

From pregnancy to postpartum: the moderating role of partner emotional support in the continuity of depressive symptoms

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INTRODUCTION

Perinatal depression (PD) is among the most prevalent mental health problems in this stage and remains a major public health concern because of its consequences for maternal functioning, infant development, and family well-being (Al-Abri et al., 2024). PD comprises antenatal depression (AD) which occurs during pregnancy and postpartum depression (PPD) which arises during the first year after giving birth. In fact, AD is one of the strongest and most replicated predictors of PPD (Milgrom et al., 2008). Evidence from umbrella reviews, longitudinal studies, and other empirical research has identified several psychosocial risk factors for postpartum depression, including antenatal depression (Hutchens & Kearney, 2020), elevated stress (Lobel et al., 2022), low social support (Racine et al., 2020), and dissatisfaction within the partner relationship (Hutchens & Kearney, 2020;). Within this framework, psychosocial context appears to play an important role in shaping the persistence of depressive symptoms across the perinatal period. Social support has repeatedly been described as a relevant protective factor for perinatal mental health (Bedaso et al., 2021)

The present longitudinal study examined whether lack of emotional support from the partner during pregnancy moderates the association between antenatal depressive symptoms and postpartum depressive symptoms in a sample of women recruited from a public hospital in Spain. Based on previous evidence, we expected antenatal depressive symptoms to be positively associated with postpartum depressive symptoms. We also hypothesized that this association would be stronger among women reporting lower emotional support from their partner during pregnancy.

METHODS

Sample

This study used a longitudinal design with two assessment points: the third trimester of pregnancy (Time 1) and six weeks postpartum (Time 2). Participants were recruited between 2019 and 2020, from the obstetrics department of Hospital Universitario de Asturias, a public healthcare center in the Principality of Asturias, Spain. The study was approved by the corresponding Ethics Committee (CEIC Ref. No. 18/18), and all participants provided written informed consent before taking part.

229 pregnant women were recruited, and 218 agreed to participate at Time 1, representing a response rate of 95.2%. At Time 2, 90 women completed the postpartum follow-up.

Measure

The protocol included a sociodemographic and obstetric questionnaire, the Patient Health Questionnaire-9 (PHQ-9) (Kroenke et al., 2001), and the psychosocial risk assessment. Perceived lack of emotional support from the partner was assessed during pregnancy using item 12 of the Psychosocial Pregnancy Risk Questionnaire (PRQ; Austin et al., 2005).

DISCUSSION

The present study examined whether lack of emotional support from the partner during pregnancy intensifies the continuity of depressive symptoms from pregnancy to the postpartum period. The findings showed that antenatal depressive symptoms were positively associated with postpartum depressive symptoms and, importantly, that this association was significantly moderated by lack of emotional support from the partner. More specifically, the relationship between depressive symptoms during pregnancy and postpartum depressive symptoms became stronger as perceived lack of partner emotional support increased. These results suggest that the persistence of depressive symptoms across the perinatal period is shaped not only by antenatal emotional distress itself, but also by the interpersonal context in which women experience pregnancy and early motherhood.

This interpretation is consistent with previous research highlighting the role of social and relational resources in perinatal mental health. Taylor et al. (2022) found that lower social support in pregnancy predicted higher postnatal depressive symptoms even after adjustment for antenatal depression, suggesting that support-related vulnerabilities remain relevant beyond baseline emotional distress.

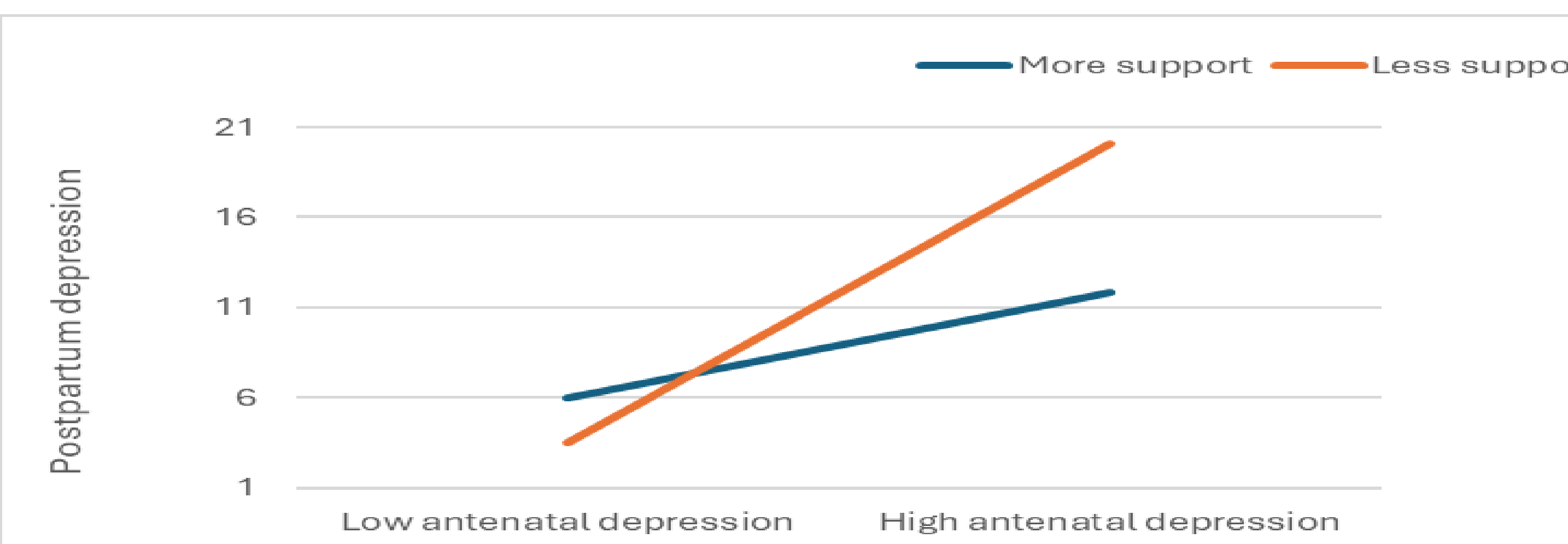
The present study adds to this literature by focusing on a more specific interpersonal mechanism: perceived emotional support from the partner during pregnancy. Whereas previous studies have mainly examined social support or relationship quality as direct correlates or predictors of postpartum depression, the current findings suggest that lack of partner emotional support may also function as a condition under which antenatal depressive symptoms are more likely to persist into the postpartum period. In this sense, the results refine existing evidence by showing that interpersonal vulnerability may not only contribute to postpartum depressive symptoms in general but may also intensify symptom continuity from pregnancy to postpartum.

- Screening for antenatal depressive symptoms should include assessment of partner emotional support

Table 1. Sociodemographic Characteristics of Pregnant Women

		N	M (Sd)
Age		218	34,90 (4,582)
		N	%
Origin	Spain	202	92,66
	Inmigrant	16	7,34
Employment Status	Employed	171	78,44
	Unemployed	47	21,56
Marital status	Single	22	10,1
	Married	130	59,63
	Living with partner	60	27,52
	Separated/Divorced	6	2,75
	Education	No education	2
	Primary	16	7,3
	Secondary	76	34,9
	University	124	56,9

Figure 1. The relationship between depressive symptoms and a lack of partner support regarding postnatal depressive symptoms



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