

Maternal Depression

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Abstract

Approximately 18 million people are affected by depression, hence it can be considered as a significantly prevalent health disorder with noteworthy psychosocial impact. Pregnancy and postpartum duration are known for striking hormonal variations occurring in the body. Dysregulation in these endocrine axes (HPA) have a probable link to mood disorders. Approximately 10–15% of women are affected by depression at this juncture, impairing mother–infant interactions. Maternal attachment, sensitivity and parenting style are essential for a healthy maturation of an infant's cognitive and behavioral skills. A child on exposure to depressive symptoms has impaired social sense or security, reduced logical reasoning and is a high risk factor for future depression. It is imperative to uncover the mechanisms through which maternal depression contributes to numerous problems in children. Innumerable etiological issues play a role which is definitely modifiable. Efforts should be focused on isolating those factors which are causal in nature and diminish the outcome of this event. It is a growing concern for health practitioners and community worldwide as there is a massive impact on the children. Generally, a barrier to seek professional help in these situations is inability of the victim to reveal their symptoms for fear of ridicule often reinforced by society. Thus, observing the patients who come under the radar of depression and treating them appropriately at the precise time allow them to march toward a healthy life.

Introduction

Depression is progressively being documented as one of the foremost public health issue to be tackled. It is a common mental disorder that may cause sadness, feelings of guilt or shame, loss or interruption of appetite, fatigue, and/or lack of concentration [1]. Bearing a destructive influence on various facets of a person's life; work and family, it can be voted as a highly probable cause for suicide [2]. Increasingly susceptible to depression is the female race, reason attributable to hormones, studies indicating 70% more likely incidence than men [3]. It is reported that 12 percent of women are likely in a state of depression. The prevalence is 25 percent; double that of normal, in low income strata [4]. This may be due to lack of access to health insurance, reluctance to seek treatment for the same due to stigma associated with it. Poverty, dearth of social support, substance abuse, domestic violence, abuse during childhood, and stress are the factors which can be reasoned for depression [5].

Women of childbearing age are considered significant when depression is concerned as hormones, various social constraints play a major role and it's often a case of unrecognized and untreated disorder. Ten to twenty % of women are known to suffer from depression during pregnancy or first year postpartum [6]. Maternal depression is a broad term which encompasses a gamut of circumstances involving expectant mothers and mothers with infants. Prenatal depression, postpartum depression and postpartum psychosis are the various terms which come under this extensive spectrum. It is now gradually being acknowledged as a solemn public health concern with comprehensive conclusions drawn for both the child and mother in question. Increased rates of maternal suicide are known to be linked with maternal depression [2].

Maternal Depression

Major and minor depressive episodes beginning during pregnancy are included in prenatal depression. A recent meta-analysis report estimated point prevalence for prenatal depression ranging from 8.5 percent to 11.0 percent in different trimesters of pregnancy duration [7]. Postpartum blues is related to the emotional disturbances experienced after birth and is associated with crying, confusion, mood swings, anxiety and depressed mood. These features emerge first week postpartum and may last for few days with insignificant negative effects. Postpartum depression is akin to 'baby blues' experience by a new mother especially after first birth, but the difference is that duration is beyond 2-4 weeks after birth. The main characteristics comprises of dysphoric mood, fatigue, insomnia, anxiety, guilt consciousness and suicidal thoughts [8]. The symptoms if present for a month or more and causes impairment in the functioning of day-to-day activities, lead to a diagnosis of postpartum depression [9]. 50% - 62% risk for future depressions exists for such women [10]. On the other hand, postpartum psychosis can be referred to as a severe disorder which initiates within a month after child birth, accompanied by delusions, hallucinations and impairment of functions in general. It is a grave malady which may hastily develop symptoms and needs to be assessed psychiatrically.

Risk Factors

A number of modifiable risk factors need to be evaluated in women during screening of maternal depression. They include history of mood disorders (e.g. bipolar illness, major depression), family history of psychiatric disorders history of substance or alcoholic abuse, low socioeconomic status, partner violence, unplanned pregnancy; stress in general, negligible family support or lack thereof [11,12].

A mother's sorrow, dejection, isolation from spouse/family, dissatisfaction and other psychosocial factors play a role in development of this health issue. Serious risks in health for both the mother and infant can be expected, causing complications during parturition and continuing effects on child development which tend to be permanent, may impact the well-being of future generation.

A 2002 Survey conducted in New York revealed that approximately six out of ten women who scored 13 or higher on the Edinburgh Postnatal Depression Scale did not seek professional help regarding mental health concern since giving birth [13]. This may be attributable to the fear associated with problems concerning mental health, lack of sufficient knowledge among public and many other social factors prevent the early diagnosis and effective prevention of this ominous risk in child bearing women.

