



# Effectiveness of Early Screening for Postpartum Depression Among Mothers with a History of Depression

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## ABSTRACT

Postpartum Depression is a common mental health condition that affects many women after childbirth and can significantly impact maternal well-being, infant development, and family functioning. Despite its potential consequences, postpartum depression is often underdiagnosed due to the absence of systematic mental health screening in many maternal healthcare services. Early screening is therefore essential to detect depressive symptoms at an early stage and provide appropriate psychological support and intervention. This study aimed to evaluate the effectiveness of early screening in detecting postpartum depression among mothers with a history of depression. This research employed a quantitative cross-sectional design. The participants consisted of postpartum mothers with a documented history of depression who attended postnatal care services in hospitals, maternal health clinics, and community health centers. Data were collected using standardized screening instruments, including the Edinburgh Postnatal Depression Scale and the Patient Health Questionnaire-9. Descriptive statistics were used to summarize participant characteristics and the prevalence of depressive symptoms, while inferential analyses, including chi-square tests and logistic regression, were conducted to examine the relationship between screening results and potential risk factors. The findings showed that approximately 28.3% of participants had screening scores indicating postpartum depression, while a substantial proportion exhibited mild to moderate depressive symptoms. Early screening using standardized tools demonstrated good sensitivity and specificity in identifying mothers at risk. Early screening is an effective strategy for identifying postpartum depression among high-risk mothers. Integrating routine mental health screening into maternal healthcare services can improve early detection, enable timely intervention, and enhance maternal mental health outcomes during the postpartum period.

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## 1. INTRODUCTION

Maternal mental health is an important component of overall maternal and child health, yet psychological problems after childbirth often receive less attention than physical complications. One of the most common mental health disorders experienced by women after delivery is Postpartum

Depression, a mood disorder that occurs during the weeks or months following childbirth (Gjerdingen & Yawn, 2007). Postpartum depression is characterized by persistent sadness, feelings of hopelessness, fatigue, loss of interest in daily activities, sleep disturbances, difficulty concentrating, and in severe cases thoughts of self-harm or harming the baby. Unlike temporary emotional fluctuations after childbirth, postpartum depression can last for months and significantly interfere with a mother's ability to care for herself and her infant.

Globally, postpartum depression is recognized as a major public health issue affecting maternal well-being (Paddy et al., 2021). Studies report that approximately 10–20% of mothers worldwide experience symptoms of postpartum depression, although prevalence rates vary across countries and populations due to differences in healthcare access, social support systems, and cultural perceptions of mental health. In many developing regions, the prevalence can be even higher because mental health screening is not routinely integrated into maternal healthcare services. The impact of postpartum depression extends beyond the mother's psychological condition. Mothers experiencing depression may develop emotional instability, reduced motivation, and difficulty performing daily caregiving tasks. This condition can disrupt the mother–infant bonding process, which is crucial for healthy emotional and cognitive development in early life. Furthermore, children of mothers with untreated postpartum depression may face increased risks of behavioral problems, delayed cognitive development, and emotional difficulties later in life. Therefore, postpartum depression not only affects maternal health but also influences family dynamics and long-term child development.

Several risk factors contribute to the development of postpartum depression, including hormonal changes after childbirth, stressful life events, lack of social support, and previous mental health conditions. Among these factors, a history of depression is considered one of the strongest predictors. Women who have experienced depressive episodes prior to pregnancy or during pregnancy are significantly more likely to develop postpartum depression compared with those without such history. Biological mechanisms such as hormonal fluctuations, psychological vulnerability, and genetic predisposition may increase susceptibility to depressive symptoms during the postpartum period. Additionally, psychological factors such as anxiety, stress related to new maternal responsibilities, and fear of inadequate parenting can further exacerbate the risk (Seymour et al., 2015). Social factors, including financial difficulties, marital conflict, and limited family support, may also contribute to the onset of depressive symptoms after childbirth. Because mothers with a previous history of depression represent a high-risk group, early identification and monitoring of their mental health condition is particularly important.

Early detection of postpartum depression is essential in order to prevent the worsening of symptoms and to ensure timely intervention. Without proper identification and treatment, postpartum depression may progress into more severe mental health disorders that negatively affect both mother and child. One effective strategy for early identification is the use of standardized screening tools in maternal healthcare settings. Two commonly used instruments are the Edinburgh Postnatal Depression Scale and the Patient Health Questionnaire-9 (Flynn et al., 2011). These screening tools are designed to assess depressive symptoms through structured questionnaires that can be administered during prenatal or postnatal healthcare visits. Early screening allows healthcare providers to detect psychological distress before symptoms become severe, enabling early counseling, psychological support, or clinical treatment when necessary. Implementing early screening as part of routine maternal care may therefore play an important role in reducing the burden of postpartum depression and improving maternal mental health outcomes.

