

research snapshot

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Relation between place of residence and postpartum depression

What is this research about?

Postpartum depression is well recognized as being a health problem and can have serious consequences for mothers, their children, and the family as a whole. As such, prevention is of high priority. The relation between the place of residence and risk of postpartum depression is not well understood. Ontario researchers evaluated the relation between place of residence and risk of postpartum depression in a population-based sample of Canadian women.

What did the researchers do?

To find out if there are geographical differences in the risk of postpartum depression, researchers from Ontario used the population-based 2006 Canadian Maternity Experiences Survey, which surveyed women who had recently given birth. The survey gathered information on key indicators of health during and after childbirth from 6421 recent mothers in all provinces and territories. Those with at least 500,000 inhabitants were considered large urban centres; semi-urban communities had a population of 30,000 to 499,999; semi-rural communities had fewer than 30,000 people;

What you need to know:

Women who live in large urban areas are at greatest risk of postpartum depression. A history of depression, lack of social support, and being born outside Canada, are important risk factors that contribute to the high rates of postpartum depression within urban centres. Prevention programs to reduce modifiable risk factors, such as social support, could target women living in these areas to reduce the rates of postpartum depression.

and rural communities had fewer than 10,000 people .

What did the researchers find?

The researchers found that place of residence plays a role in the risk of postpartum depression in Canada. In this study, women who lived in large urban areas were at greatest risk of postpartum depression. A history of depression, lack of social support, and being born outside Canada, are important risk factors that contribute to the high rates of postpartum depression within urban centres. The researchers recommend that prevention programs directed at modifiable risk factors,

such as social support, could specifically target women living in these areas to reduce the rates of postpartum depression.

How can you use this research?

This study may be of help to primary care practitioners in identifying women at risk of postpartum depression. It may also be useful for policymakers as they plan supports and services for women before and after they give birth to reduce their risk of postpartum depression.

Limitations and next steps

The potential limitations of this study include the self-reported nature of the results and the potential for a sampling bias of healthy respondents. Also, the sample didn't include women living on First Nations Reserves or in group homes. The researchers recommend that future studies of postpartum depression pay close attention to how they define "urban" and "rural", as this can affect the results.

About the researchers

Simone N. Vigod is a scientist at Women's College Research Institute (WCRI) and a psychiatrist at Women's College Hospital. She is an assistant professor in the Department of Psychiatry at the University of Toronto (U of T) and an Adjunct Scientist at the Institute for Clinical Evaluative Sciences, in Toronto, Ontario.

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Barbara Bryja is a registered midwife with Midwives Grey Bruce, in Owen Sound, Ontario. Cindy-Lee Dennis holds the Canada Research Chair in Perinatal Community Health at U of T, and the Shirley Brown Chair in Women's Mental Health Research at the Women's College Research

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This Research Snapshot is based on their article, "Relation between place of residence and postpartum depression," which was published in the Canadian Medical Association Journal, *CMAJ* 2013. DOI:10.1503/cmaj.122028.

Keywords

Women, mental illness, postpartum depression, social support, urban, rural

This Research Snapshot is based on an article that has been critically appraised for quality and susceptibility to bias.

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