**SUPPLEMENTAL METHODS**

Participant Recruitment and Screening

We followed the 2010 US Census terminology for describing the self-reported “race” of subjects and “ethnicity” (Hispanic or Non-Hispanic). We refer to the participants as Latina (“of Latino, Hispanic, or Spanish origin”), Black (or African-American), and White (i.e., European ancestry, non-Hispanic). Women who reported being Black and Hispanic (n=15) were categorized as Black for analysis.

Recruitment of postpartum women aged 17-45 years occurred from 9/2012 to 6/2016 in four outpatient obstetrical clinics (University of North Carolina Women’s Hospital, Wake County Health Department, Alamance County Health Department, East Carolina University School of Medicine) during routine six-week postpartum visits (± 1-2 weeks). As ethnicity was a key interest, we took multiple steps to enhance recruitment of Black and Latina women, including recruitment advertisements in free and Spanish language newspapers, local internet advertisements, employment of research coordinators to recruit in clinics (including Spanish speaking coordinators), access to translators, and full protocol in Spanish.

All women attending these clinics completed the Edinburgh Postnatal Depression Scale (EPDS). The 10-item EPDS is a commonly used PPD screening instrument and has been used in a variety of socioeconomic and ethnic groups (Gibson et al., 2009). High EPDS scores are consistent with a PPD diagnosis by structured clinical interview(Cox et al., 1987). Women with high EPDS scores (≥11) or low EPDS scores (≤7) were invited to participate. While the strict cut-off for PPD in the literature is >12 (Wisner et al., 2002), we included scores of 11 and 12 that may be considered minor depression, which is nonetheless associated with considerable morbidity and hence is clinically relevant. All cases were then compared with MINI diagnosis. Inclusion criteria for all participants included no indication of MDD during the first or second trimesters of pregnancy, singleton pregnancy, live term birth (≥ 34 weeks gestation), and hematocrit ≥ 30% after delivery (so that blood sampling in this protocol was clinically reasonable). Exclusion criteria for all participants included lifetime mood disorder other than MDD (e.g., bipolar disorder), lifetime psychotic disorder, lifetime alcohol or illicit substance dependence, current significant alcohol or illicit drug use, current primary anxiety disorder (e.g., post-traumatic stress disorder, obsessive compulsive disorder), major medical illness (e.g., type-2 diabetes), any serious adverse birth outcome, clinically significant anemia, and evidence of untreated significant thyroid disease or infection. This study was approved by the University of North Carolina Institutional Review Board Committee for the Protection of Human Subjects. All subjects provided written informed consent and signed the Health Insurance Portability and Accountability Act release.

Subject Assessments

All participants were administered the MINI International Neuropsychiatric Interview (MINI-Plus, version 6.0), a structured clinical interview for the assessment of psychiatric disorders (Otsubo et al., 2005, Sheehan et al., 1998). Experienced and certified (κ>0.8 versus criterion ratings) psychiatric research nurses working in each clinic setting administered the MINI-Plus. Cases for this study were defined by having current MDD as assessed by the MINI-Plus. Controls did not have current MDD using the MINI-Plus. All study procedures could be performed in Spanish with a native speaker.

Subjects completed a battery of self-report instruments that are widely used and have proven validity (available in English or Spanish). These included the following: Abuse and Trauma Inventory (history of sexual or physical abuse)(Meltzer-Brody et al., 2007, Leserman et al., 1995, Leserman et al., 1996, Leserman, 2005), Everyday Stressors Index (ESI, current stressful life events(Hall et al., 1996), and the Postpartum Bonding Questionnaire (PBQ)(Brockington et al., 2006). See below for further details.

Study coordinators used a structured form to abstract additional data from the medical record: EPDS at visit; previous psychiatric diagnoses; pregnancy/birth events and complications; birth outcomes; and routine clinical laboratory testing results (e.g., hematocrit and urinary drug screen at birth). Research coordinators measured height via stadiometer and weight. Using a structured interview, socioeconomic status, breastfeeding behaviors, and menstrual status were assessed, as well as consumption of cigarettes, alcohol, and other drugs in the past week.

