INFORMED CONSENT

Title of the study:

Peripartum depression and its predictors: A longitudinal observational hospital-based study

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The purpose and introduction of the study:

Depression is a common among adults. The estimated prevalence of depression among Americans aged 20 and over in a given 2-week period during the years 2013 to 2016 was 8.1% with twice folds higher rates in women than men. During the childbearing years, women also are more susceptible to major stresses, depression and other psychiatric conditions and disorders due to superimposed children and family burdens' issues. Studies from different nations reported a prevalence of 20-40% (or even up to 60-80%) for antepartum and postpartum depression. The American Psychiatric Association uses the term "Peripartum depression" to define major depression in its Diagnostic and Statistical Manual of Mental Disorders version 5 (DSM-5) to characterize depression which occurs in the antepartum (during pregancy) and postpartum (within the first 4 weeks after delivery) periods. Despite the large number of researches over decades which aim to determine its causes and find effective methods for its screening, prevention and treatment, risks and causes of peripartum

depression are poorly understood. Several experimental and clinical researches have suggested that the major risk for developing peripartum depression is the rapid fluctuation in reproductive hormones during pregnancy, delivery and postpartum periods.. Others suggested the "alternative biological processing" as the cause of peripartum depression which based on the finding of different phenotypes of peripartum that reflect the complex mechanism including an interplay between **(a)** fluctuations in reproductive, thyroid, hypothalamic pituitary adrenal axis (HPA) axis and lactogenic hormones [prolactin and oxytocin]; **(b)** immunity; **(c)** genetics, and **(D)** social, obstetric and psychological factors.

Peripartum depression is a major cause of maternal and neonatal morbidity if untreated. Therefore, the World health Organization (WHO) and U.S. Preventive Services Task Force recommends screening of women for depression in their peripartum period. Interventions for mild/moderate depression include psychotherapy or treatment with antidepressants (e.g. selective serotonin reuptake inhibitors or SSRI) and combined psychotherapy and pharmacotherapy for moderate/severe depression. Studies which estimated the prevalence of antepartum depression are few compared to those which addressed similar topic in postpartum period.

Here, we aimed to estimate the prevalence and the severities of depression symptoms and major depressive disorder in women in the antepartum and postpartum period and their demographic, social, obstetric, psychological and hormonal predictors.

Corresponding author consent:

I certify that I have given a translated document (Arabic copy) from the above consent form for the patient to sign after I ensured that confidentiality is maintained by not citing the patient's name in the paper or showing her name on any of the investigations and neurophysiology.

Signature:

Date: 1/7/2022

Statement for Patient's consent:

By signing below, I agree that I have read and understand the above information and agree for publishing my clinical, laboratory and neurophysiological information.