

RESEARCH ARTICLE

Psychological Vulnerability to Perinatal Depression: A Longitudinal Mediation Model

Maria Provencio ✉, Maria F. Rodríguez-Muñoz, Katina Kovacheva, María Dolores López-Salmerón, Ana Fonseca, Cristina Soto-Balbuena, Elvira Macayo-Sánchez

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ABSTRACT

Perinatal depression (PD) is a significant mental health concern affecting women during pregnancy (antenatal depression, AD) and postpartum (postpartum depression, PPD). The association between AD and PPD is well established, with AD serving as a risk factor for PPD. Additionally, a history of depression and neuroticism have been identified as key vulnerability factors. However, the role of neuroticism remains controversial in the scientific literature, with some studies suggesting it is a stable predictor of depression, while others propose it may exhibit fluctuations in response to life events, altering its mediating role in PD. We aim to explore the role of psychological vulnerability (history of depression and neuroticism) and AD, as transdiagnostic risks factors contributing on PPD in a longitudinal sample of 229 women. Self-report questionnaires were administered during pregnancy and postpartum. Results indicate that a history of depression had an indirect effect on PPD, mediated by both neuroticism and AD. Given the uncertainties regarding the stability of neuroticism, further longitudinal research is needed to clarify its mediating role in perinatal depression. These findings underscore the importance of early identification of vulnerability factors, particularly a history of depression, to prevent AD and subsequent PPD. Screening for psychological vulnerability is essential in clinical practice. Early identification of psychological vulnerability may help reduce the risk of postpartum depression. Screening for these factors during pregnancy could help identify women with high levels of neuroticism, who may benefit from brief, evidence-based psychological interventions, such as mindfulness-based cognitive therapy. Implementing targeted preventive strategies may enhance maternal mental health.