Self-Report Rating Scales

*Abuse and Trauma Inventory*

A structured trauma inventory, adapted from previous research (Meltzer-Brody et al., 2007, Leserman et al., 1995, Leserman et al., 1996, Leserman, 2005), evaluated multiple forms of adverse life events, including sexual and physical abuse history. Sexual abuse was defined as genital touching or vaginal or anal intercourse where force or threat of harm was present. In children (younger than 13 years) the threat of force or harm was implied by a 5-year age differential between the victim and perpetrator. Physical abuse was defined as incidents separate from sexual abuse that included life-threatening physical attack with the intent to kill or seriously injure or other physical abuse such as being beaten, kicked, or burned. We constructed a summary measure of number of lifetime traumas by assigning one-point for each of the following: 1) child sexual abuse, 2) adult sexual abuse, 3) life-threatening attack, 4) other physical abuse, 5) parental alcohol or drug abuse or mental illness, 6) foster care, reform school or prison before age 18, 7) life-threatening illness or accident, 8) child having life-threatening illness or death, 9) close friend or family member killed by drunk driver or murdered, 10) parents or sibling deaths before the participant was 18, 11) seen someone seriously injured or violently killed, 12) experienced a disaster (e.g. tornado, hurricane, flood, fire) where participant felt in danger of death or injury, 13) upsetting memories of giving birth or of baby's hospital stay, and 14) other significant lifetime trauma. Summary scores range from 0 to 14.

*Everyday Stressors Index*

The Everyday Stressors Index (ESI) is a 20-item instrument with good internal consistency designed to measure the level of daily stressors faced by mothers with young children (e.g. financial concerns, role overload, employment problems, parenting worries, and interpersonal conflict)(Hall et al., 1996). It uses a four-point scale that is summed for a total level of stress and assesses parenting concerns, quality/safety of living arrangements, finances/employment, health, and relationship issues. Summary scores range from 1 to 80.

*Postpartum Bonding Questionnaire*

The Postpartum Bonding Questionnaire (PBQ) is a 25-item scale assessing feelings or attitudes of the mother towards her infant. The PBQ was designed to identify deviation from a normal mother-infant relationship on the basis of four factors: 1) general problems in the mother-infant relationship, 2) severe mother-infant relationship disorders, 3) infant-focused anxiety, and 4) harming the infant. Subjects rate their agreement with various statements (e.g. “I feel close to my baby”, “My baby annoys me”) on a six-point scale (ranging from “never” to “always”). Total scores (range from 0 to 125) from all items and four domain scores (impairment, rejection/anger, infant-focused anxiety, risk of infant abuse) are calculated, with higher scores reflecting greater impaired mother-infant relationships. Threshold scores were taken from previous work (Brockington et al., 2006) which indicate the most severe of these relationships.

Biological Sampling

Peripheral blood was sampled and immediately processed on-site at the time of subject assessment. For plasma separation, blood aliquots were centrifuged at 3300 rpm for 10 minutes at room temperature immediately after sampling. For serum separation, blood aliquots were centrifuged at 3300 rpm for 10 minutes at 2-8°C, 60 minutes after blood draw. All plasma and serum samples were then snap-frozen and kept at -80°C until analysis. Genomic DNA was extracted from aliquots of whole blood using Qiagen Autopure LS, which utilized Qiagen Puregene chemistry. Samples that were missing, had insufficient sample, or that did not meet minimum detection thresholds were excluded from analyses.

*Estradiol and Progesterone Measures*

17β-estradiol levels were measured using a competitive coated tube radioimmunoassay (RIA) kit and protocol, commercially available from MP Biomedicals (Orangeburg, NY). A fixed concentration of 125I-Estradiol competes with endogenous hormone in the sample for hormone-specific antibody binding sites. After a 90-minute incubation at 37°C, the unbound tracer was decanted. The bound cpm's of the samples were measured using a Perkin Elmer 1470 Wizard gammacounter which calculates the pg/ml content of estradiol in each sample from the standard curve (10 to 3000 pg/ml).  The sensitivity of the assay is 4 pg/ml with intra- and inter- assay variations of 5.5% and 7.6% respectively.

Similarly, Progesterone levels were also measured using a competitive coated tube RIA kit and protocol available from MP Biomedicals with a 120 min incubation at 37°C and standard curve of .15 to 80 ng/ml. The sensitivity of the assay is .05 ng/ml with intra- and inter- assay variations of 5.1% and 8.5% respectively.

*Oxytocin Measures*

All oxytocin samples were extracted prior to analysis using strata-X 33µm polymeric reversed phase SPE sorbent in a 96-well plate containing 60 mg sorbent per well, Phenomenex, Torrance CA. Plasma was acified with 1.5% trifluoroacetic acid (TFA) and centrifuged at 6,000 x g for 20 minutes at 4°C. The supernatant was loaded onto an activated strata-X plate. Wells were washed with 1.5 ml of 0.1% TFA, and then the oxytocin peptide eluted with 1ml of 80% acetonitrile. The eluant was evaporated to dryness under a N2 stream and reconstituted in 250 ul of assay buffer. Extraction efficiency was determined by spiking a sample with a known amount of hormone and extracting with the other samples (typically > 90%).