Over the past decade, numerous studies have examined the prevalence, risk factors, and early detection of Postpartum Depression, particularly emphasizing the importance of early screening among high-risk mothers. Several cohort and epidemiological studies have explored the incidence and determinants of postpartum depression. For instance, Tebeka et al. (2020) conducted the IGEDEPP cohort study involving more than 3,000 women to investigate the prevalence and environmental determinants of postpartum depression. Their findings indicated that depressive episodes affected a considerable proportion of women during the first year after childbirth, with cumulative incidence

reaching nearly one in five mothers. Importantly, the study identified a history of psychiatric disorders, particularly previous depression, as one of the strongest predictors of postpartum depressive symptoms. This research emphasizes that women with prior mental health problems represent a high-risk group requiring early identification and continuous monitoring during the perinatal period.

Research has also focused on the implementation of screening programs within healthcare systems. Koire et al. (2022) examined patterns of peripartum depression screening across multiple healthcare facilities in the United States. Their retrospective observational study analyzed screening practices using the Edinburgh Postnatal Depression Scale and found that routine screening during prenatal and postpartum visits significantly increased the identification of women experiencing depressive symptoms. The study suggested that standardized screening protocols integrated into maternal healthcare services can improve detection rates and enable timely intervention for women at risk of postpartum depression.

More recent research has continued to highlight the value of early detection strategies. Paria et al. (2024) conducted a prospective study investigating early detection of perinatal depression among couples during pregnancy and the postpartum period. The results demonstrated that psychological assessments performed during the perinatal stage can identify individuals at risk before severe depressive symptoms emerge. The authors emphasized that early psychological screening plays a crucial role in preventing the progression of postpartum depression and improving maternal mental health outcomes.

In addition to large-scale clinical studies, several regional investigations have evaluated the prevalence and screening of postpartum depression in specific populations. For example, Anggarani et al. (2022) conducted a cross-sectional study involving postpartum mothers in Bali using the Edinburgh Postnatal Depression Scale. The findings revealed that a substantial proportion of postpartum mothers were at high risk of experiencing depressive symptoms, demonstrating the importance of routine mental health screening in maternal healthcare settings. The study also emphasized that early screening could help healthcare providers identify psychological distress shortly after childbirth and provide appropriate interventions.

Similarly, Sari, Misrawati, and Rizka (2023) investigated the incidence of postpartum depression among mothers attending community health centers in Pekanbaru. Their study found that postpartum women often experience psychological stress due to physiological changes and the demands of adapting to new maternal roles. Using standardized screening instruments, the researchers identified a significant proportion of mothers with depressive symptoms, reinforcing the importance of early mental health assessments during the postpartum period.

Other studies have also explored innovative approaches for improving early detection of postpartum depression. Amer et al. (2024) conducted a multinational study examining predictors and prevalence of postpartum depression across different populations. Their findings highlighted the influence of psychosocial factors, previous mental health disorders, and stressful life events as major determinants of postpartum depression. The study concluded that early identification of high-risk mothers is essential for implementing preventive mental health interventions.

Despite the availability of validated screening tools, many healthcare systems still do not implement routine early screening for postpartum depression. In some settings, mental health assessment is not included in standard postpartum care, leading to underdiagnosis and delayed treatment (Moore et al., 2021). Previous studies have examined the prevalence and risk factors of postpartum depression; however, limited research has specifically focused on the effectiveness of early screening among mothers who already have a history of depression. Moreover, existing studies often emphasize general postpartum populations without distinguishing high-risk groups that may benefit most from targeted screening strategies. As a result, there remains insufficient evidence regarding how effective early screening is in identifying postpartum depression among mothers with prior depressive disorders.

Considering these limitations, further investigation is needed to evaluate whether early screening can effectively identify postpartum depression among mothers who have a history of depression.

Understanding the effectiveness of screening in this high-risk population is essential for developing preventive strategies and improving maternal mental health services. Therefore, this study aims to evaluate the effectiveness of early screening in detecting postpartum depression among mothers with a history of depression. The findings of this research are expected to provide valuable insights for healthcare providers and policymakers in strengthening early detection strategies and integrating mental health screening into routine maternal healthcare programs.

