecting the well-being of both mother and child. Unlike the transient “baby blues,” which resolve spontaneously within a few days to weeks, postpartum depression can persist for months and may require clinical intervention.

The global prevalence of postpartum depression varies across populations, with studies reporting rates ranging from 10% to 20% among new mothers. Multiple biological, psychological, and social factors contribute to its development, including hormonal fluctuations, previous psychiatric history, lack of social support, stressful life events, and obstetric complications. If left untreated, PPD can negatively impact maternal health, infant growth and development, family relationships, and overall quality of life.<sup>[1,2]</sup>

Early recognition and timely management are essential to reduce the burden of postpartum depression. Advances in screening tools, diagnostic

criteria, pharmacological treatments, psychotherapies, and supportive interventions have improved outcomes for affected women. However, challenges remain in identifying high-risk individuals and ensuring access to effective care.<sup>[3]</sup> This review aims to provide a comprehensive overview of postpartum depression, focusing on its epidemiology, risk factors, pathophysiology, clinical presentation, diagnostic approaches, and current management strategies. Understanding these aspects is crucial for healthcare professionals to promote early detection, appropriate treatment, and improved maternal and child health outcomes.

## MATERIALS AND METHODS

### Literature Search Strategy

A comprehensive literature search was conducted to identify relevant studies on postpartum depression (PPD), including its risk factors, diagnosis, and management. Electronic databases such as PubMed, Scopus, Web of Science, and Google Scholar were searched for articles published in English. Keywords used individually and in combination included: “postpartum depression,” “postnatal depression,” “maternal mental health,” “risk factors,” “screening,” “diagnosis,” “treatment,” “management,” and “prevention.”

### Inclusion and Exclusion Criteria

Studies were included if they:

- Focused on postpartum depression among women during the postpartum period.
- Examined risk factors, diagnostic approaches, screening tools, treatment modalities, or preventive strategies.
- Were original research articles, systematic reviews, meta-analyses, clinical guidelines, or observational studies.
- Were published in peer-reviewed journals.

Studies were excluded if they:

- Focused exclusively on other perinatal psychiatric disorders without addressing postpartum depression.
- Were conference abstracts, editorials, letters, or duplicate publications.
- Lacked sufficient methodological information or full-text availability.

### Study Selection

Titles and abstracts identified through the database search were screened for relevance. Full-text articles meeting the inclusion criteria were subsequently reviewed. Duplicates were removed prior to screening. Relevant studies were selected based on their contribution to understanding the epidemiology, risk factors, diagnosis, and management of postpartum depression.

### Data Extraction

Data were extracted from eligible studies using a standardized form. Information collected included:

- Author and year of publication.
- Study design and sample size.
- Population characteristics.
- Risk factors associated with postpartum depression.
- Diagnostic criteria and screening instruments used.
- Treatment and management strategies.
- Key findings and outcomes.

### Data Synthesis

The collected evidence was analyzed and synthesized narratively. Findings were categorized into major themes, including epidemiology, risk factors, pathophysiology, diagnosis, screening methods, pharmacological interventions, psychological therapies, and preventive approaches. The results were summarized to provide a comprehensive overview of current knowledge and clinical practices related to postpartum depression.

### Ethical Considerations

As this review was based solely on previously published literature and did not involve human participants or patient data, ethical approval and informed consent were not required.

## RESULTS

A total of studies relevant to postpartum depression (PPD) were identified through database searching. After removing duplicates and screening titles and abstracts, eligible full-text articles were reviewed and included in this review. The selected studies provided evidence regarding the prevalence, risk factors, diagnostic approaches, and management strategies associated with postpartum depression.

**Table 1: Summary of Prevalence of Postpartum Depression**

Study/Region	Population Studied	Prevalence (%)	Key Findings
Global Estimates	Postpartum women	10–20	PPD is a common maternal mental health disorder worldwide
High-income countries	Postpartum women	10–15	Better screening and healthcare access contribute to lower prevalence
Low- and middle-income countries	Postpartum women	15–25	Higher prevalence associated with socioeconomic stressors

The reviewed literature indicated that postpartum depression is one of the most common mental health disorders affecting women after childbirth. The prevalence reported across studies ranged from 10%

to 20%, with higher rates observed in low- and middle-income countries. Variations in prevalence were attributed to differences in study populations, diagnostic criteria, and screening methods.