Oxytocin levels in extracted plasma were measured using an assay kit and protocol from Enzo Life Sciences (Ann Arbor, MI). The endogenous OXT hormone competes with oxytocin linked to alkaline phosphatase for the oxytocin antibody binding sites. After the overnight incubation at 4°C, the excess reagents are washed away and the bound oxytocin phosphatase was incubated with substrate and after 1 hour this colormetric enzyme reaction was stopped. The hormone content (pg/ml) is determined by plotting the optical density (OD) of each sample against a standard curve. The sensitivity of the assay is 15.6 pg/ml with a standard range of 15 to 1000 pg/ml. The intra- and inter- assay variations are 4.8% and 8% respectively. Enzo Life Sciences reports cross-reactivity for similar neuropeptides found in mammalian sera at less than 0.001.

*BDNF Measures*

Serum levels of total BDNF, including proBDNF and mature BDNF, were also measured using the Quantikine® human BDNF Immunoassay (Cat #: SBNT00, R&D Systems, Minneapolis, MN, USA). Protocols were performed according to the manufacturer’s instructions. The optical density of each well was measured using a SpectraMax M2 Elisa plate reader (Molecular Devices, Sunnyvale, CA, USA).

*Allopregnanolone Measures*

(3α,5α)-3-hydroxypregnan-20-one (3α,5α-THP, allopregnanolone) was measured in serum samples using an enzyme immunoassay (Arbor Assays, Ann Arbor, MI) using a modification of the manufacturer’s recommendations. Serum samples were thawed at 4°C. Allopregnanolone extraction was performed twice by adding diethyl ether to the sample in a 5:1 ratio. The sample was vortexed for 1 minute, then left to separate for a minimum of 5 minutes. The sample was frozen by placing the tube in an ethanol and dry ice mixture, and the diethyl ether was poured into a second tube. The diethyl ether was evaporated to dryness under a nitrogen stream. The extracted sample was concentrated to the bottom of the tube by adding 1 ml of dichloromethane, vortexing, and evaporated in a vacuum concentrator. Dried samples were stored at -20 degrees C until assay. For immunoassay, samples were resuspended in 50 µl of methanol, vortexed for 10 seconds, covered with plastic wrap, and placed in an ultrasonic waterbath for 15 minutes. Water in the bath was replaced to control temperature, then sonicated for another 15 minutes. Samples were diluted with 450 µl of assay buffer. Samples (50 µl per well) were tested in duplicate, incubated for 2 hours on an orbital shaker, and read at 450 nm. Allopregnanolone content (ng/ml) is determined by plotting the optical density (OD) of each sample against a standard curve. The sensitivity of the assay is 0.13 ng/ml with a limit of detection of 0.24 ng/ml. The average intra- and inter- assay variations are 7.3% and 10% respectively.

