

Women who miscarry continue to have mental health problems

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The depression and anxiety experienced by many women after a miscarriage can continue for years, even after the birth of a healthy child, according to a study led by University of Rochester Medical Center researchers and published online today by the *British Journal of Psychiatry*.

"Our study clearly shows that the birth of a healthy baby does not resolve the [mental health problems](#) that many women experience after a miscarriage or stillbirth," said Emma Robertson Blackmore, Ph.D., assistant professor of Psychiatry at the Medical Center and the lead researcher. "This finding is important because, when assessing if a woman is at risk of antenatal or postnatal depression, previous [pregnancy loss](#) is usually not taken into account in the same way as other risk factors such as a family history of depression, stressful life events or a lack of social support."

"We know that [maternal depression](#) can have adverse impacts on children and families," Robertson Blackmore said. "If we offer targeted support during pregnancy to women who have previously lost a baby, we may be able to improve health outcomes for both the women and their children."

Pregnancy loss by miscarriage or stillbirth affects more than an estimated one million women in the United States annually. Between 50 and 80 percent of women who experience pregnancy loss become pregnant again.

The researchers studied 13,133 pregnant women in the United Kingdom who were taking part in a long-term study known as the Avon [Longitudinal Study](#) of Parents and Children. The women were asked to report the number of previous miscarriages and stillbirths they had experienced. They were assessed for symptoms of depression and anxiety twice during their pregnancy and four times after giving birth, at 8 weeks, 8 months, 21 months and 33 months. The majority of women

reported no miscarriages. But 2,823 women, or 21 percent, reported having one or more previous [miscarriages](#), while 108 reported having one previous stillbirth and three women had two previous stillbirths.

"We found no evidence that affective symptoms associated with previous prenatal loss resolve with the birth of a healthy child. Rather, previous prenatal loss showed a persisting prediction of depressive and anxiety symptoms well after what would conventionally be defined as the postnatal period," the researchers concluded.

Of the [women](#) who had one miscarriage or stillbirth before giving birth to a healthy child, for example, almost 13 percent still had symptoms of depression 33 months after the birth. Of those with two previous losses, almost 19 percent had symptoms of depression 33 months after the birth of a healthy child.

Prenatal loss is not routinely considered a risk factor for antenatal or postpartum depression in the same way as, for instance, personal or family history of depression, exposure to stressful life events or lack of social support, according to the study. Routinely assessing loss history would be valuable as a predictor of current and postpartum risk and as a possible marker for intervention, the researcher.

"Given the adverse outcomes of persistent maternal depression on both child and family outcomes, early recognition of symptoms can lead to preventive interventions to reduce the burden of illness, provide coping strategies to reduce anxiety and [depression](#) and promote healthy adjustment of the mother, family and child," the researchers stated.

More information: Robertson Blackmore E, Côté-Arsenault D, Tang W, Glover V, Evans J, Golding J and O'Connor TG. Previous prenatal loss as a

predictor of perinatal depression and anxiety. *British Journal of Psychiatry*, ePub ahead of print 3 March 2011, doi: 10.1192/bjp.bp.110.083105

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