

Awareness about Postpartum Depression Of Pregnant Women in Ho Chi Minh City, Vietnam

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Abstract

The paper presents the results of a research on awareness of pregnant women in Ho Chi Minh City, Viet Nam about postpartum depression in the following aspects: symptoms, harmful effects, risks and preventive measures, factors affecting awareness of pregnant women about postpartum depression. Research results showed that pregnant women in Ho Chi Minh City have certain knowledge about postpartum depression but not really enough. Opportunities to participate in communication activities on postpartum depression are identified as the most influential factor in the awareness of pregnant women in Ho Chi Minh City about postpartum depression.

Keywords: Awareness, pregnant women, depression, postpartum depression, Ho Chi Minh City.

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1. Introduction

Postpartum is a sensitive and complex period for women, many physical, psychological and social issues can arise at this stage, adversely affecting the quality of life of women and infants. One of the complex psychological problems that many postpartum women experience is postpartum depression, with about 6-13% of women suffering from postpartum depression (Gaynes et al., 2005; O'Hara & Swain, 1996). Postpartum depression usually occurs within 4 weeks of birth and manifests itself to varying degrees, from mild and transient postpartum depression, which usually lasts only 1-2 weeks with a mostly emotional manifestation, stress to depression is more severe with psychotic manifestations.

On a mild level, a woman can usually overcome it on her own and it does not affect her health as much as her baby, but when severe depression (with psychotic symptoms), the woman often fall into a state of helplessness, unable to cope, appear suicidal intent and murder. Mothers with severe depression may be the cause of developmental disorders in young children such as mental retardation, autism, social skills development, etc. For women with severe depression, early intervention is needed, from psychological counseling to medication treatment. The

American Pediatric Association (AAP) recommends screening for depression in mothers when infants are 1, 2 and 4 months old.

Support for postpartum women in screening for depression requires various measures, in which raising the awareness of women about postpartum depression in pregnancy is essential. This method helps the woman to be proactive in dealing with the risks leading to depression, proactively identify her depression and seek timely and effective resources (Patricia A Sealy et al., 2009; Nguyen Thi Hong Nhung, 2018).

2. Research design

2.1. Objectives of the study

Learn about the situation of pregnant women in Ho Chi Minh City about postpartum depression and the factors affecting their perceptions of postpartum depression.

2.2. Research object

The study was conducted on 150 pregnant women in Ho Chi Minh City. The sample was selected randomly.

2.3. Research Methods

- The research method is the survey method. The questionnaire was designed with 5 scales: the scale of awareness of the symptoms of postpartum depression, the scale of awareness about the harmful effects of postpartum depression, the scale of risk of postpartum depression, the scale of measures to prevent postpartum depression, a scale of factors affecting the awareness of pregnant women in Ho Chi Minh City about postpartum depression. The scales are designed according to the Likert 3-level scale 1-3: 1 - Disagree, 2 - Partially agree, 3 - Strongly agree. The scales ensure reliability with Cronbach's Alpha coefficient > 0.80. Besides, the research also uses other methods such as document research methods, in-depth interviews and statistical methods.

- Awareness of postpartum depression of all pregnant women in the study sample is generally assessed based on the average score (Mean) of the scale (minimum Mean of 1.0 and maximum of 3.0), the higher mean is received aware more fully. Percentage of pregnant women aware of postpartum depression at different levels is assessed by 3 levels and based on average and standard deviation of the scale (Mean \pm 1SD): low awareness if Mean < Mean - 1SD, average awareness if Mean - 1SD \leq Mean \leq Mean + 1SD, high awareness if Mean > Mean + 1SD.