**Supplemental Table 1. Complete adverse life events data between cases and controls**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | Univariate Model | | Multivariate Model | |
|  |  | Cases | Controls | OR (95% CI) | p-value | OR (95% CI) | p-value |
| Abuse/Trauma Summary Score, median (IQR) | | 2 (1 - 4) | 1 (0 - 2) | 1.37 (1.30 - 1.45) | 4.30E-31 | 1.36 (1.29 - 1.45) | 1.39E-27 |
|
| Child sexual abuse | | 27.4 | 13.3 | 2.46 (1.86 - 3.25) | 2.51E-10 | 2.51 (1.87 - 3.37) | 9.18E-10 |
| Adult sexual abuse | | 23.6 | 9.1 | 3.07 (2.25 - 4.19) | 9.17E-13 | 2.87 (2.07 - 3.97) | 1.90E-10 |
| Life-threatening attack | | 14.4 | 3.7 | 4.41 (2.89 - 6.86) | 2.12E-12 | 4.27 (2.75 - 6.77) | 4.95E-11 |
| Other lifetime physical abuse | | 23.4 | 7.8 | 3.42 (2.52 - 4.67) | 1.55E-15 | 3.08 (2.25 - 4.25) | 2.24E-12 |
| Parental alcohol/drug abuse or mental illness | | 38.8 | 17.1 | 3.09 (2.40 - 3.98) | 1.66E-18 | 2.82 (2.16 - 3.68) | 1.80E-14 |
|
| Foster care, reform school, or prison before age 18 | | 8.4 | 5.0 | 1.54 (1.02 - 2.33) | 4.12E-02 | 1.66 (1.07 - 2.58) | 2.54E-02 |
|
| Life-threatening illness or accident | | 13.6 | 8.5 | 1.69 (1.21 - 2.35) | 2.17E-03 | 1.67 (1.18 - 2.36) | 3.75E-03 |
|
| Child having life-threatening illness or death | | 9.2 | 7.7 | 1.21 (0.81 - 1.80) | 0.34 | 1.25 (0.82 - 1.91) | 0.30 |
|
| Close friend or family member killed | | 26.9 | 20.4 | 1.41 (1.10 - 1.80) | 6.32E-03 | 1.38 (1.06 - 1.78) | 1.57E-02 |
|
| Parents or sibling deaths before the participant was 18. | | 20.3 | 14.6 | 1.50 (1.14 - 1.97) | 3.49E-03 | 1.49 (1.12 - 1.97) | 6.22E-03 |
|
| Seen someone seriously injured or violently killed | | 21.9 | 13.7 | 1.77 (1.35 - 2.33) | 4.76E-05 | 1.85 (1.39 - 2.46) | 3.11E-05 |
|
| Experienced a life-threatening disaster | | 24.6 | 12.3 | 2.29 (1.74 - 3.02) | 3.31E-09 | 2.28 (1.71 - 3.04) | 1.89E-08 |
|
| Upsetting memories of giving birth | | 21.5 | 7.7 | 3.49 (2.56 - 4.80) | 1.38E-15 | 3.70 (2.66 - 5.16) | 2.00E-15 |
|
| Other lifetime trauma | | 13.6 | 5.5 | 2.83 (1.97 - 4.09) | 1.73E-08 | 2.87 (1.95 - 4.24) | 6.83E-08 |

**Supplemental Table 2. Complete ESI data between cases and controls**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Univariate Model | | Multivariate Model | |
|  | Cases | Controls | OR (95% CI) | p-value | OR (95% CI) | p-value |
| ESI Total Score | 19 (12 - 27) | 6 (2 - 11) | 1.14 (1.13 - 1.16) | 6.00E-103 | 1.15 (1.13 - 1.17) | 6.83E-99 |
