

学 位 論 文 の 要 約

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<p>主論文の題名</p> <p>Do postpartum anxiety and breastfeeding self-efficacy and bonding at early postpartum predict postpartum depression and the breastfeeding method? (産後早期の不安と母乳育児自己効力感と愛着は、産後うつや母乳育児法を予測するかどうか。)</p> <p>Tomoko Minamida, Atsuko Iseki, Hiroko Sakai, Masumi Imura, Tadaharu Okano, Hisashi Tanii</p> <p>Infant Mental Health Journal Published: June 23, 2020 Doi:10.1002/imhj.21866</p> <p>主論文の要約</p> <p>Introduction</p> <p>Pregnancy and childbirth are serious life events for women, and the most frequent disease among pregnancy-related complications is depression. A mother's mentally unstable condition affects her child's rearing, influences the child's behavioral development, and inhibits early bonding formation. If there is a bonding failure, mothers have poor interactions with their children, and bonding failure has been shown to be a contributing factor to child abuse risk. Postpartum anxiety (PPA) and low parenting self-efficacy affect the risk of child abuse. Also PPA has been shown to negatively affect breastfeeding and bonding.</p> <p>Background</p> <p>It is important for medical staff who are involved in the early postpartum period to properly evaluate the relationship between a mother and her child. Knowing the relationships among early postpartum PPA, bonding, and the Edinburgh Postnatal Depression Scale (EPDS) score at 1 month postpartum will help identify the development of postpartum depression as early as possible. And, clarifying the relationships among PPA, breastfeeding self-efficacy, bonding, and 1-month postpartum breastfeeding methods could help predict the 1-month postpartum breastfeeding rate.</p>			

Objectives

We investigated whether PPA and breastfeeding self-efficacy and bonding at the early postpartum period can be used to predict postpartum depression and the breastfeeding method, and we sought to identify factors related to postpartum depression.

Methods

Primiparas were asked to participate in a three-stage questionnaire survey (1 day, 3 days, and 1 month after childbirth). The inclusion criteria were women aged ≥ 20 years who had a full-term vaginal delivery and no pregnancy- or delivery-related complications. Of the 510 eligible women, 185 (36%) returned the questionnaire on all three occasions. The EPDS classifies ≥ 9 points as Depressed and ≤ 8 points as Non-depressed. The breastfeeding method was categorized into an Exclusive group and a Mix group. The mothers' progress on the State-Trait Anxiety Inventory (STAI), Breastfeeding Self-Efficacy Scale (BFSES-SF), and Postnatal Bonding Questionnaire (PBQ) was observed over three periods.

Results

A repeated-measures ANOVA revealed that the mothers at high risk of developing postpartum depression (PPD) were those who did not show an increase in BFSES-SF score at early postpartum, and mothers whose bonding disorders have deteriorated rapidly. Exclusive breastfeeding was associated with an increase in BFSES-SF score at early postpartum. The results of the logistic regression analysis revealed a significant difference in employment as a factor related to postpartum depression. Compared to Regular, Part-time status was 4.4 times more likely and Unemployed status was 2.3 times more likely to cause postpartum depression.

Consideration

For the early detection of PPD, it is necessary to identify mothers who do not show an increase in their BFSES-SF score and mothers whose bonding disorders have deteriorated rapidly as characteristic of postpartum depression. In addition, it is necessary to check the employment status and economic status of mothers, because part-time or unemployed mothers are more likely to have postpartum depression than employment with regular employees.

Conclusion

Knowing the relationships among early postpartum PPA, bonding, and the EPDS at 1 month postpartum will help identify the development of postpartum depression as early as possible. In addition, since PPD is related to breastfeeding self-efficacy, bonding, and abuse, we believe that the BFSES-SF and the PBQ in the early postpartum period are useful parameters that may reveal a risk of child abuse.