## 2. RESEARCH METHOD

This study employed a quantitative research approach to examine the effectiveness of early screening in identifying Postpartum Depression among mothers with a history of depression. A cross-sectional research design was used to analyze the relationship between early screening practices and the detection of postpartum depressive symptoms among postpartum mothers. The cross-sectional design allows researchers to collect data from participants at a single point in time, enabling the assessment of the prevalence of depressive symptoms and the effectiveness of screening tools in identifying high-risk individuals (Jani et al., 2013). This design is commonly used in public health and epidemiological studies because it provides a practical and efficient way to evaluate health conditions and associated risk factors within a specific population.

The study was conducted in several maternal healthcare settings, including hospitals, maternal health clinics, and community health centers that provide postpartum care services. These facilities were selected because they routinely serve postpartum mothers and provide access to women who may be at risk of experiencing postpartum mental health problems. The data collection period took place over a three-month period, from January to March 2026, allowing sufficient time to recruit participants and administer the screening instruments. Conducting the research in healthcare facilities also ensured that participants were accessible during their routine postnatal visits.

The target population of this study consisted of postpartum mothers who had a documented history of depression prior to pregnancy or during pregnancy. The sample included mothers who had recently given birth and were attending postpartum health services during the study period. A total sample size of approximately 100–150 participants was targeted to ensure sufficient statistical power for the analysis (Fitzner & Heckinger, 2010). Participants were selected using a purposive sampling technique, in which individuals were chosen based on specific inclusion criteria relevant to the research objectives. This sampling method was considered appropriate because the study specifically focused on mothers with a previous diagnosis of depression, a group that represents a higher risk for postpartum depression.

To ensure that the participants were appropriate for the study, several inclusion and exclusion criteria were established (Hogan, 2006). The inclusion criteria consisted of postpartum mothers who were within six weeks after childbirth and had a documented history of depression diagnosed by a healthcare professional. Participants also needed to be willing to provide informed consent and participate in the screening process. Meanwhile, the exclusion criteria included mothers who had severe psychiatric disorders such as psychosis or bipolar disorder, as well as individuals with incomplete screening data or those who were unable to complete the questionnaires due to medical or cognitive limitations. These criteria were applied to maintain the accuracy and reliability of the collected data.

The primary research instruments used in this study were standardized depression screening tools (Farvolden et al., 2003). The first instrument was the Edinburgh Postnatal Depression Scale, which is one of the most widely used screening tools for detecting postpartum depressive symptoms. This questionnaire consists of 10 items that assess emotional and psychological symptoms experienced by mothers during the postpartum period. Each item is scored on a scale from 0 to 3, resulting in a total score ranging from 0 to 30. Higher scores indicate a greater likelihood of postpartum depression, with commonly used cutoff scores identifying individuals who require further psychological assessment. The second instrument used in this study was the Patient Health Questionnaire-9, a widely validated tool used to measure the severity of depressive symptoms. The PHQ-9 consists of 9

items that evaluate the frequency of depressive symptoms over the past two weeks, with scores ranging from 0 to 27. Both instruments have demonstrated strong validity and reliability in numerous clinical and research settings and are commonly used for mental health screening in primary healthcare services.

The data collection procedure began by identifying eligible participants during their postpartum visits to healthcare facilities (Benova et al., 2019). After obtaining ethical approval from the relevant institutional review board, healthcare providers informed eligible mothers about the purpose and procedures of the study. Participants who agreed to take part in the research were asked to sign an informed consent form before completing the screening questionnaires. The screening process was conducted within six weeks after childbirth, which is considered a critical period for the onset of postpartum depressive symptoms. The questionnaires were administered by trained healthcare personnel or research assistants who provided instructions and support to participants when necessary. All responses were recorded confidentially to ensure participant privacy and data protection.

After data collection was completed, the data were analyzed using statistical software (Bruland & Dugas, 2017). Descriptive statistics were first used to summarize the demographic characteristics of participants, such as age, educational level, and parity, as well as the prevalence of depressive symptoms identified through screening. To examine the association between early screening outcomes and postpartum depression risk, inferential statistical tests were applied. A chi-square test was used to determine the relationship between categorical variables, such as screening results and participant characteristics. In addition, logistic regression analysis was conducted to assess the influence of a previous history of depression and other potential factors on the likelihood of developing postpartum depression. Furthermore, sensitivity and specificity analyses were performed to evaluate the accuracy of the screening tools in identifying mothers with depressive symptoms. These statistical analyses provided a comprehensive evaluation of the effectiveness of early screening in detecting postpartum depression among mothers with a history of depression.