3. Research results and discussion

3.1. The awareness of pregnant women in Ho Chi Minh City about postpartum depression

3.1.1. Awareness about the symptoms

When studying the manifestations/symptoms of postpartum depression, experts gave different views. Seyfried and Marcus (2003) suggest that there are three states of postpartum depression in women: postpartum stress, postpartum depression, and postpartum psychosis. Depending on the state, there are different manifestations. Women who suffer from postpartum depression often exhibit negative emotions such as sadness, moodiness, emptiness, disappointment, and possibly signs of anxiety; irritable, irritable, reduced communication; loss of interest in activity; don't care about anything; decreased libido; dissatisfied with daily activities; have feelings of guilt or shame; The feeling of insecurity and anxiety can lead to the idea of suicide. (Dyanne D. A 7 Thomas G.A, 1986). On the behavioral side, women with postpartum depression present with: low activity; quiet, long sitting, long lying; less responsible behavior, less purpose, less self-acceptance and more impulsive; communication activities are reduced; embarrassing behavior; or cry but don't know what to cry for; embarrassing, difficult to interact with children; neglect the errands; activities may be delayed (Goshtasebi A, Alizadeh M & Gandevani SB, 2013; DelRosario GA, Chang AC, Lee ED, 2013). Or symptoms such as sadness, anxiety, fatigue, anorexia, difficulty sleeping, etc. (Miller, L. J., 2002; Mayo Clinic,

2015). Thus, it can be seen that postpartum depression appears in women with many different manifestations, levels and manifests in the physical, cognitive, emotional and behavioral aspects. Surveying the awareness of pregnant women in Ho Chi Minh City in the sample of the common manifestations of postpartum depression, we obtained the following results:

Table 1: Awareness of pregnant women about symptoms of postpartum depression

No	Symptoms	Mean	SD
1	Sadness, tiredness	2.74	0.54
2	Reduced interest in everything	2.64	0.63
3	Emotionally volatile, easily explosive	2.64	0.64
4	Feeling anxious and insecure	2.56	0.66
5	Feeling lonely, empty	2.64	0.72
6	Anorexia, insomnia	2.47	0.53
7	Feeling exhausted, short of breath	2.51	0.65
8	Rapid weight loss	2.49	0.76
9	Don't want to interact with anyone	2.74	0.62
10	Paranoid expression	2.47	0.77
11	Falling into a state of surprise	2.50	0.56
12	Uncontrollably thinking, self-acting	2.48	0.72
13	Intending to commit suicide	2.48	0.62
Mean in total:		2.57	0.58

* Note: Lowest score = 1.0; highest score = 3.0; The more mean is, the more fully aware

The results in Table 1 showed that the symptoms of postpartum depression are fully perceived by pregnant women in Ho Chi Minh City (mean in total = 2.57/3.0). Mild manifestations are more fully perceived by women: "Sadness, tiredness"; "Do not want to contact, talk to anyone"; "Reduce interest in everything"; "Emotionally volatile, easily explosive"; "Feeling lonely, empty"; ... (with mean = 2.64 to 2.74).

Whereas the symptoms of severe depression are perceived to a lesser extent: "Feeling of exhaustion, shortness of breath"; "Falling into a state of surprise"; "Paranoid expressions"; "Intending to commit suicide", ... (with mean measured from 2.47 to 2.51).

Through in-depth interviews, the majority of pregnant women expressed their relatively full awareness of the symptoms of postpartum depression: Ms. B.T.H.T (District 12) said: "Through learning, I know a woman if she is depressed. postpartum colds often have many simultaneous symptoms such as being bored, tired, not wanting to talk to people, if being severe, it can lead to stress or depression, paranoia", L.T.H (Go Vap District) shared. : "A woman with postpartum depression may have symptoms such as sadness, tiredness, stress, cowering, negative thoughts, mental health problems".

However, there are also pregnant women who are not fully aware of the symptoms of postpartum depression: Ms. N.T.T.T (Hoc Mon District) said: "I have heard about postpartum depression but have not learned much

so I do not know clearly. What are the manifestations, seems to be tired, stressed".

With the survey results, we realize that it is necessary to further raise the awareness of pregnant women in Ho Chi Minh City about the symptoms of postpartum depression.

3.1.2. Awareness about the harmful effects

Postpartum depression affects about one in five women in the first year after birth (Gavin et al. 2005). Postpartum depression can cause a lot of harm to the health of pregnant women, especially for infants during development (Murray et al., 2011; Netsi et al., 2018; Sanger, Iles, Andrew, & Ramchandani, 2015). Maternal depression negatively affects infants through impaired mother-infant interactions that are often associated with postpartum depression (Field 1998; Goodman and Gotlib 1999; Murray et al., 1996; van Doesum et al., 2007). In some cases the mother may develop suicidal and/or infanticidal thoughts and plans (Cooper and Murray 1995; Goodman 2004).

