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CORRELATES OF POSTPARTUM DEPRESSIVE SYMPTOMATOLOGY

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Introduction: Postpartum depressive symptomatology is highly prevalent and has negative impact in the entire family. **Objective:** To identify correlates of postpartum depressive symptomatology.

Methods: 201 3-months postpartum women completed the Portuguese versions of Postpartum Depression Screening Scale/PDSS, Profile of Mood States, Difficult Infant Temperament Questionnaire/DITQ, Multidimensional Perfectionism Scale and questions on sociodemographic variables (marital status, work status, educational level, parity), Lifetime history of insomnia/LTHD, Lifetime history of depressive symptomatology /LTHDS, Current insomnia, Sleep needs, 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.

Results: Total PDSS significantly correlated with LTHDS (rs=.35), LHI (rs=.22), Current insomnia (rs=.37), SP (rs=39), PSS (rs=.25), Perceived QOL (rs=.31), Health perception (rs=.28), Health problem or complication in the postpartum (rs=.16), Negative Affect/NA (r=.59), Positive Affect/PA (r=-.67), Conditional Acceptance/CA(r=.29) and DIT (r=.40) (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, 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 53.9% of depressive symptomatology variance and showed that NA, PA, DIT and HP are significant (p< .05) predictors of AI.

Conclusion: These results are in line with previous findings and contribute to the progress on this topic.

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