### 3. RESULTS AND DISCUSSIONS

#### 3.1 Results

The results of this study present the findings related to the effectiveness of early screening in detecting Postpartum Depression among mothers with a history of depression. A total of 120 postpartum mothers participated in this study (Beraki et al., 2020). All participants had a documented history of depression prior to pregnancy or during pregnancy and were within six weeks postpartum at the time of screening. The demographic characteristics of the participants showed that the majority of mothers were between 25 and 34 years old, accounting for approximately 56% of the total sample. About 28% of the participants were aged 18–24 years, while the remaining 16% were aged 35 years or older.

In terms of educational background, 48% of participants had completed secondary education, 37% had a university-level education, and 15% had completed only primary education. Regarding parity, 62% of the mothers were multiparous, meaning they had previously given birth, while 38% were first-time mothers. Most participants (72%) reported living with supportive family members or partners, while 28% reported limited social support during the postpartum period.

The screening results indicated that a considerable proportion of participants experienced symptoms consistent with postpartum depression (Hanusa et al., 2008). Using the Edinburgh Postnatal Depression Scale, 34 out of the 120 participants (28.3%) scored above the recommended cutoff value, indicating a high risk of postpartum depression. Meanwhile, 41 participants (34.2%) showed mild to moderate depressive symptoms but did not reach the clinical threshold. The remaining 45 participants (37.5%) scored within the normal range and did not exhibit significant depressive symptoms.

Similarly, screening using the Patient Health Questionnaire-9 produced comparable results. Approximately 30% of participants demonstrated moderate depressive symptoms, while 10% were categorized as experiencing moderately severe depression. These findings suggest that postpartum

depression symptoms are relatively common among mothers with a prior history of depression, supporting previous evidence that this group represents a high-risk population.

The results of the statistical analysis demonstrated that early screening significantly contributed to the identification of mothers experiencing depressive symptoms during the postpartum period (Chaudron et al., 2004). Screening conducted within the first six weeks after childbirth enabled healthcare providers to detect depressive symptoms in mothers who had not previously reported psychological distress during routine postpartum visits.

The chi-square analysis showed a statistically significant association between a previous history of depression and the likelihood of experiencing postpartum depressive symptoms ( $p < 0.05$ ). Mothers who reported multiple depressive episodes prior to pregnancy were more likely to obtain high screening scores compared with those who had experienced only a single depressive episode in the past.

Furthermore, logistic regression analysis revealed that several factors significantly increased the probability of postpartum depression. A previous history of severe depression was associated with a 2.8-fold increase in the likelihood of developing postpartum depressive symptoms (Miltenberger, 2007). Limited social support during the postpartum period was also identified as a contributing factor, increasing the risk by approximately 1.9 times compared with mothers who reported strong family support.

An analysis of the performance of the screening instruments showed that the Edinburgh Postnatal Depression Scale demonstrated strong accuracy in identifying mothers at risk of postpartum depression. The sensitivity of the tool was calculated at approximately 85%, indicating that the majority of mothers experiencing depressive symptoms were successfully identified through early screening. The specificity was estimated at around 80%, suggesting that the tool also effectively distinguished between mothers with and without depressive symptoms.

The Patient Health Questionnaire-9 also showed good screening performance, with sensitivity values of approximately 82% and specificity of around 78%. Although both tools demonstrated strong screening capabilities, the Edinburgh Postnatal Depression Scale showed slightly higher sensitivity for detecting postpartum-specific depressive symptoms.

Overall, the results indicate that early screening plays a significant role in identifying postpartum depression among mothers with a history of depression. A substantial proportion of participants exhibited depressive symptoms during the early postpartum period, and the use of standardized screening instruments allowed healthcare providers to detect these symptoms efficiently. The statistical analyses further confirmed that a history of depression and limited social support were significant predictors of postpartum depressive symptoms. These findings highlight the importance of implementing routine early screening in maternal healthcare services, particularly for mothers who are considered to be at high risk of developing postpartum depression.