**Table 2: Major Risk Factors for Postpartum Depression**

Risk Factor	Description	Impact on PPD Risk
Previous history of depression	Prior episodes of depression or anxiety	High
Lack of social support	Poor family or partner support	High
Marital conflict	Relationship dissatisfaction	Moderate to High
Unplanned pregnancy	Pregnancy not intended by mother	Moderate
Financial stress	Economic difficulties and unemployment	Moderate to High
Obstetric complications	Difficult labor or adverse birth outcomes	Moderate
Sleep disturbances	Poor sleep quality after delivery	Moderate
Maternal fatigue	Physical and emotional exhaustion	Moderate

Women with multiple risk factors demonstrated a significantly higher likelihood of developing postpartum depression.

**Table 3: Common Screening and Diagnostic Tools for Postpartum Depression**

Tool	Purpose	Advantages
Edinburgh Postnatal Depression Scale (EPDS)	Screening for depressive symptoms	Quick, reliable, widely used
Patient Health Questionnaire-9 (PHQ-9)	Assessment of depression severity	Easy administration
Beck Depression Inventory (BDI)	Evaluation of depressive symptoms	Comprehensive assessment
Clinical Interview (DSM-5 Criteria)	Diagnostic confirmation	Gold standard for diagnosis

The review found that early screening plays a crucial role in the identification of postpartum depression. The most frequently used screening tool was the Edinburgh Postnatal Depression Scale (EPDS). Other assessment methods included structured clinical

interviews and standardized psychiatric diagnostic criteria. Studies reported that routine screening during postnatal visits improved early detection and referral rates.

**Table 4: Management Strategies for Postpartum Depression**

Intervention	Type	Main Benefits
Cognitive Behavioral Therapy (CBT)	Psychological	Reduces depressive thoughts and behaviors
Interpersonal Therapy (IPT)	Psychological	Improves interpersonal relationships
Counseling	Supportive	Enhances emotional coping
Support Groups	Social Support	Reduces isolation and stress
Selective Serotonin Reuptake Inhibitors (SSRIs)	Pharmacological	Effective in moderate-to-severe PPD
Family-Based Interventions	Psychosocial	Strengthens support systems

Evidence from the reviewed studies demonstrated that a combination of pharmacological and non-pharmacological interventions produced the best outcomes.

**Table 5: Preventive Strategies for Postpartum Depression**

Strategy	Objective	Expected Outcome
Antenatal mental health screening	Early identification of high-risk women	Reduced incidence of PPD
Prenatal education programs	Increase awareness of symptoms	Improved help-seeking behavior
Partner and family involvement	Enhance emotional support	Better maternal well-being
Regular postpartum follow-up	Monitor mental health status	Early diagnosis and treatment
Community support services	Provide social assistance	Reduced psychosocial stress

### Psychological Interventions

- Cognitive Behavioral Therapy (CBT) effectively reduced depressive symptoms.
- Interpersonal Therapy (IPT) improved maternal emotional well-being.
- Counseling and support groups enhanced coping skills and social support.

### Pharmacological Interventions

- Antidepressant medications, particularly selective serotonin reuptake inhibitors (SSRIs), were effective in moderate-to-severe cases.
- Treatment decisions required careful consideration of breastfeeding status and maternal preferences.

### Supportive and Preventive Measures

- Family involvement and social support programs reduced symptom severity.

- Prenatal education and mental health awareness programs contributed to early identification of at-risk mothers.
- Regular postpartum follow-up improved treatment adherence and recovery outcomes.

## DISCUSSION

Postpartum depression (PPD) is a major public health concern affecting mothers worldwide and has significant implications for maternal, infant, and family health. The findings of this review indicate that PPD is a multifactorial disorder resulting from the interaction of biological, psychological, and social determinants. The prevalence estimates reported in the literature, ranging from 10% to 20%, are consistent with the findings of O'Hara and

McCabe,<sup>[4]</sup> who described postpartum depression as one of the most common complications of childbirth. A major finding of this review is the strong association between previous psychiatric illness and the development of PPD. Women with a history of depression, anxiety disorders, or other mental health conditions are significantly more likely to experience postpartum depressive symptoms. This observation is supported by Robertson et al,<sup>[5]</sup> who identified prior depression and antenatal anxiety as some of the strongest predictors of postpartum depression. Hormonal fluctuations following childbirth, particularly changes in estrogen and progesterone levels, have also been implicated in the pathophysiology of the disorder (Bloch et al.).<sup>[6]</sup> The review further highlights the importance of psychosocial risk factors such as inadequate social support, marital conflict, stressful life events, and low socioeconomic status. These findings are in agreement with the meta-analysis conducted by Beck,<sup>[1]</sup> which identified lack of social support and life stress as significant contributors to postpartum depression. Similarly, Dennis and Letourneau,<sup>[7]</sup> emphasized that women experiencing poor partner relationships and limited emotional support are at increased risk of developing depressive symptoms during the postpartum period.

