Maternal Depression and Children's Adjustment in Early Childhood

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Introduction

Sensitive, responsive care from parents is necessary for young children's optimal development. During infancy, parents provide primarily for infants' basic needs for sustenance, protection, comfort, social interaction and stimulation; by toddlerhood, as children begin to walk and talk, parents must also set age-appropriate limits on exploration while encouraging cognitive, social and language development.[1] The challenges of parenting young children are best met when the mother has adequate emotional support and help with child care and is emotionally stable herself. However, a relatively large proportion of young women of childbearing age also experience depressive symptoms severe enough to compromise their ability to provide optimal parenting.[2, 3]

Subject

Depression, reflected in prolonged sadness and feelings of despair, is associated with less engaged, stimulating and proactive parenting, and with a range of social and cognitive problems in young children during infancy, toddlerhood and the preschool years.[4] Because young children are so dependent on their mothers for cognitive stimulation and social interaction, they are more likely to be vulnerable to the impact of maternal depression than school-age children or adolescents.

Problems

Many women may experience the “baby blues” immediately after childbirth, due to the hormonal and other physical changes that accompany pregnancy, labor, delivery and the immediate postpartum.[3] However in some new mothers, depression continues beyond the postpartum period or emerges at the same time that she is getting to know her baby. More prolonged and severe depressive episodes occurring during the child’s early years are of particular concern when they interfere with parenting.[2,3,4]

Maternal depression may be associated with a history of prior depressive episodes, with poverty, single parenthood, marital difficulties, or a decline in social support.[4,5,6] Pregnancy and delivery complications, infant health problems, or infant irritability and colic can also trigger depressive symptoms in vulnerable women.[6] Young children often bear the brunt of maternal depression and, when the depression is also associated with marital stress and low social support, the effects on young children may be exacerbated. In addition, some infants and toddlers may be more vulnerable than others to the effects of maternal depression, depending upon their temperamental characteristics, health status and the availability of alternative caregivers.[4,5]

Research Context

Numerous studies have followed clinically-depressed women with young children as well as large community samples of mothers who report elevated depressive symptoms. These longitudinal studies have used interview and maternal report measures to track the course of maternal depression, observational measures of parenting and mother-child interaction to assess specific aspects of parenting and the mother-child relationship, and outcome measures focused on children’s social-emotional and cognitive development, school readiness and overall adjustment.[4]

Key Research Questions

Questions for future research focus on identifying factors that explain the links between maternal depression and children’s adjustment problems. For example, to what degree are children’s adjustment difficulties explained by biological risk factors, maternal parenting behavior, other family factors, or their combination?[4,5]

Because not all children with depressed mothers show later problems, research must also examine risk and protective factors that are associated with different patterns of early child development and adjustment.[4,5] For example, are children whose mothers have a family history of depression or who were depressed before or during pregnancy at especially high risk for adjustment difficulties? Does the timing of the depression matter during the first few years of the child’s life? In two-parent families, can an involved father protect a young child from the potential negative effects of maternal depression? In the absence of a supportive father, can other adults provide support to mother and baby, thereby mitigating the effects of maternal depression? Why are some mothers able to be responsive and sensitive, despite their depression? Characteristics of the depression and of the family context may allow us to identify some children who are at higher risk for adjustment difficulties than others when their mother is depressed.

Child and family characteristics may also intensify each other leading either to poorer or better adjustment. For example, some irritable infants or infants with birth complications and neonatal health problems may be more vulnerable to the impact of maternal depression; concerns about a difficult or sick infant may in turn affect maternal mood, aggravating both maternal symptoms and infant difficulties. This may be especially so when the

mother feels less competent in caring for her baby. In contrast, a mother with an easygoing infant may feel better about herself and her success as a mother, and if she has social support from a partner, she may provide sensitive care to her baby despite her depression. These questions about risk and protective factors also have implications for early intervention for depressed women and their young children and for prevention programs that might be geared to women who appear to be at high risk for depression during their child's early years.[4,5,6,7]

Recent Research Results

Research indicates that depressed mothers, especially when their depression is chronic, are less sensitive with their infants and toddlers, play with and talk to their children less, and provide less supportive and age-appropriate limit setting and discipline than non-depressed mothers.[4,8,9] When mothers report more chronic depressive symptoms, their children are more likely to evidence insecure attachment relationships with them, show less advanced language and cognitive development, be less cooperative, and have more difficulty controlling anger and aggression.[8,9] Lower levels of maternal sensitivity and engagement explain some of these findings. However, sensitive parenting can be protective when mothers are depressed.[8,9] When depression occurs together with financial strains and high levels of stressful life events, the effects on children can be more serious and debilitating.[8,10]

Research Gaps

We understand a good deal about the risk factors that are associated with maternal depression and poor child adjustment. New research needs to emphasize psychosocial approaches to the prevention of depression in high risk women and to the treatment needs of depressed mothers and their families.[4,7,11] Most studies of treatment have focused primarily on the mother's depression, relying on medication or individual psychotherapy,[12] rather than on the mother's needs more broadly, including her relationship with her baby and the role of the father (or other responsible adult) in providing emotional support and practical help with child care. Both naturalistic and intervention studies are, therefore, needed to provide clearer guidelines on factors that protect mothers from becoming depressed and protect young children from the effects of maternal depression.

Intervention approaches, such as nurse home visitors, which have been used successfully in other high risk contexts,[13] may be an effective intervention for postpartum women. Women with a prior history of depression or who are facing multiple health-related or psychosocial stresses might be especially good candidates for home visits. Interventions that combine a focus on the mother's depression and the mother-child relationship[7] may also be important in infancy and especially in toddlerhood, as children become more challenging in their drive for autonomy and a sense of self.

Conclusions

Depression is quite common in childbearing women and when it is severe and prolonged, maternal depression can take a toll on the mother-child relationship and the young child's social, emotional and cognitive development. More serious and chronic depression in mothers is usually associated with a range of other risk factors including a family and personal history of depression; marital, financial, health or other stresses; and health, delivery or developmental problems in the baby. However, when depressed mothers have adequate social support and are able to focus on their babies, their children may be protected from the negative effects of

maternal depression.

Implications for parents, services, and policy

Policy makers and front-line service providers, particularly pediatricians, nurses and obstetricians, need to be made aware of the impact of postpartum and other depressions in mothers with young children. Programs that help new mothers and fathers prepare for the parenting role, especially with a first child, and provide support and encouragement for new parents may prevent depression onset or lessen symptoms. Father involvement has certainly increased in the last 15 years, but programs that encourage paternal involvement in child care and parenting may still be needed in some communities. Treatment programs, including nurse home visitors and interventions that target not only the mother's depression, but the child and family' also need to be more widely available. At the same time, mothers who experience a brief postpartum reaction should be reassured and supported, as for most, symptoms will be short-lived. Thus, health care providers need to be aware of the early course of maternal depressive symptoms and be able to suggest appropriate interventions when warranted.

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