

# Postnatal depression

## Evidence relating to infant cognitive and emotional development



### INFORMATION FOR HEALTH PROFESSIONALS

#### Untreated postnatal depression is associated with detrimental effects on infant development

- Infancy is a time of rapid brain and general development, as well as a time where the building blocks for future social and emotional development are laid down.
- Infants develop optimally when they feel secure, nurtured and have their needs quickly and predictably met.
- Postnatal depression symptoms of lowered mood, loss of interest and motivation, fatigue, difficulties concentrating, guilt, shame and worthlessness, can interfere with the mother's capacity to provide care and nurturing to her infant in a consistent way. Anxiety is often present.
- If this persists, there may be short and long term effects on cognitive, emotional, social and behavioural domains of the infant's development.

Detailed reference list available at: [www.piri.org.au](http://www.piri.org.au)

#### How does postnatal depression impact on infant development?

- We are unsure how this effect is transmitted but it is likely to be a consequence of the changed mother-infant interaction. Infants are very sensitive to the quality of care they receive.
- The symptoms of postnatal depression such as lowered and non-reactive mood make it difficult to engage in joyful parenting.
- Other risk factors for postnatal depression may also impact on a mother's capacity to care for her infant: poor social and partner support, a mother's own childhood experiences of being parented, low self esteem and life stress, such as lack of finances, education and poor housing.
- The foundations for healthy self esteem, capacity to trust, capacity to regulate emotions and the processing of information are established through early relationships.

#### Short-term effects

- When mothers and babies engage in a 'good enough' interaction, there is a lot of eye contact and sensitive, contingent responsiveness by the mother.
- Infants thrive when warm responsive experiences create an expectation that their physical and emotional needs will be met.
- Depressed mothers' interaction with their infants has been shown to differ from non-depressed mothers: they are less able to demonstrate warm acceptance of their infant, show more lowered mood and show less well-timed responsiveness to their infant's demands. They may be more withdrawn and less



available to their infant or more irritable and/or intrusive. Infants may react to their mother's lack of emotional availability and responsiveness with gaze aversion or irritability.

- These infant behaviours can further confirm the mother's feelings of sadness, anxiety, guilt and rejection, setting up a vicious interactional cycle.

#### Longer-term effects

- Longer-term negative influences of mothers' postnatal depression in the first year of life have been reported showing significant effects on infants' emotional and cognitive development.
- Effects may persist into later childhood with more attentional problems, greater difficulty with language, social and emotional development (particularly in boys).
- Ongoing attachment difficulties between mother and infant may persist after depression remits. Securely attached infants are more socially competent and can express a wide range of emotions, confident of a sensitive response from mother. Insecurely attached infants may avoid closeness or may be highly anxious, lacking confidence that their mother will be there for them.

#### Parenting and postnatal depression: Protective factors for infants

- Impaired development in the children of postnatally depressed women is not universal.
- Not all children are equally vulnerable.
- Infant temperament plays a role.
- The effect appears limited to those children whose mothers find it difficult to maintain sensitive and active engagement with their infant. Nevertheless, a substantial proportion of depressed women experience parenting stress.

- In addition, children who have other carers who can meet their needs, such as fathers or grandparents are less likely to be impaired in their development.
- A good social network, maternal education and supportive partner relationship have been shown to reduce the impact on children though support of the depressed mother in her care giving.

### The need for early identification, screening and support

- Many women are reticent to seek help for postnatal mood disorders so it is important to screen postnatal women to identify mood symptoms and also to assess whether they are having difficulties with their infants.
- Interactional problems such as not understanding and responding to infant cues in an appropriate and timely fashion can lead to infant management difficulties such as poor sleeping and feeding routines as well as relationship difficulties in the longer-term.
- Many postpartum women find it easier to get help for their baby's issues than for themselves and it's important to also check how *they* are coping.
- Treating depression does not necessarily repair the interaction between mother and baby, and specific intervention may be needed.

### What health professionals can do: Observing interaction and listening to mother's concerns (infants 3-12 months)

#### 'Good enough' interactions

- Some eye contact between mother and infant
- Mother is physically attentive and responsive to infant
- Empathy for and ability to reflect infant's feeling
- Sensitivity to infant through immediate and appropriate responses
- Mother's response is paced to infant's cues
- Emotional engagement with the infant and enjoyment. Infant mirrors facial expressions
- Environment that creates the expectancy of interaction
- Balanced stimulation and soothing in their interaction
- Infant is interactive, responsive, engaging, cries when distressed and settles when comforted

### Helplines

beyondblue 1300 22 4636

Lifeline (24 hrs) 13 11 14

MCHN (24hr line) 13 22 29 (VIC only)

PaNDA 1300 726 306 / (03) 9481 3377 (VIC)

Parent Line

13 22 89 (VIC) 1300 354 432 (WA)

1300 30 1300 (QLD & NT) 1300 364 100 (SA)

1300 1300 52 (NSW) (02) 6287 3833 (ACT)

1300 808 178 (TAS)

### Concerning Interactions

- Mothers who are unable to soothe or comfort their infant
- Infants who are difficult to settle, irritable
- Infants and mothers who avoid looking at each other
- Mothers who state they do not know what their infant wants or needs and cannot understand their infant's experience
- Mothers who are intrusive with their infants, poking, too close, too loud, frightening, too rough
- Infants that struggle or arch their backs when held or comforted
- Infants who are experiencing feeding problems or are failing to thrive
- Relationships where there is no joy or mutual reciprocity
- Mothers who have difficulty keeping their baby in their mind

### A comprehensive management plan

Targeting barriers to maternal care-giving includes managing maternal depression and other psychosocial stressors, as well as considering mother-infant issues.

#### Maternal mood symptoms

- Consider depression and anxiety in all mothers postnatally and ask about it
- Screen using the EPDS<sup>1</sup>
- Actively treat depression
- Consider risk factors during pregnancy and after birth that may also require management
- Support the mother's efforts by adding physical and emotional supports
- Consider the partner relationship and extended family support
- Psychotherapy to discuss issues and barriers to accessing treatment

#### The mother-infant relationship

- Observe interactions with infant, considering the context
- Psychoeducation about needs of newborns and development (motor, cognitive, emotional)
- Skill acquisition, modelling, sleep and settling programs may be a first step; for others this is not the entire answer and there may be some underlying reason for not being able to respond to infant's needs
- Maternal Child Health Nurses work collaboratively with community agencies and General Practitioners to support parenting
- Consider specific programs targeting mother infant interaction including playgroups, mothers groups, and more specialised therapeutic programs to optimise the care of babies following postnatal depression

<sup>1</sup> See Edinburgh Postnatal Depression Scale: A beyondblue Guide for Health Professionals.

Brochure developed for beyondblue by the Parent-Infant Research Institute (PIRI) for the National Perinatal Mental Health initiative, February 2009.