Early identification and diagnosis are critical for reducing the burden of postpartum depression. The Edinburgh Postnatal Depression Scale (EPDS) remains the most widely used screening instrument due to its reliability, sensitivity, and ease of administration. Cox et al,<sup>[8]</sup> who developed the EPDS, demonstrated its effectiveness in identifying women at risk for postpartum depression. Routine screening during antenatal and postnatal healthcare visits has been shown to improve detection rates and facilitate timely intervention (ACOG, 2023).<sup>[9]</sup>

The current review also found that both psychological and pharmacological interventions are effective in managing postpartum depression. Cognitive Behavioral Therapy (CBT) and Interpersonal Therapy (IPT) have consistently demonstrated efficacy in reducing depressive symptoms and improving maternal functioning (Cuijpers et al., 2008).<sup>[10]</sup> For women with moderate-to-severe depression, antidepressant therapy, particularly selective serotonin reuptake inhibitors (SSRIs), remains an important treatment option. Stewart and Vigod,<sup>[11]</sup> reported that SSRIs are generally effective and well tolerated when treatment is carefully tailored to the individual patient's needs. Preventive strategies are increasingly recognized as essential components of maternal mental healthcare. Antenatal screening, psychoeducation, family-centered support, and early postpartum follow-up have been associated with improved maternal outcomes and reduced risk of depression (Dennis & Dowswell).<sup>[12]</sup> Integrating mental health services into routine maternal and child healthcare can promote early detection and ensure continuity of care, particularly among high-risk populations.

Despite advances in diagnosis and treatment, several challenges remain. Cultural stigma surrounding mental illness, underreporting of symptoms, and limited access to specialized mental health services continue to hinder effective management, especially in low- and middle-income countries (WHO, 2022).<sup>[15]</sup> Furthermore, variability in diagnostic criteria and assessment tools may contribute to differences in reported prevalence rates across studies. Future research should focus on culturally appropriate screening methods, personalized treatment approaches, and strategies to improve healthcare accessibility.

Overall, the evidence reviewed suggests that postpartum depression is a common but treatable condition. A multidisciplinary approach involving obstetricians, psychiatrists, nurses, psychologists, family members, and community support systems is essential for improving maternal mental health outcomes and enhancing the well-being of both mothers and their children.

## CONCLUSION

Postpartum depression (PPD) is a prevalent and significant mental health disorder that affects women during the postpartum period and has profound consequences for mothers, infants, and families. This review highlights that the development of PPD is influenced by a combination of biological, psychological, and social factors, with previous psychiatric illness, antenatal anxiety, inadequate social support, marital conflict, and socioeconomic stress emerging as the most important risk factors. Early identification through validated screening tools, particularly the Edinburgh Postnatal Depression Scale (EPDS), is essential for timely diagnosis and intervention.

Evidence from the reviewed literature demonstrates that both psychological therapies, such as Cognitive Behavioral Therapy (CBT) and Interpersonal Therapy (IPT), and pharmacological treatments, including selective serotonin reuptake inhibitors (SSRIs), are effective in managing postpartum depression. Furthermore, preventive measures such as antenatal mental health screening, psychoeducation, family support, and regular postpartum follow-up can significantly reduce the risk and severity of depressive symptoms.

Despite advances in understanding and treatment, challenges related to stigma, underdiagnosis, and limited access to mental health services continue to affect maternal care worldwide. Therefore, integrating mental health assessment and support into routine maternal healthcare services is crucial for improving outcomes. A multidisciplinary and patient-centered approach involving healthcare professionals, family members, and community resources is essential to ensure comprehensive care for affected women.

Future research should focus on developing culturally sensitive screening methods, identifying novel therapeutic approaches, and strengthening healthcare systems to improve the prevention, detection, and management of postpartum depression. Ultimately, enhancing awareness and providing timely, evidence-based interventions can promote maternal well-being and foster healthier outcomes for both mothers and their children.

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