Table 2: Awareness of pregnant women on the harmful effects of postpartum depression

No	Harmful effects	Mean	SD
1	Impairs women's health	2.62	0.59
2	Causing difficulties in child care process	2.54	0.66
3	Adversely affecting women's family and social relations	2.58	0.68
4	Delays the development of the child, can cause developmental disorders in the child	2.36	0.76
5	Threatening the lives of mothers and children	2.48	0.65
Mean in total:		2.52	0.64

* Note: Lowest score = 1.0; highest score = 3.0; The more mean is, the more fully aware

Overall, the survey results in Table 2 showed that pregnant women in Ho Chi Minh City have a good understanding of the harmful effects of postpartum depression (mean in total = 2.52/3.0).

The harm to women such as: "Postpartum depression depletes women's health"; "Causing difficulties in child care process", "Adversely affecting family relationships, social relations of women" are well perceived by pregnant women (with mean = 2.54 to 2.62).

Meanwhile, the awareness of pregnant women about the harms related to the child is more limited: "Slowing down the development process of the child, which can cause developmental disorders in the child"; "Threatening the lives of mothers and children" (with mean = 2.36, 2.48). Some pregnant women were interviewed about the harmful effects of postpartum depression, mainly referring to harm to women, Ms. N.T.H (Go Vap District) said: "I think postpartum depression will make health of women who are degraded quickly and have difficulty raising children", according to N.T.T.T (Hoc Mon District): "... when a woman suffers from postpartum depression, it can lead to health deterioration and affect family members".

With the survey results in Table 2, in order to raise the awareness of pregnant women about postpartum depression, they also need to raise their awareness about the harmful effects of it.

3.1.3. Awareness about the risks

Postpartum depression is a form of mental disorder that is not a spontaneous cause. There are many risk factors for depression in postpartum women such as: physiological changes, a history of depression, difficulty raising children, etc. (Mayo Clinic, 2015). Spouses spend less time with each other, infants do not fit the rhythm of the whole family, marital dissonance (Tammentie et al., 2012). Economic pressure, which plays many roles at the same time, in families of people with depression, using stimulants (Hanley and Long, 2006). Besides, factors such as negative thoughts, lack of knowledge and parenting skills is also a risk factor for postpartum depression in women.

The survey results showed that the awareness of pregnant women in Ho Chi Minh City on the risk of leading to postpartum depression is quite limited (mean in total = 2.44/3.0).

Table 3: Awareness of pregnant women on the risk of postpartum depression

No	Risks	Mean	SD
1	Postpartum physiological changes	2.35	0.65
2	History of depression or psychological disorders	2.29	0.76
3	Lack of knowledge and skills to raise children	2.33	0.75
4	Habit of using stimulants	2.34	0.73
5	Non-scientific living regimes: lack of nutrition, insufficient sleep, etc.	2.26	0.79
6	Negative thinking	2.41	0.64
7	There were events before the birth: lost loved ones, ...	2.57	0.67
8	Pressure to give birth to an unborn child	2.61	0.53
9	Children have difficulty raising children.	2.55	0.69
10	Difficult family economic circumstances	2.50	0.74
11	Lack of attention and care of relatives	2.55	0.76
12	Family conflict and discord in marriage	2.54	0.67
Mean in total:		2.44	0.68

* Note: Lowest score = 1.0; highest score = 3.0; The more mean is, the more fully aware

For postpartum depression, many researchers believe that factors from the pregnant woman itself is one of the great risks. To prevent this problem, first of all, the pregnant woman herself needs to control well the factors from herself, such as changing physiological body after birth; a history of depression or psychological disorders; lack of knowledge and skills to raise children; habit of using stimulants; unscientific diet: eating undernourished, not getting enough sleep, ...; or negative thoughts. However, the awareness of pregnant women in the sample of research on these factors is quite limited (mean from 2.26 to 2.41).

Besides subjective factors, objective factors such as: pressure to give birth, unintended births; events before

birth: loss of relatives, ...; children are difficult to raise, many diseases; difficult family economic circumstances; lack of attention and care of relatives; Family conflict, marital discord are also factors that easily push a woman into depression after childbirth. The survey results in Table 3 showed that these factors are more fully aware by the women (with mean from 2.50 to 2.61).

Restrictions in the awareness of subjective factors can reduce the active and positive role of pregnant women in preventing postpartum depression for themselves. Therefore, this is one of the areas that need special attention when raising pregnant women's awareness about postpartum depression.

