

facts on

Postpartum Depression and Mental Health Concerns: The Impact on Young Children

Approximately 10% of mothers experience postpartum depression, although this number may be higher due to under diagnosis. Postpartum depression and mental health concerns impact every aspect of people's lives, including their bodies, minds and spirits, their extended families, friends, partners, and their babies.

What are the impacts of postpartum depression on young children?

Maternal

- Decreased use of postpartum health care and support by the mother.
- Decreased chance of the baby being breastfed, or baby is breastfed for a shorter time.
- Maternal intrusiveness and/or withdrawal may lead to authoritarian parenting. Children experiencing this type of parenting, at the same time as maternal depression, are less likely to follow instructions and stay on task and are more likely to display aggressive play.
- Inconsistent behaviours from caregivers may result in decreased responses from young children over time as the inconsistent behaviours become normalized.

Attachment

- If mother is hospitalized, young children may be physically separated from their mothers, which can impact the developing attachment relationship.
- Mother may not be capable of consistent caregiving that supports the development of secure attachment.

- Infants may learn not to view their mothers as a reliable source of information about the threat vs. safety of new situations.

Infant/Child Health

- Postpartum depression has been linked to the child experiencing mental and physical health concerns in later childhood, adolescence and adulthood.
- Young children's ability to read, control (regulate) and express their emotions may be impacted, including learning how to match emotions with facial expression and voice tones.
- Young children (particularly infants) may mirror their mothers' emotions, e.g., may become agitated as their mothers become agitated.
- Young children may have lower levels of attentiveness and reduced ability to display empathy.
- Young children may experience low levels of arousal, making them less likely to explore their environments.
- Infants may have elevated cortisol levels and low levels of serotonin and dopamine; this may result in differences in brain structure and functioning.
- Infants have been seen to exhibit irritability, behaviour problems, emotional dysregulation, hyper-reactivity to environmental stimuli, withdrawal, impulsivity/acting out, and insecure attachments by 3 years of age.

For More Information

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What are the impacts of paternal (partner) depression on young children?

Although most research surrounding postpartum depression has focused on the mother, recent research has shown that partners may also experience postpartum depression. In fact, individuals whose partners are experiencing postpartum depression or mental health concerns are 50% more likely to become depressed than those whose partners do not experience depression themselves. Paternal (partner) depression may occur at the same time as maternal postpartum depression but often has a later onset.

- Paternal (or partner) postpartum depression has been associated with adverse emotional and behavioural outcomes for children aged 3-5 and an increased risk of conduct disorders.
- When mothers are experiencing postpartum depression, the partners often take over the role of primary caregiver during the time that their spouse is unable to do so. Later onset depression in the partner may impact the attachment relationship that the partner has already formed with the child.

What can we do?

- Provide information to all pregnant women and their partners (or supports) about postpartum depression and supports that are available in their community.
- Provide information to all partners on the impact it can have on them and the supports that are available in their community.
- Provide early identification, intervention and support for postpartum depression.
- Support women and partners in following through with a plan that they have developed with their health care or mental health provider.
- Support women and partners who have postpartum depression by listening and being non-judgmental.
- Provide respite care to give parents a break.
- Provide in-home support for several months post partum.
- Encourage caregiver(s) to use existing friends and family for support and increase their social contacts.
- Trusted, safe adults can develop relationships with the young child and encourage attachment behaviours.
- Normalize postpartum depression and help to decrease stigma.
- Support partners who have taken on the role of caregiving by providing assistance, child care, relief, and information.
- Support families who are experiencing postpartum depression to be open and honest about the illness and its personal and familial impacts.
- Support caregivers to practice self care, e.g., exercise, sleep, healthy eating, and avoidance of substance use.

References

- Albertsson-Karlgren, U., Graff, M., & Nettlebadt, P. (2001). Mental disease postpartum and parent-infant interaction- evaluation of videotaped sessions. *Child Abuse Review*, 10, 5-17.
- Field, T. (1995). Infants of Depressed Mothers. *Infant Behaviour and Development*, 18, 1-13.
- Field, T. et al (2005). Anxiety and anger effects on depressed mother-infant spontaneous and imitative interactions. *Infant Behaviour and Development*, 28, 1-9.
- Field, T., Diego, M., & Hernandez-Reif, H. (2009). Depressed mothers' infants are less responsive to faces and voices. *Infant Behaviour and Development*, 32, 239-244.
- Field, T., Deigo, M., Hernadnez-Reif, M., & Fernandez, M. (2007). Depressed mothers' newborns show less discrimination of other newborn baby's sounds. *Infant Behaviour and Development*, 30, 431-435.
- Field, T., Hernandez-Reif, M., & Deigo, M. (2006). Intrusive and withdrawn mothers symptoms in depressed mothers and their infants. *Developmental Review*, 26, 15-30.
- Mayo Foundation for Medical Education and Research. (2009). Post Partum Depression: Health Information. Retrieved February 25, 2010, from Mayo Clinic.com: www.mayoclinic.com
- Mistry, R., Stevens, G., Saren, H., DeVogel, R., & Hafton, N. (2007). Parenting-related stressors and self-reported mental health of mothers with young children. *American Journal of Public Health*, 97 (7), 1261-1268.
- Neuropsychiatry Reviews. (2007). Child's health care associated with parental depression. *Neuropsychiatric Reviews*, 19-20.
- Peleaz, M., Field, T., Perkins, J., & Hart, S. (2008). Disengaged and authoritarian parenting behaviour of depressed mothers with their toddlers. *Infant Behaviour and Development*, 31, 145-148.
- Ranchandani, P. et al. (2005). Paternal depression in the postnatal period and child development: A prospective population study. *The Lancet*, 365, 2201-2205.
- Reissland, N., & Sheppard, J. (2006). The effect of maternal depressed mood on infant emotional regulation in a surprise-eliciting situation. *Infant Mental Health Journal*, 27, 173-187.
- Seifer, R., Dicklstein, S., Sameroff, A., Magee, K., & Hayden, L. (2001). Infant mental health and variability of parental depression symptoms. *Journal of Academic Child and Adolescent Psychiatry*, 40, 1375-1382.
- Sills, M., Shetterly, S., Xu, S., Hagid, D., & Kempe, A. (2007). Association between parental depression and children's health care use. *Pediatrics*, 119, e829-e836.
- Zero to Three. (2009). Laying the Foundation for Early Development. *Infant and Early Childhood Mental Health*. Retrieved on May 5, 2009 from <http://www.zerotothree.org/>.