

**Pregnancy after Postpartum Depression – Could Postpartum Depression be a
Growing Experience?**

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Statement of Originality

The thesis contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. I give consent to this copy of my thesis, when deposited in the University Library**, being made available for loan and photocopying subject to the provisions of the Copyright Act 1968. **Unless an Embargo has been approved for a determined period.

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Structured Abstract

Scope

Postpartum depression (PPD) is a serious condition that affects one in five women and can have negative ramifications for the infant, the mother, mother-infant attachment, child development and the family. The experience of PPD is traumatic and stressful, and can persist for several years and impact on future pregnancies and family planning. Research has mainly focused upon the negative outcomes of PPD, however little is known of the positive outcomes of PPD. Positive changes following stressful events, or stress-related growth (SRG), can occur as a result of the person struggling with adversity.

Purpose

There is a knowledge gap in the current literature regarding growth following PPD and prospective studies exploring women's psychological responses through the peripartum period and through subsequent pregnancies and postpartum periods. The purpose of this study was to explore the psychological outcomes across two indexed pregnancies of two groups of women – women who were diagnosed by their GP as having PPD ('PPD group') and women who were not diagnosed with PPD ('not-PPD group'). The aim was to investigate whether these groups differed in their coping styles, marital satisfaction and stress-related growth, and whether these factors mediated their experience of depressive symptoms from one postpartum period to the next. It also aimed to assess whether stress-related growth was evident in the postpartum period of the subsequent pregnancy, and to identify specific predictors of stress-related growth.

Methodology

Participants in this study were sourced from a pool of participants involved in a larger, longitudinal study in the United Kingdom that was examining psychological responses to pregnancy and pregnancy failure. A sample of 75 primiparous women diagnosed with PPD agreed to participate in this study. They were matched to a random sample of 75 primiparous women who did not have a diagnosis of PPD to act as a control. The women were aged between 18 to 38 years ($M = 27.5$, $SD = 5.5$). They completed the Beck Depression Inventory (BDI), the Index of Marital Satisfaction (IMS), the Coping Response Inventory (CRI), the Revised Stress-Related Growth Scale (RSRGS), and a demographics survey over three time points: $T1$: during pregnancy (3rd trimester of the first pregnancy), $T2$: the initial postpartum period (6 months after the birth from the first pregnancy), and $T3$: the subsequent postpartum period following the subsequent pregnancy (6 months after the birth of the second child). A number of women dropped out of the study over the three time points, leaving 52 women in the PPD group and 64 women in the not-PPD group completing the entire study. A repeated measures analysis of variance was conducted to examine the differences between the two groups on these measures, and a hierarchical multiple regression analysis was used to examine the strength of the relationships between the variables and stress-related growth.

Results

Results indicated that growth can act as a mediator in the reduction of depressive symptoms in subsequent postpartum periods, with women in the PPD group reporting a reduction in depressive symptoms across the time points and significantly greater stress-related growth than women in the not-PPD group in the subsequent postpartum period. Women's marital satisfaction during pregnancy, maternal depression in the postpartum periods, and behavioural approach coping strategies employed during pregnancy and

cognitive avoidance coping strategies in the initial postpartum period were found to predict stress-related growth in the subsequent postpartum period.

Conclusions and Implications

This study highlights that positive outcomes can occur following PPD such as personal growth and improved marital relationships, and certain factors can reduce the risk of recurrence of PPD in subsequent pregnancies. This study has clinical value, whereby these results can offer encouragement to women who have a prior history of PPD or a psychiatric history and reduce their distress at the prospect of future pregnancies. This study can also assist in clinicians providing a more holistic intervention for PPD that includes both reducing negative outcomes of PPD as well as targeting the positive change that can arise from PPD, such as personal growth, greater connections with others, and improvements in self-understanding, belonging, personal strength, emotional regulation, treatment of others and spirituality.

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