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Perinatal affective disorders: towards a gender-based assessment

Franco Baldoni¹, Michele Giannotti², Giulia Casu¹, Francesca Agostini¹

¹ Department of Psychology, University of Bologna, Bologna, Italy

² Department of Psychology and Cognitive Sciences, University of Trento, Trento, Italy

Abstract

Perinatal affective disorders, such as Perinatal Depression, are very common, but for the screening and clinical assessment of these complex disorders it is necessary to use specific tools that consider gender differences and take into account other aspects, such as anxiety symptoms, illness behavior, irritability, behavioral acting outs like the anger attacks, addiction, and the quality of the couple relationship. In fact, the most common and usual screening tools in this field are developed considering female over male signs and symptoms. Only in recent years, the growing concern on paternal mental health during the perinatal period have pushed some researchers to develop different and specific screening and assessment tools for fathers, such as the Perinatal Assessment of Paternal Affectivity (PAPA). In a recent crosssectional study (Baldoni et al. 2022) with a 3-month test-retest involving 385 Italian fathers, the PAPA showed adequate reliability and internal consistency as well as acceptable test-retest indices. A single factor common to the male disorder was evidenced at confirmatory factor analysis. Concurrent validity was also confirmed by significant correlations between PAPA total score and standardized test scores. Italian validation data provide initial evidence of validity and reliability of the PAPA as a simple screening tool to detect affective disorders in fathers during the perinatal period. The Perinatal Assessment of Maternal Affectivity (PAMA) is a modified version of the PAPA specifically developed for the mother: the items and the scores are the same, with only a few differences in the formulation of some questions, as the aim of the PAMA is the global assessment of the maternal affectivity during the perinatal period. The psychometric properties of the PAMA were examined also. A study (Baldoni et al. 2023), based on 225 mothers and their partners, used a cross-sectional design with a single assessment at the third trimester of pregnancy. Results confirmed for the PAMA acceptable reliability and internal consistency. The fit of the one-factor model, confirmed for the PAPA, was not satisfactory for the PAMA. The findings suggest the usefulness of developing gender sensitive screening tools for the detection of perinatal affective disorders.