
Perinatal Depression Effects Infant Development

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About the Author: Ms. Pollock has more than 30 years experience in mental health care. Some of the issues she treats include anxiety disorders, depressive disorders, post traumatic stress disorder, sexual abuse, and medication management. She has a special interest in women's reproductive issues such as anxiety and depression during pregnancy, postpartum depression, PMS, menopause, and infertility. She is a founder and treatment team member of Lindner Center of HOPE's Women's Mental Health Program.

Summary:

Perinatal depression not only affects mothers, but infants as well. A recent report shows depressive symptoms during or following pregnancy are present in 1 of every 12 American mothers. This article discusses the details of the report, including the impact postpartum depression has on the early development of infants. It also focuses on steps pediatricians can take to help detect the presence of perinatal depression in mothers.

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Roughly one in twelve women experience depression during or following pregnancy, according to a recent report from the American Academy of Pediatrics (AAP). Depressive symptoms are reported to be as high as 60 percent among low-income pregnant and postnatal women.

More than 400,000 children are born each year to depressed mothers, making perinatal depression the top undiagnosed obstetric complication in America. Perinatal depression is a major or minor depressive disorder affecting mothers during pregnancy or within the first year of their child's birth. Between 50 to 80 percent of new mothers have depression symptoms consistent with sufferers of the "baby blues," a temporary condition usually lasting no more than a few days following childbirth. Symptoms include crying, anxiety and mood swings.

Postpartum depression affects between 13 to 20 percent of new mothers. Unlike baby blues, the effects of postpartum depression can last over a year, taking a toll on a woman's ability to perform daily tasks and care for her child. Feelings of shame and inadequacy, withdrawal from family and friends as well as thoughts of harming oneself or the baby are just some of the symptoms associated with this depressive disorder.

One of the main focuses of the AAP study is the effect of postpartum depression on the social and cognitive development of infants. MRI-based research indicates that infants living in home environments where depression is present are likely to show impairments in their social interactions and develop mentally at a slower pace. Developmental issues for the infant will worsen and the likelihood of forming a strong mother and child relationship lessen if postpartum depression is left untreated. The amount of social interaction and cuddling between mother and infant typically required for a child's linguistic skills to fully mature is unlikely to occur in homes where postpartum depression is present, according to a 1999 study cited in the AAP report.

Treating depression is key to preventing or reducing the toll of postpartum on mothers and infants. Mothers with postpartum tend to see full recovery within four months of diagnosis through one or a combination of depression treatment methods. Treatments for depression include counseling and medications, such as antidepressants.

Primary care providers (PCP) have an exceptional opportunity to recognize perinatal depression in postnatal mothers during the series of follow-up visits typically following the pregnancies, concludes the AAP report. Follow-up visits allow PCPs to screen postnatal mothers for depression, and subsequently provide access to resources if such symptoms are found.

Additionally, the AAP recommends obstetricians encourage mothers to visit their pediatricians during the prenatal stage. This would give pediatricians insight on the behavior of their patients prior to delivery, thereby enhancing the doctor's ability to recognize any potential depression symptoms in the process.

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