

Supplementary Materials

The Association Between Self-Reported Acquisition of Perinatal Knowledge and Perinatal Depressive Symptoms: Evidence from the Korean Early Childhood Education & Care Panel Study

Source	Newborn care	Maternal health management	Interaction with the newborn	Prevention of sudden infant death
Hospital	323 (13.2)	697 (28.5)	174 (7.1)	414 (16.9)
Midwifery clinic or postpartum care centre	1,557 (63.6)	744 (30.4)	744 (30.4)	595 (24.3)
Public health centre or healthy family support centre	29 (1.2)	29 (1.2)	48 (2.0)	66 (2.7)
Childcare support centre	3 (0.1)	2 (0.1)	2 (0.1)	7 (0.3)
Publicly funded postpartum helper service	120 (4.9)	91 (3.7)	167 (6.8)	45 (1.8)
Private postpartum helper	24 (1.0)	17 (0.7)	26 (1.1)	10 (0.4)
Own parents	77 (3.1)	78 (3.2)	102 (4.2)	40 (1.6)
Parents-in-law	3 (0.1)	1 (0.0)	2 (0.1)	2 (0.1)
Siblings	8 (0.3)	11 (0.4)	17 (0.7)	10 (0.4)
Internet or books	247 (10.1)	423 (17.3)	960 (39.2)	971 (39.7)

Never learned about this topic	56 (2.3)	354 (14.5)	205 (8.4)	287 (11.7)
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Table S1. Reported source of perinatal knowledge, by content domain (n = 2,447)

Values are n (%). Responses were recorded at the first annual follow-up survey for each of the four content domains. The exposure analysed in the manuscript is the final row (“never learned about this topic”) versus all other responses. Percentages are column percentages and may not sum to 100 because of rounding.

	Baseline 2	One month postpartum	First annual follow-up
Baseline 1	0.559 (n = 2,945)	0.394 (n = 2,716)	0.426 (n = 2,447)
Baseline 2	—	0.548 (n = 2,653)	0.557 (n = 2,335)
One month postpartum	—	—	0.600 (n = 2,273)

Table S2. Pearson correlations between K-EPDS scores at the four assessments

All correlations $P < 0.0001$. n is the number of women with a K-EPDS score at both assessments. Within-person change across assessments is tested with the generalized estimating equation model reported in Section 3.2.