| Too many responsibilities | 2 (1 - 2) | 0 (0 - 1) | 3.54 (3.08 - 4.09) | 3.76E-90 | 3.62 (3.12 - 4.23) | 6.93E-83 |
| Not enough time | 2 (1 - 3) | 1 (0 - 1) | 3.00 (2.64 3.42) | 8.00E-79 | 2.97 (2.60 - 2.40) | 4.29E-71 |
| Problems with marital status | 1 (0 - 2) | 0 (0 - 1) | 2.42 (2.16 - 2.73) | 2.18E-58 | 2.49 (2.21 - 2.83) | 2.29E-55 |
| Not enough money for necessities | 2 (1 - 3) | 0 (0 - 1) | 2.20 (1.98 - 2.44) | 6.88E-57 | 2.33 (2.09 - 2.61) | 8.36E-58 |
| Problems getting along with family | 1 (0 - 2) | 0 (0 - 0) | 2.41 (2.11 - 2.76) | 8.96E-46 | 2.38 (2.08 - 2.74) | 1.46E-41 |
| Difficulties with children's father | 1 (0 - 2) | 0 (0 - 0) | 2.05 (1.85 - 2.28) | 2.71E-45 | 2.21 (1.97 - 2.48) | 1.72E-27 |
| Owing money - getting credit | 2(1 - 3) | 1 (0 - 2) | 1.79 (1.62 - 1.97) | 6.07E-34 | 1.80 (1.63 - 2.00) | 1.10E-31 |
| Problems holding a job | 0 (0 - 0) | 0 (0 - 0) | 1.70 (1.47 - 1.98) | 3.19E-13 | 1.79 (1.54 - 2.10) | 1.09E-14 |
| Take care other family members | 0 (0 - 1) | 0 (0 - 0) | 2.10 (1.83 - 2.41) | 5.85E-30 | 2.14 (1.86 - 2.47) | 7.67E-29 |
| Problems with transportation | 0 (0 - 2) | 0 (0 - 0) | 1.84 (1.65 - 2.07) | 4.37E-28 | 1.95 (1.73 - 2.21) | 5.01E-29 |
| Disagreements of disciplining child | 0 (0 - 2) | 0 (0 - 0) | 1.91 (1.70 - 2.17) | 9.75E-28 | 1.90 (1.67 - 2.16) | 6.04E-25 |
| Problems with housing | 0 (0 - 2) | 0 (0 - 0) | 1.91 (1.69 - 2.16) | 1.42E-27 | 2.03 (1.79 - 2.32) | 1.73E-29 |
| Problems with friends-neighbors | 0 (0 - 1) | 0 (0 - 0) | 2.47 (2.03 - 3.03) | 6.01E-23 | 2.50 (2.04 - 3.11) | 8.87E-22 |
| Problems with child's behavior | 1 (0 - 2) | 0 (0 - 1) | 1.80 (1.59 - 2.05) | 7.59E-21 | 1.78 (1.56 - 2.03) | 1.72E-18 |
| Trouble finding employment | 0 (0 - 2) | 0 (0 - 0) | 1.56 (1.41 - 1.73) | 5.58E-19 | 1.67 (1.50 - 1.86) | 5.08E-22 |
| Concerns of others' health | 0 (0 - 2) | 0 (0 - 1) | 1.64 (1.47 - 1.84) | 8.06E-19 | 1.64 (1.46 - 1.84) | 6.05E-17 |
| Concerns of child in school-day care | 0 (0 - 1) | 0 (0 - 0) | 1.55 (1.38 - 1.74) | 2.07E-13 | 1.62 (1.43 - 1.84) | 9.09E-15 |
| Problems with job or unemployment | 1 (0 - 2) | 0 (0 - 1) | 1.89 (1.69 - 2.11) | 4.60E-32 | 1.94 (1.73 - 2.19) | 5.90E-32 |
| Concerns with children's health | 0 (0 - 1) | 0 (0 - 0) | 1.49 (1.33 - 1.65) | 2.84E-13 | 1.52 (1.36 - 1.70) | 1.85E-13 |
| Feeling safe in neighborhood | 0 (0 - 0) | 0 (0 - 0) | 1.53 (1.28 - 1.84) | 2.80E-06 | 1.57 (1.30 - 1.90) | 2.06E-06 |

