THE ROLE OF EMPLOYMENT STATUS ON DEPRESSIVE SYMPTOMS AMONG WOMEN AT RISK FOR POSTPARTUM DEPRESSION

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Prevalence of Postpartum Depression



Postpartum Depression Defined

- Some have argued that postpartum depression manifests differently than general adult depression
- Common symptoms include:
 - Easily irritable, agitated, and/or angered
 - Overwhelming fatigue
 - Lack of joy in life
 - Mood swings
 - Difficulty bonding with the baby
 - Feelings of shame, guilt or inadequacy
 - Withdrawn and unconnected
 - Highly anxious (e.g., being afraid to be alone with the baby, worried about the baby)
 - Difficulty completing tasks (e.g., difficulty caring for the baby)
 - Withdrawal from family and friends

Prevalence of Postpartum Depression

- 13-19% of mothers experience postpartum depression (PPD)
- Typically occurs within the first 6 weeks following childbirth but can begin up to 6 months after delivery
- Almost half of mothers who have postpartum symptoms early in the postpartum phase continue to have them during the first year



Consequences of PPD



- Postpartum depression has significant effects on the mother and fetus:
 - Poor functional status of the mother
 - Poor infant child bond
 - Difficulty caring for the newborn
 - Adverse effect on significant other
 - Increased risk for depression in the future

Employment and Postpartum Depression

- Working outside of the home may be a protective factor for postpartum depression
- Goyal et al. (2010) found that low income, unmarried, less than college, and being unemployed related to higher depression
- Gjerdingen et al. (2014) found than employed participants were less likely to report depression than non-employed participants

Limitations of Previous Studies

- Limitations of previous studies include:
 - Unstandardized measures of depression
 - Confounding factors not controlled (e.g., BMI, age, race/ethnicity, antidepressant medication use)
 - Previous studies have not examined women who are at increased risk for postpartum depression

Purpose

- To examine the relationship between employment status and depressive symptoms among postpartum women at risk for depression.
 - We hypothesized that women who returned to work would report fewer depressive symptoms than those who did not return to work.
 - We explored the relationship between working full-time vs. part-time and depressive symptoms.

Participants



- Participants (n=124) were seven months postpartum and had participated in a randomized trial examining the efficacy of an exercise intervention for the prevention of postpartum depression.
- Participants were at risk for postpartum depression (defined as having a history of depression or a maternal history of depression)

Measures

Demographic characteristics



 Other potential confounding variables (BMI, antidepressant use, breastfeeding)

Edinburgh Postnatal Depression Scale

Procedure

- Participants (n=124) had been randomly assigned to either a physical activity or health and wellness intervention (both delivered over the telephone and lasting six months)
- Participants completed questionnaires at six weeks postpartum and at seven months postpartum
- In the overall trial, both groups exercised at the same rate (approximately 125 minutes per week on average) and there were no between group differences on diagnosed depression (both lower than anticipated)

Overall Trial Results



^{*}Both measures significant at p < .01.

Data Analysis

- Chi-square analysis to examine the relationship between the dichotomous demographic/psychosocial variables and employment status.
- One-way ANOVA tests to examine the relationship between the continuous demographic/psychosocial variables and employment status.
- Linear regression evaluated the relationship between employment status and postpartum depressive symptoms after controlling for several demographic/psychosocial variables (i.e., race/ethnicity, body mass index, education level, income level, marital status, age, antidepressant medication use, and ever breastfed) and condition assignment (exercise vs. wellness/support contact control condition).
 - We excluded potential confounders from the final analysis that were above a p-value of .15.

Results: Demographics

Variable	Total sample	Employed	Not Employed	P-value
	(n=124)	(n= 84)	(n=40)	
Caucasian (%)	82.3%	84.5%	77.5%	.451
Body Mass Index (BMI)	28.7(5.88)	28.9(6.39)	28.4(4.65)	.678
Education (% College Grad)	69.4%	75.0%	57.5%	.061
Income (% over \$50,000)	58.1%	63.1%	47.5%	.121
Marital Status (% Married)	82.3%	84.5%	77.5%	.237
Age (average in years)	30.8(4.92)	30.7(5.05)	31.0(4.68)	.753
Antidepressant Use	19.4%	16.7%	25.0%	.332
Breastfed at Birth	92.7%	91.7%	95.0%	.717
Depression Score*	5.87(4.43)	5.20(3.54)	7.28(5.68)	.014

Standard deviations are in parentheses. *Depression score is based on the Edinburgh Postnatal Depression Scale

Results: Employment Status

- Sixty-eight percent reported employment at seven months postpartum
 - Among those were employed, 57.1% worked full-time
- There were no differences for employment status group on any of the demographic variables
- Among women who worked outside of the home, there were no differences between those who worked full-time vs. part-time on depressive symptoms

Results: Linear Regression

Variable	Beta*	P-Value	95% CI
Marital Status	.261	.002	1.15, 4.87
Antidepressant Use	235	.005	-4.43, -0.81
Condition (Exercise vs. Wellness)	.224	.007	0.56, 3.40
Employment Status	.169	.040	0.07, 3.11

*Betas are linear regression coefficients



Discussion

- Employment during the postpartum phase may be a protective factor for depressive symptoms; however, causation cannot be inferred given the cross-sectional design of this study.
- Postpartum women, especially those at risk for depression, who are contemplating employment should consider the possible protective effect that employment may have on depressive symptoms.

Future Directions

- Examine depression and employment over time starting during pregnancy
- Evaluate factors that may contribute to employment status and depression including:
 - Flexible hours
 - Part-time work
 - Job satisfaction