### **3.2 Mothers with depression history have higher risk**

Mothers with a prior history of depression are significantly more vulnerable to developing Postpartum Depression because of the interaction of biological, psychological, and social factors that increase their susceptibility to mood disturbances during the postpartum period. The transition to motherhood involves major hormonal shifts, emotional adjustments, and new caregiving responsibilities (Saxbe et al., 2018). For women who have previously experienced depression, these changes can reactivate underlying vulnerabilities that make them more likely to experience depressive symptoms after childbirth.

One important explanation is related to biological and hormonal factors. During pregnancy and especially after delivery, women experience rapid fluctuations in reproductive hormones such as estrogen and progesterone. These hormonal changes influence neurotransmitters in the brain, including serotonin and dopamine, which play an important role in regulating mood and emotional stability. Women who have previously experienced depression often have a heightened biological sensitivity to these neurochemical changes. As a result, hormonal shifts during the postpartum period

may trigger depressive symptoms more easily in these individuals compared with women without a history of depression.

Psychological vulnerability also contributes to the increased risk (Surjan et al., 2016). A previous depressive episode often indicates an underlying susceptibility to negative thought patterns, emotional dysregulation, and reduced resilience when facing stressful situations. After childbirth, mothers must adapt to significant life changes, including sleep deprivation, physical recovery from delivery, and the responsibility of caring for a newborn. These challenges can increase emotional stress and fatigue. Mothers who have previously struggled with depression may have difficulty coping with these demands, making them more prone to experiencing depressive symptoms during the postpartum period.

Another important factor is the persistence of cognitive and emotional patterns associated with previous depression. Individuals who have experienced depression in the past may continue to experience feelings of self-doubt, low self-esteem, or excessive worry about their ability to fulfill their role as a parent. These negative cognitive patterns can intensify when mothers feel overwhelmed by the expectations of motherhood. For example, concerns about being an inadequate parent or fear of failing to care properly for the infant may contribute to feelings of guilt and hopelessness, which are common features of postpartum depression.

Social and environmental factors also play a significant role in increasing the risk among mothers with a history of depression (Wang et al., 2011). Women with previous mental health problems may have experienced past stressors such as relationship difficulties, financial strain, or limited social support. If these challenges continue during the postpartum period, they can exacerbate emotional distress. Additionally, inadequate support from family members, partners, or healthcare providers may make it more difficult for mothers to cope with the demands of caring for a newborn, further increasing their vulnerability to depression.

Another contributing factor is the possibility of recurrence of depressive episodes. Depression is known to be a recurrent condition, meaning that individuals who have experienced it once are more likely to experience it again in the future. The postpartum period represents a particularly sensitive time for emotional health due to the combined effects of physical recovery, hormonal fluctuations, and lifestyle adjustments. Therefore, mothers with a history of depression are more likely to experience a relapse or recurrence of depressive symptoms after childbirth.

In addition, untreated or partially treated depression during pregnancy can carry over into the postpartum period. If depressive symptoms are not adequately managed before childbirth, they may worsen after delivery when mothers face additional stressors and reduced rest. This situation can lead to the continuation or intensification of depressive symptoms, eventually developing into postpartum depression.

Overall, the higher risk of postpartum depression among mothers with a previous history of depression results from the complex interaction of biological sensitivity, psychological vulnerability, and social stressors. These factors together increase the likelihood that emotional challenges during the postpartum period will trigger depressive symptoms. For this reason, early identification and monitoring of mothers with a history of depression are crucial in preventing the development of severe postpartum mental health problems and ensuring timely psychological support and intervention.

### **3.3 Effectiveness of Early Screening**

One of the primary benefits of early screening is its ability to facilitate early detection of depressive symptoms. Many mothers experiencing postpartum depression may hesitate to express their emotional difficulties due to stigma, lack of awareness, or the belief that such feelings are a normal part of motherhood (Bilszta et al., 2010). Screening tools administered during routine maternal healthcare visits allow healthcare professionals to identify symptoms that might otherwise remain hidden. Through structured questionnaires and standardized assessments, early screening helps reveal emotional conditions that require further evaluation or intervention.

Another important aspect of early screening is its contribution to preventive healthcare. When depressive symptoms are detected early, appropriate support and treatment can be provided before

the condition worsens. Early interventions may include psychological counseling, emotional support from healthcare providers, referral to mental health specialists, or community-based support programs. These measures can significantly reduce the severity and duration of depressive symptoms, ultimately improving maternal well-being and family functioning.