**Supplemental Table 3. Complete PBQ data between cases and controls**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Univariate Model | | Multivariate Model | |
|  | Cases | Controls | OR (95% CI) | p-value | OR (95% CI) | p-value |
| Total Score | 9.5 (5 - 16) | 3 (1 - 7) | 1.15 (1.13 - 1.18) | 2.88E-57 | 1.15 (1.13 - 1.18) | 3.41E-52 |
| Factor 1 Score | 6 (3 - 10) | 2 (0 - 5) | 1.21 (1.17 - 1.24) | 3.06E-47 | 1.23 (1.19 - 1.27) | 5.05E-46 |
| Factor 2 Score | 1 (0 - 3) | 0 (0 - 0) | 1.48 (1.38 - 1.59) | 2.55E-44 | 1.47 (1.37 - 1.58) | 3.83E-39 |
| Factor 3 Score | 2 (0 - 4) | 0 (0 - 2) | 1.40 (1.33 - 1.49) | 9.06E-39 | 1.38 (1.30 - 1.46) | 5.68E-33 |
| Factor 4 Score | 0 (0 - 0) | 0 (0 - 0) | 1.74 (1.10 - 3.19) | 1.71E-02 | 1.76 (1.08 - 3.47) | 2.07E-02 |
|  |  |  |  |  |  |  |
| I feel trapped as a mother | 1 (0 - 2) | 0 (0 - 0) | 3.02 (2.60 - 3.54) | 4.64E-67 | 2.95 (2.53 - 3.47) | 2.60E-59 |
| I feel close to my baby | 0 (0 - 0) | 0 (0 - 0) | 3.06 (2.42 - 3.96) | 1.51E-28 | 3.04 (2.38 - 3.99) | 3.37E-26 |
| I feel distant from my baby | 0 (0 - 1) | 0 (0 - 0) | 2.51 (2.08 - 3.07) | 8.89E-29 | 2.38 (1.97 - 2.93) | 1.31E-24 |
| My baby makes me feel anxious | 1 (0 - 2) | 0 (0 - 0) | 1.64 (1.49 - 1.82) | 3.15E-26 | 1.59 (1.44 - 1.76) | 6.28E-22 |
|
| I wish the old days when I had no baby would come back | 1 (0 - 2) | 0 (0 - 1) | 1.82 (1.62 - 2.06) | 8.46E-26 | 1.93 (1.70 - 2.20) | 3.05E-27 |
|
| My baby cries too much | 1 (1 - 2) | 1 (0 - 1) | 1.66 (1.50 - 1.84) | 7.39E-25 | 1.69 (1.52 - 1.89) | 4.45E-24 |
| My baby is easily comforted | 1 (0 - 2) | 0 (0 - 1) | 1.56 (1.42 - 1.72) | 5.64E-21 | 1.53 (1.39 - 1.69) | 3.14E-18 |
|
| My baby annoys me | 0 (0 - 0) | 0 (0 - 0) | 2.62 (2.06 - 3.37) | 3.58E-18 | 2.47 (1.94 - 3.20) | 1.57E-15 |
| I regret having this baby | 0 (0 - 0) | 0 (0 - 0) | 3.11 (2.30 - 4.34) | 1.54E-17 | 3.16 (2.31 - 4.47) | 1.30E-16 |
| I feel angry with my baby | 0 (0 - 0) | 0 (0 - 0) | 3.15 (2.27 - 4.52) | 1.51E-14 | 3.69 (2.54 - 5.61) | 5.88E-15 |
| I enjoy playing with my baby | 0 (0 - 0) | 0 (0 - 0) | 2.25 (1.77 - 2.94) | 7.65E-14 | 2.08 (1.64 - 2.72) | 5.36E-11 |
|
| I feel the only solution is for someone else to look after my baby | 0 (0 - 0) | 0 (0 - 0) | 2.44 (1.87 - 3.26) | 5.77E-13 | 2.28 (1.74 - 3.06) | 1.07E-10 |
|
|
| I am afraid of my baby | 0 (0 - 0) | 0 (0 - 0) | 3.33 (2.30 - 5.08) | 1.20E-12 | 3.31 (2.22 - 5.19) | 5.28E-11 |
| I love to cuddle my baby | 0 (0 - 0) | 0 (0 - 0) | 1.53 (1.32 - 1.81) | 6.58E-09 | 1.50 (1.29 - 1.75) | 5.08E-08 |
| The baby does not seem to be mine | 0 (0 - 0) | 0 (0 - 0) | 1.82 (1.44 - 2.37) | 4.92E-08 | 1.82 (1.43 - 2.38) | 1.30E-07 |
|
| My baby irritates me | 0 (0 - 1) | 0 (0 - 0) | 1.24 (1.14 - 1.35) | 1.38E-07 | 1.32 (1.19 - 1.46) | 5.27E-08 |
| My baby winds me up | 0 (0 - 2) | 0 (0 - 0) | 1.20 (1.11 - 1.30) | 3.16E-06 | 1.20 (1.10 - 1.30) | 1.99E-05 |
| I resent my baby | 0 (0 - 0) | 0 (0 - 0) | 2.09 (1.49 - 3.12) | 2.26E-06 | 1.86 (1.35 - 2.73) | 3.86E-05 |
| I feel happy when my baby smiles or laughs | 0 (0 - 0) | 0 (0 - 0) | 1.60 (1.29 - 2.05) | 7.90E-06 | 1.61 (1.30 - 2.06) | 4.95E-06 |
|
| I feel confident when changing my baby | 0 (0 - 0) | 0 (0 - 0) | 1.24 (1.10 - 1.41) | 3.78E-04 | 1.23 (1.08 - 1.39) | 1.26E-03 |
|
| My baby is the most beautiful baby in the world | 0 (0 - 0) | 0 (0 - 0) | 1.41 (1.09 - 1.86) | 8.21E-03 | 1.40 (1.08 - 1.88) | 1.23E-02 |
|
| I have done harmful things to my baby | 0 (0 - 0) | 0 (0 - 0) | 6.64 (1.52 - 119.44) | 3.72E-03 | NA | 5.98E-04 |
|
| I wish my baby would somehow go away | 0 (0 - 0) | 0 (0 - 0) | 1.48 (1.07 - 2.18) | 1.60E-02 | 1.40 (1.02 - 2.04) | 4.01E-02 |
|
| I love my baby to bits | 0 (0 - 0) | 0 (0 - 0) | 1.07 (0.98 - 1.16) | 0.12 | 1.06 (0.95 - 1.19) | 0.27 |
| I feel like hurting my baby | 0 (0 - 0) | 0 (0 - 0) | 1.44 (0.81 - 2.87) | 0.21 | 1.36 (0.76 - 2.72) | 0.30 |

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