Prevalence, antecedents and perceptions of efficacy of treatments of postnatal depression in Australia

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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 the final version of my thesis being made available worldwide when deposited in the University’s Digital Repository, subject to the provisions of the Copyright Act 1968.

Catherine Chojenta
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Relevant publications/presentations


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- Chojenta C, Loxton D, Lucke J. ‘The perfect mother wouldn’t have that’: Australian women’s experiences of motherhood and postnatal depression. 16th Qualitative Health Research Conference, Vancouver, Canada, October 3-5, 2010.


- Chojenta C, Lucke J, Loxton D. An examination of the narratives of women who have experienced postnatal depression in Australia. Poster presentation at the 5th International Mixed Methods Conference, University of Leeds, UK, 8-11 July 2009.


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Abstract

While new motherhood is socially perceived to be a time of great elation and joy, this life stage is also a time of great risk for mental health problems and emotional difficulties. For women, these problems can have long-term impacts including putting them at risk for ongoing mental health problems and dissatisfaction with motherhood. This in turn may reduce infant-mother bonding which can have impacts on the infant’s mental health and intelligence even into childhood. The most common form of mental health morbidity in the perinatal period is postnatal depression, affecting between 10-20% of mothers in Australia (National Health and Medical Research Council 2000).

This thesis fills a gap in the current literature by examining both the proximal and distal factors related to postnatal depression in Australia by using longitudinal data collected on a national, broadly representative, sample of women. A longitudinal, multi-methods design was employed to examine the complex associations between risk factors and to also explore the lived experience of new mothers who have experienced postnatal depression.

Prior history of mental health conditions were particularly evident as having a significant impact on risk of postnatal depression, as was long-term experience of stressful life events and lack of social support. In addition health and stressful life events in pregnancy and postpartum such as breastfeeding, emotional distress during labour and sleep deprivation had an impact on the occurrence of postnatal depression. The results indicated that understanding a woman’s mental health history is very
important in the detection of those who are most vulnerable to postnatal depression.

These findings also indicate that treatment and management of depression and anxiety earlier in life may have a positive impact on the incidence of postnatal depression.

The findings of this project can direct future mental health clinical guidelines regarding postnatal depression and support the premise of early intervention for mental health problems. By preventing first incidences of mental health problems, recurrences such as those in the perinatal period should be reduced, which in turn will have a positive impact on mother-infant bonding, and on maternal health outcomes and infant outcomes.