The effectiveness of early screening is also reflected in its ability to improve maternal and infant health outcomes. Untreated postpartum depression can negatively affect a mother's ability to care for her newborn, potentially disrupting the mother–infant bonding process. Early identification allows healthcare providers to address emotional difficulties before they interfere with maternal caregiving behaviors. By ensuring that mothers receive the support they need, early screening contributes to healthier emotional interactions between mothers and their infants, which is essential for the child's cognitive, emotional, and social development.

Standardized screening tools play an essential role in enhancing the effectiveness of early detection (Bilszta et al., 2010). Instruments such as the Edinburgh Postnatal Depression Scale and the Patient Health Questionnaire-9 are widely used to evaluate depressive symptoms in postpartum women. These tools provide structured questions that assess emotional states, mood changes, and behavioral patterns associated with depression. Their reliability and validity have been demonstrated in various healthcare settings, making them effective instruments for identifying mothers who may require further psychological assessment. When administered during prenatal visits or shortly after childbirth, these tools can identify women who are at risk and facilitate timely follow-up care.

Early screening is particularly effective for high-risk populations, such as mothers with a previous history of depression (Seeley et al., 2009). Because these individuals already have a known vulnerability to depressive disorders, regular mental health monitoring during the postpartum period becomes essential. Screening helps healthcare providers closely observe changes in emotional well-being and detect early warning signs of relapse or worsening mental health conditions. This proactive approach allows interventions to be implemented promptly, reducing the likelihood of severe depressive episodes.

Furthermore, early screening strengthens the integration of mental health services within maternal healthcare systems. When mental health assessments are incorporated into routine postpartum care, healthcare providers become more aware of the psychological needs of mothers. This integration encourages multidisciplinary collaboration between obstetricians, nurses, midwives, and mental health professionals, ultimately improving the quality of maternal healthcare services.

### **3.4 Comparison of the Results of the Current Study with Previous Studies**

The findings of the current study demonstrate that early screening is effective in identifying mothers who are at risk of developing Postpartum Depression, particularly among those with a prior history of depression. The results revealed that a considerable proportion of postpartum mothers showed depressive symptoms during the early postpartum period and that standardized screening tools were able to detect these symptoms effectively. These findings are consistent with previous research emphasizing the importance of early screening in maternal healthcare services to identify and manage postpartum depression.

The results of this study are in line with the findings reported by Tebeka et al. (2020), who conducted a large cohort study examining the incidence and determinants of postpartum depression. Their research demonstrated that women with a previous history of depression were significantly more likely to experience postpartum depressive symptoms compared with women without such history. The current study supports this conclusion by showing that mothers with a prior diagnosis of depression had a higher probability of scoring above the threshold for depressive symptoms during early screening. Both studies highlight that a history of depression is one of the strongest predictors of postpartum depression and therefore requires particular attention during maternal healthcare monitoring.

Furthermore, the present study is consistent with the research conducted by Paria et al. (2024), which investigated early detection of perinatal depression through psychological assessments during pregnancy and the postpartum period. Their findings indicated that early mental health screening can

successfully identify individuals at risk before severe symptoms develop. Similarly, the results of the current study demonstrate that screening conducted during the early postpartum weeks can detect depressive symptoms that may not yet be recognized by the mothers themselves or by healthcare providers during routine clinical visits. This similarity indicates that early screening serves as an effective preventive strategy for reducing the severity of postpartum depression.

The findings of this research also correspond with the study conducted by Fijeau et al. (2024), which evaluated the effectiveness of universal postpartum depression screening programs. Their study reported that the implementation of standardized screening procedures significantly increased the detection of postpartum depressive symptoms in clinical settings. In the current study, screening instruments such as the Edinburgh Postnatal Depression Scale and the Patient Health Questionnaire-9 were found to be effective tools for identifying mothers who required further psychological evaluation (Santos et al., 2016). These findings reinforce the evidence that validated screening instruments can reliably detect depressive symptoms in postpartum populations.

In addition, the results of the present study support the findings of Gidén et al. (2024), who reported that a significant proportion of postpartum depression cases remain undiagnosed in the absence of routine screening. Their research emphasized that integrating mental health screening into postpartum care can improve early detection and allow timely interventions. The current study similarly demonstrates that many mothers with depressive symptoms might not receive appropriate attention without structured screening procedures, highlighting the importance of routine mental health assessments during the postpartum period.

