https://doi.org/10.1590/1806-9282.20220592

Comment on: "Relationship of the prenatal psychosocial profile with postpartum maternal duties and newborn care"

Jiannan Jiang[1], Shengxia Ke[1*]

Dear Editor,

We are glad to read an article entitled "Relationship of the prenatal psychosocial profile with postpartum maternal duties and newborn care." This study investigated the relationship between prenatal psychosocial profile (PPP) and postnatal maternal responsibilities and newborn care[1]. In this study, pregnant women were found to have lower levels of stress, higher levels of social support from their husbands and others, and moderate levels of self-esteem. This study provides important evidence for the management of postpartum women. However, the following clarification will help solve the reader's confusion.

First, the purpose of this study[1] was to elucidate the relationship between PPP and postnatal maternal responsibilities and neonatal care. However, the timing of the first assessment of PPP in this study[1] is unclear. Is PPP first evaluated at 3 months, 6 months, or 1 week before delivery? Nevertheless, that important information is not presented in this study, which may lead to potential implementation bias. In addition, were there statistically significant differences in the time of first PPP assessment among all patients? If the timing of the first PPI assessment is different for all patients, it will lead to incomparability of baseline patient characteristics. Therefore, it is essential to provide more detailed information regarding the first PPP assessment.

Second, this study also compared stress as an important parameter. However, there are numerous factors that affect stress during pregnancy, including dietary habit and body mass index (BMI). Evidence from previous study[2] suggests that maternal psychosocial stress, dietary habits, and nutritional status can modulate changes during pregnancy, suggesting that psychosocial stress, dietary habits, and nutritional status are not isolated from each other, but interact with each other. Recent evidence suggests that omega-3 fatty acid intake is important for replenishing the daily loss of DHA in the brain[3,4], thereby maintaining normal neurological function and reducing psychosocial stress during pregnancy. In contrast, in high-stress conditions, a mother's high pre-pregnancy BMI exacerbates unhealthy eating behaviors, which in turn may contribute to increased underlying stress during pregnancy[4].

AUTHORS' CONTRIBUTIONS

JJ: Conceptualization, Investigation, Methodology, Validation, Visualization, Writing – original draft, Writing – review & editing. **SK:** Investigation, Methodology, Supervision, Validation, Visualization, Writing – original draft, Writing – review & editing.

REFERENCES

1. Gunaydin S, Zengin N. Relationship of the prenatal psychosocial profile with postpartum maternal duties and newborn care. Rev Assoc Med Bras (1992). 2022;68(2):152-8. https://doi.org/10.1590/1806-9282.20210776
2. Lindsay KL, Buss C, Wadhwa PD, Entringer S. The interplay between maternal nutrition and stress during pregnancy: issues and considerations. Ann Nutr Metab. 2017;70(3):191-200. https://doi.org/10.1159/000457136
3. Liperoti R, Landi F, Fusco O, Bernabei R, Onder G. Omega-3 polyunsaturated fatty acids and depression: a review of the evidence. Curr Pharm Des. 2009;15(36):4165-72. https://doi.org/10.2174/138161209789909683
4. D'Souza V, Chavan-Gautam P, Joshi S. Counteracting oxidative stress in pregnancy through modulation of maternal micronutrients and omega-3 fatty acids. Curr Med Chem. 2013;20(37):4777-83. https://doi.org/10.2174/09298673113209990160

[1]Shiyan Maternal and Child Health Hospital – Shiyan, Hubei, China.
*Corresponding author: ke540237617@163.com

Conflicts of interest: the authors declare there is no conflicts of interest. Funding: none.
Received on April 17, 2022. Accepted on May 05, 2022.