Thus, it can be said that pregnant women in Ho Chi Minh City have a certain understanding of the risk of postpartum depression, but need to improve their awareness in this regard.

3.1.4. Awareness on measures to prevent postpartum depression

Postpartum depression is a controllable disorder if the woman recognizes and takes appropriate measures to control and eliminate the risks leading to depression (Minh Nguyen, Hong Thu, 2019).

Table 4: Awareness about measures to prevent postpartum depression

No	Measures	Mean	SD
1	Psychological preparation before childbirth	2.52	0.57
2	Equipping knowledge and skills to raise children	2.41	0.68
3	Strengthen connection with children: cuddling, nursing,...	2.52	0.61
4	Always think positive in all situations	2.66	0.55
5	Moderation activities, science: eating enough nutrition, getting enough sleep, exercising, recreation, ... in the period before and after birth	2.44	0.63
6	Avoid conflicts and discord in marriage and family relationships	2.63	0.66
7	Economic preparation and other necessary conditions for child rearing and care	2.52	0.74
8	Sharing difficulties in caring and nurturing children with relatives	2.44	0.72
9	Enlist the assistance of husband and family in raising and taking care of children	2.48	0.70
10	Immediately seek professional attention (consultative psychologist - psychiatrist) for timely assistance	2.45	0.68
Mean in total:		2.51	0.69

* Note: Lowest score = 1.0; highest score = 3.0; The more mean is, the more fully aware

To control the subjective risks leading to postpartum depression, experts believe that pregnant women need to implement well measures: psychological preparation before childbirth; equip knowledge and skills to raise children; strengthen connections with children: cuddling, nursing,; always think positively in every situation; moderation activities, science: eat enough nutrition, get enough sleep, exercise, recreation, ... in the period before and after birth. These measures are very effective in preventing postpartum depression, but the awareness of

pregnant women about these measures is not really adequate (mean from 2.41 to 2.66).

Survey results also showed that the awareness of pregnant women on measures to control the objective factors that can lead to postpartum depression such as avoiding conflict, discord in marriage and family relationships; economic preparation and other necessary conditions for child rearing and care; sharing difficulties in child care and nurturing with relatives; enlist the support of husband and family in raising and taking care of children; seek professional experts immediately (consultative psychotherapists, psychiatrists) for timely and incomplete assistance (with mean from 2.44 to 2.63). With the mean scale of 2.51/3.0, it is possible to identify pregnant women in Ho Chi Minh City who already have a good understanding of measures to prevent postpartum depression but it is also not very complete. This is also a point of interest when implementing communication programs on postpartum depression to pregnant women in the city.

3.1.5. General comments on awareness of pregnant women in Ho Chi Minh City about postpartum depression

The overall awareness of women on postpartum depression and the awareness of the women surveyed are summarized in the chart below:

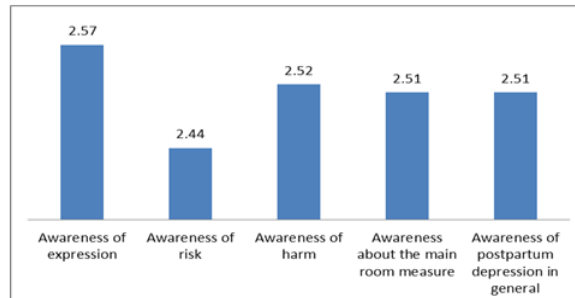


Figure 1: The common awareness of pregnant women about postpartum depression

In general, pregnant women in Ho Chi Minh City have a good understanding of postpartum depression but it is still not really complete (mean = 2.51). Among the surveyed aspects, pregnant women had a better understanding of the symptoms of postpartum depression than their findings on the risks, harms and measures to prevent postpartum depression, but the extent of the difference is not large and there is no statistically significant difference ($p > 0.05$).

Awareness of pregnant women on each aspect related to postpartum depression and general awareness about postpartum depression are positively correlated ($r = 0.78$ to 0.91 , $p < 0.05$). Thus, in order to raise the awareness of women about postpartum depression need to raise their awareness of the relevant aspects.

The percentage of pregnant women who are aware of postpartum depression at 3 different levels (low, moderate, high) is as follows:

Table 5: Percentage of women aware of postpartum depression at levels

Awareness level	Rate (%)
Low	16.5
Average	48.2
High	35.3
Total:	100

The data in Table 5 show that the rate of pregnant women with awareness of postpartum depression is high at 35.3%, the average proportion accounts for the highest rate with 48.2% and 16.5% of pregnant women are aware at low level.