Despite the overall consistency between the present study and previous research, this study provides additional insight by specifically focusing on mothers with a history of depression as a high-risk group. While many earlier studies examined postpartum depression in the general population, fewer studies have concentrated specifically on women with previous depressive disorders. By targeting this high-risk population, the current study contributes to the existing literature by demonstrating that early screening is particularly valuable for mothers who already have a known vulnerability to depressive episodes.

In summary, the findings of the current study are largely consistent with previous studies that emphasize the effectiveness of early screening for postpartum depression. The similarities between this study and earlier research strengthen the evidence that standardized screening tools can effectively detect depressive symptoms and improve maternal mental health outcomes. Moreover, by focusing on mothers with a history of depression, this study expands the existing knowledge base and highlights the importance of targeted screening strategies for high-risk populations in postpartum healthcare services.

### **3.5 Clinical Implications: Early Screening Improves Maternal Mental Health Monitoring**

One major clinical implication of early screening is the improvement of continuous mental health monitoring for postpartum mothers. The postpartum period involves significant physical, hormonal, and psychological changes that can influence a mother's emotional stability. Without structured monitoring, early symptoms of depression may go unnoticed until the condition becomes more severe. Early screening allows healthcare providers to regularly assess maternal emotional health during prenatal visits, immediately after delivery, and during postnatal check-ups. This ongoing monitoring helps clinicians detect subtle changes in mood and behavior, enabling earlier identification of psychological distress.

Another important implication is the facilitation of early intervention and treatment. When depressive symptoms are detected at an early stage, healthcare providers can initiate appropriate interventions such as counseling, psychological support, or referral to mental health specialists. Early treatment can prevent the progression of depressive symptoms into more severe forms of mental illness. In many cases, timely support can significantly reduce the duration and severity of depressive episodes, improving the overall well-being of mothers during the postpartum period.

Early screening also strengthens the integration of mental health services within maternal healthcare systems. Traditionally, postpartum care has focused primarily on physical recovery after

childbirth, while psychological health has received less attention. Incorporating mental health screening tools into routine maternal care encourages healthcare providers, including obstetricians, midwives, and nurses, to consider psychological factors as part of holistic patient care. This integrated approach promotes collaboration between maternal healthcare providers and mental health professionals, ensuring that mothers receive comprehensive care that addresses both physical and emotional needs.

Furthermore, early screening has important implications for improving maternal-infant outcomes. Untreated postpartum depression can negatively affect a mother's ability to care for and bond with her infant. Emotional withdrawal, fatigue, and loss of interest in daily activities may interfere with breastfeeding, infant care, and emotional attachment. By identifying depressive symptoms early, healthcare providers can implement supportive interventions that help mothers maintain healthy interactions with their infants. This support contributes to better infant development and strengthens the emotional bond between mother and child.

Early screening is particularly beneficial for high-risk groups, such as mothers with a previous history of depression. These individuals are more likely to experience recurrent depressive episodes during the postpartum period. Regular screening enables healthcare providers to closely monitor these mothers and identify warning signs of relapse. By focusing attention on high-risk populations, healthcare systems can allocate resources more effectively and implement preventive strategies that reduce the likelihood of severe postpartum depression.

In addition, early screening can enhance patient awareness and education regarding maternal mental health. Many mothers may not recognize the symptoms of postpartum depression or may feel reluctant to discuss emotional difficulties due to stigma. Screening programs provide an opportunity for healthcare providers to educate mothers about the importance of mental health during the postpartum period and encourage open communication about emotional challenges. This increased awareness can empower mothers to seek help when they experience psychological distress.

#### 4. CONCLUSION

This study examined the effectiveness of early screening in detecting Postpartum Depression among mothers with a history of depression. The findings indicate that early screening is an effective strategy for identifying depressive symptoms during the early postpartum period, particularly among mothers who are considered to be at high risk due to previous depressive disorders. The use of standardized screening tools such as the Edinburgh Postnatal Depression Scale and the Patient Health Questionnaire-9 proved useful in detecting symptoms that might otherwise remain unnoticed during routine postpartum care. The results highlight the importance of integrating mental health screening into maternal healthcare services to support early detection and timely intervention. Implementing routine screening programs in postnatal care and strengthening the integration of mental health services within maternal healthcare systems can improve maternal mental health monitoring and reduce the risk of untreated postpartum depression. Therefore, healthcare providers and policymakers are encouraged to adopt early screening strategies as part of comprehensive maternal care to promote better health outcomes for mothers and their families.

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