



# In the Literature

## MATERNAL DEPRESSIVE SYMPTOMS AT 2 TO 4 MONTHS POST PARTUM AND EARLY PARENTING PRACTICES

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When new mothers experience depression—a common occurrence due to postpartum symptoms and the demands associated with parenting infants—their ability to safely and effectively care for their children may be impaired. According to a new Commonwealth Fund-supported study, mothers with depressive symptoms are less likely to engage in important developmental behaviors with their infant, like playing and talking, showing picture books, and following daily routines.

In “[Maternal Depressive Symptoms at 2 to 4 Months Post Partum and Early Parenting Practices](#)” (*Archives of Pediatrics and Adolescent Medicine*, Mar. 2006), researchers led by Kathryn Taaffe McLearn, Ph.D., of the University of North Carolina at Chapel Hill, studied the relationship between depressive symptoms and early parenting behaviors, focusing on 10 practices in three areas: safety, feeding, and early development.

Families were recruited from 15 sites across the United States that participated in the National Evaluation of [Healthy Steps for Young Children](#), a model of pediatric care that incorporates enhanced developmental services for infants and toddlers. Parents completed a short questionnaire when they entered the Healthy Steps program, which was followed by a telephone interview with the mother when the child was 2 to 4 months of age. A total of 4,874 mothers completed the interview.

### Profiling Maternal Depression

At 2 to 4 months post partum, 18 percent of the mothers in the study reported depressive symptoms. Those most likely to report such symptoms were under age 20, belonged to a minority group, were not living with the biological father of the child, had a low income, and had less than a high school education.

After controlling for variables including age, race, ethnicity, marital status, education, and

employment, the researchers found that mothers with depressive symptoms had decreased odds of continuing breastfeeding. The other safety and feeding practices—including using the prone sleep position, lowering the temperature on the hot water heater in the home, and giving the infant water, juice, or cereal—did not vary by the presence of depressive symptoms.

In terms of developmental behaviors, mothers with depressive symptoms were less likely to show picture books, play and talk with their infants, and follow daily routines—practices that require more active interaction and engagement and that may not seem as immediately critical to an infant’s well-being as safety or feeding. “The presence of elevated maternal depressive symptoms often results in the increased feelings of hopelessness and helplessness that can discourage mothers from engaging in parenting practices that have less concrete tangible outcomes,” say the authors.

### What Providers Can Do

These findings point to important roles for pediatric providers in combating maternal depression. First, all mothers should be screened for depression in the period after childbirth, when parenting practices are established and providers have frequent contact with families, the researchers say. Second, once depressive symptoms are identified, providers can play an important role in providing ongoing counseling and guidance, as well as in referring mothers to appropriate health care professionals.

Further efforts are needed to forge a connection between the health of parents and their children and to ensure that communities have adequate mental health resources. “Such an approach has the potential to foster positive parenting, child health and development, and family well-being,” the authors conclude.