These results suggest that it is necessary to continue to take appropriate measures to raise the awareness of pregnant women in Ho Chi Minh City of postpartum depression.

3.2. Factors affecting the awareness of pregnant women about postpartum depression

There are many different factors that affect a woman's awareness of postpartum depression. In this study, we only examine the influence of two factors that we consider to be the most important: the proactiveness in studying postpartum depression of pregnant women; access to communication activities on postpartum depression of social organizations. The results are as follows:

Table 6: Factors affecting the awareness of pregnant women about postpartum depression

No	Element	Mean	Correlated (r)	Level of influence (R ²)
1	The initiative in understanding postpartum depression in pregnant women	2.58	0.89**	0.23***
2	Opportunity to access to communication activities on postpartum depression of social organizations	2.12	0.73**	0.18***

* Note: ** with significance level $p < 0.05$, *** with significance level $p < 0.000$

Surveying on the proactive knowledge of postpartum depression of pregnant women in Ho Chi Minh City, we found that they were quite active in understanding this issue (mean = 2.58/3.0). Most of the interviewed women said that when they heard about postpartum depression and its harm, they took advantage of their free time to learn and mainly research on the internet via phone and computer. Ms. N.T.H (Ward 4, Go Vap District) shared: "Sometimes I go online to read some articles about postpartum depression, because listening to people say this is quite dangerous and pregnant women are susceptible. right".

The initiative of understanding postpartum depression of pregnant women in Ho Chi Minh City was positively correlated with their perceptions about postpartum depression ($r = 0.89$, $p < 0.05$), regression results suggesting that this factor is capable of predicting 23% ($R^2 = 0.23$, $p < 0.000$) the change of awareness pregnant women in postpartum depression. This also means that the positive impact of understanding postpartum depression will greatly contribute and raise their awareness of postpartum depression.

Survey results in table 6 showed that the opportunity to access communication activities on postpartum depression of pregnant women in Ho Chi Minh City is not much (mean = 2.12). Some women in the interview group said that the chances of accessing social media about postpartum depression of social organizations, especially direct communication activities, are not many, even never had this opportunity: Ms P.T.T.Y (Trung My Tay Ward, District 12) said that "since I was pregnant, it has been nearly 7 months but I have not heard of any communication about postpartum depression for pregnant women in the ward. but I can find out by myself on the phone", Ms L.T.P (Hoc Mon District) shared: "I also want to attend talks on reproductive health, about how to raise my children, but for I haven't had this chance yet".

According to the statistical results, the opportunity to access communication activities about postpartum depression has the ability to predict 18% ($R^2 = 0.18$, $p < 0.000$) the change of awareness of pregnant women in the sample of postpartum depression. As such, increasing access to communication activities on postpartum depression for pregnant women in Ho Chi Minh City is also one of the important solutions to raise their awareness about postpartum depression.

4. Conclusions and Recommendations

Being fully and fully aware of postpartum depression is extremely important for pregnant women, helping them be proactive in preventing and responding effectively to postpartum depression, preventing health problems. Good for yourself and the development of young children. However, by surveying the cognitive status of 150 pregnant women in Ho Chi Minh City about postpartum depression, we found that:

- The awareness of pregnant women in Ho Chi Minh City on postpartum depression is not really complete, especially the awareness of the risk of postpartum depression.
- The surveyed factors all influence the awareness of pregnant women in Ho Chi Minh City about postpartum depression, in which the factor "Opportunities to access communication activities about postpartum depression of social organizations" is most impactful.
- To contribute to the care of reproductive health of postpartum women as well as the healthy development of newborns, the departments and specialized units of Ho

Chi Minh City should pay more attention to improving awareness of pregnant women in the city area about postpartum depression.

- To raise the awareness of pregnant women in Ho Chi Minh City about postpartum depression, the departments and specialized units should synchronously implement the following measures: Increase communication about the following depression deliver to pregnant women through the media and at health facilities; Organize training courses on postpartum depression for pregnant women in health facilities or in the community; Establish support services and intervention for postpartum depression for pregnant women in the community; Develop and implement projects on mental health care for pregnant women, ...

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