Association between antenatal depression or anxiety and dispositional optimism among recently-delivered parturients

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Objectives:
Dispositional optimism is an understudied transdiagnostic determinant of health overall and, in particular, among pregnant and postpartum individuals. Furthermore, it is unknown whether there is an association between preexisting psychiatric disease and dispositional optimism in the perinatal period. We aimed to explore the interplay between dispositional optimism and perceived control over the labor and delivery process among women with and without psychiatric morbidity.

Methods:
This a planned secondary analysis of a prospective observational cohort of term women (n=162) who were recruited during their delivery hospitalization. Women completed a baseline demographic survey prior to delivery and then completed evaluations of dispositional optimism (Revised Life-Orientation Test, LOT-R) and control over the labor process (Labor Agentry Scale- LAS) during their postpartum hospitalization. The primary outcome for this analysis was differences in dispositional optimism and the secondary outcome was labor agentry. Outcomes were compared between women who did versus did not have depression or anxiety during pregnancy. Maternal demographics, pregnancy and delivery characteristics were compared by psychiatric morbidity status using bivariable analyses. Multivariable linear regression was performed, adjusting for confounders that were statistically significant in bivariable analyses.

Results:
Demographic, pregnancy and delivery characteristics assessed did not differ between women with psychiatric morbidity and those without (Table 1). Women with psychiatric morbidity overall had lower LAS scores (149.6 vs 159.0, $p<0.01$), indicating that they felt less control over their labor process than women without this history, but there was no difference in dispositional optimism (13.4 vs 14.3, $p=0.06$). In the multivariable linear regression, LAS scores ($\beta =0.02$, $p<0.01$) but not psychiatric morbidity ($\beta=-0.61$, $p=0.16$) predicted differences in postpartum dispositional optimism (Table 2).

Conclusions:
We found no association between psychiatric morbidity and dispositional optimism among recently-delivered postpartum women. However, we did identify a relationship between dispositional optimism and control over the labor process that will be valuable to explore further.

Acknowledgements:

Disclosures:

None.

Table 1: Maternal demographics, pregnancy and labor characteristics of recently delivered women with and without mood/anxiety disorders.

Characteristic*	Mood/anxiety disorder (N = 81)	No mood/anxiety disorder (N = 83)	P-Value
Age, median (IQR)	29 (24-32)	29 (26-32)	0.55
Race/ethnicity			0.12
Non-Hispanic White	55 (67.9)	57 (69.5)	
Non- Hispanic Black	2 (2.5)	7 (8.5)	
Hispanic	20 (24.7)	15 (18.3)	
Other	4 (4.9)	3 (3.7)	
Insurance			0.07
State/federal	32 (39.5)	22 (26.5)	
Private	48 (59.3)	59 (71.1)	
Self-pay/none	1 (1.2)	2 (2.4)	
Education			0.09
<Highschool	3 (3.7)	1 (1.2)	
Highschool/GED	29 (35.8)	24 (29.3)	
Associates	7 (8.6)	4 (4.9)	
College	17 (21.0)	33 (40.2)	
Graduate school	25 (30.9)	20 (24.4)	
BMI at delivery, mean (SD)	34.1 (8.7)	32.4 (6.5)	0.28
Hypertensive disease			0.86
Chronic HTN	3 (3.7)	2 (2.4)	
Gest HTN	9 (11.1)	8 (9.6)	
Pre-eclampsia/eclampsia	3 (3.7)	5 (6.0)	
Diabetes			0.67
Pre-gestational diabetes	1 (1.2)	1 (1.2)	
Gestational diabetes	4 (4.9)	7 (8.4)	
Induction of labor	39 (48.2)	36 (43.4)	0.54
Gestational age at delivery, mean (SD)	39.6 (1.6)	39.7 (1.4)	0.45
Mode of delivery			0.21
SVD	48 (59.3)	58 (70.7)	
OVD	4 (4.9)	5 (6.1)	
CD	29 (35.8)	19 (23.2)	

* columns are n (%) unless otherwise noted

Table 2: Dispositional optimism and labor agentry among recently delivered women with and without mood/anxiety disorders.

	Regression coefficient (95% CI)	P-value
Constant	10.4 (8.0, 12.7)	<0.01
Psychiatric morbidity	-0.61 (-1.5, 0.25)	0.16
Labor agentry	0.02 (0.01, 0.04)	<0.01

* columns are mean (standard deviation) unless otherwise noted