

## CORRELATES OF POSTPARTUM ANXIETY

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**Introduction:** Factors associated with postpartum/PPT anxiety have been insufficiently investigated.

**Objective:** To identify correlates of PPT anxiety.

**Methods:** 201 3-months postpartum women completed the Portuguese versions of Postpartum Depression Screening Scale (PDSS), Beck Depression Inventory/BDI-II, Profile of Mood States, Difficult Infant Temperament Questionnaire/DITQ, Multidimensional Perfectionism Scale and questions on sociodemographic variables, Lifetime history of insomnia/LTHD, Lifetime history of depressive symptomatology/LTHDS, Current insomnia, Health perception/HP, Stress perception/SP, Perceived social support/PSS, Quality of life/QOL, Health problem/complication postpartum, Sensibility to hormonal fluctuations, Type of delivery and Type of feeding. Postpartum anxiety was measured with the Anxiety/Insecurity (AI) subscale of the PDSS.

**Results:** AI significantly correlated with LTHDS ( $r_S=.32$ ), LHI ( $r_S=.18$ ), Current insomnia ( $r_S=.32$ ), BDI-II ( $r=.76$ ), SP ( $r_S=.38$ ), PSS ( $r_S=.25$ ), Perceived QOL ( $r_S=.37$ ), Health perception ( $r_S=.29$ ), Health problem in the postpartum ( $r_S=.26$ ), Negative Affect/NA ( $r=.66$ ), Positive Affect/PA ( $r=.58$ ), Conditional Acceptance/CA ( $r=.29$ ) and DIT ( $r=.38$ ) (all  $p<.01$ ). Mean comparisons revealed that women with vs. without LHDS, with vs. without LTHI, good sleepers vs. with insomnia syndrome, high vs. low SP, low vs. high PSS, bad/very bad vs. good/very good QOL, bad/very bad vs. good/very good HP, high (< M+1DP) vs. low (>M-1DP) DIT, CA, NA and low vs. high PA had significantly higher mean scores in AI (all  $p<.01$ ). Linear regression model composed of all correlated variables explained 53.7% of AI variance and showed that NA, PA and DIT are significant ( $p<.05$ ) predictors of AI.

**Conclusion:** Our findings are in accordance with previous research and contribute to the progress on this topic.