Consequences of Maternal Depression

The hazardous effects of maternal depression on the health and development of a child begins when the mother is expecting. The plausible mechanisms behind such an association is not visibly clear, though ongoing studies on prenatal depression has unearthed numerous links to poor birth outcomes such as preterm (3.4 times more risk) low birthweight (4 times more likely than normal), prematurity, and obstetric complications [14]. Women afflicted with depression are more likely to bear children who have abnormalities in functioning of neurological structures, tachycardia and lowered vagal tone [15]. The biological consequences envisage child's level of cortisol to be elevated, which is sequentially related to internalizing problems [16]. Maternal depressive symptoms characterize the attributes in the ongoing interactions of a mother to child. On a scale of ten, the highest score is associated with less communication effort, decreased sensitivity, commitment, warmth, and fondness in mothers, and with more frigid behavior, increased hostility, less compliant, unloving and unaffectionate attitude towards their offspring.

Oral health is ostensibly being renowned as a significant public health concern, especially in pregnant women. Periodontal disease during pregnancy results in adverse effects for the neonate like preterm birth and low birth weight, intrauterine growth restriction or small for-gestational age (SGA), preeclampsia, and miscarriage [17]. Anxiety and depression in general poses a greater risk for oral disease through a direct effect on host resistance via immunologic and neuro-endocrine mechanisms, hence pregnancy is a landmine to be crossed during this time [18]. It was seen that women with lifetime anxiety and depression had a threefold increased odds of at least one tooth loss compared with those without the disorder which clearly depicts the impact of maternal depression on oral disease [19]. Oral health of toddlers, for instance, comprising of supervised brushing and eating habits is callously ignored of in children with depressed mothers.

Maternal depression can impede the bonding and 'connect' between mother and baby. The affected mother can jeopardize the core of parental responsibility due to her threatening emotional and physical inability to care. Difficulty in nurturing strong relationships and organizing the various facets of parenting are few examples where failure occurs. The essential element for vigorous development of the neural system as well as emotional development in infants is a secure relationship and healthy attachment between primary caregiver, i.e., mother and the receiver, i.e., child. Ensuing negative relationship in early childhood manifests as reduced language ability in school going children. Thus the outcome of child development research, has

demonstrated reduced behavioral, cognitive, and social and emotional functioning [20].

Depressed mothers are more unlikely to breastfeed their infants at right intervals, take measure to prevent SIDS or employ safety practice like car seats. Affected parents may care less to follow preventive health advice regarding vaccination, or in supervising asthma or other disabilities in their young children [21, 22].

Influence of maternal depression on children has a varied outcome as these are not restricted to infancy. It has a tendency to extend into preschool age and school age. Anxiety and social awkwardness coupled with withdrawal builds up the character of an introvert child. Cognitive development is seemingly affected as the self-concept is not successfully advanced in these children and their self-esteem is worsened. Personality developmental functioning of these children involves poor social skills, struggling with their impulse control and lacking self-motivation [23].

Numerous studies depict that school-age children of depressed mothers demonstrate deficit adaptive functioning, possess a huge risk of psychopathological state of affairs, mainly depression, anxiety and conduct disorders. Lower IQ scores, attention-deficit disorder, reduced reason and logical sense in solving math problems were shown to be present in children of depressed mothers at three months postpartum [24].

Most susceptible period for affective illness, mood disorders like major/minor depressive disorder, seen twice the number in girls than boys is during the period of rebellion, i.e., adolescence [25]. Research has discerned that increased rates of major depression, panic disorders and alcohol dependence have a higher chance of occurring in teenagers with depressed parents than controls [26]. Adolescents are also affected in mothers who undergo depression at later stage. The probability of being afflicted by an assortment of psychiatric problems with dearth of achievements and detrimental social effects is higher in these children [27]. Depression notwithstanding the effect heralded by mothers has recently shown the contribution of male partners too. In non-depressed fathers, the buffering act provided during periods of depression experienced by the mother, revealed to boast an improvement in the infant's needs. Thus, the significant role of fathers in maternal depression has to be taken notice [28,29].

Diagnosis and Treatment

Various documented studies, systematic reviews and meta-analysis have paved the way for a widespread recognition of this grim illness. Infants and children are treated by either general physicians or pediatricians specifically and they encounter mothers repeatedly. It is highly imperative that they possess the acuity and necessary skill to detect occult symptoms and specific risk factors of maternal depression. Screening for these disorders by private as well as public health practitioners is rarely performed, thence adding to its potentiality to affect public at large.

Encouraging practitioners to timely identify the disorder in highly vulnerable group of women would definitely curb the menace. Enlightening expecting parents about the danger of maternal depression and its harmful effect on their family may promote women to seek prior treatment and take appropriate measures for its prevention. Utilizing emerging technologies and strategically consuming the available resources like setting up a family-centered programme can gain trust among the public and put forth the cause.

For instance, regular check-up with intercession targeted at improving parenting techniques, actions taken up to create an awareness to campaign about all-encompassing influence on mother and child health are few examples.

Women reporting for ante natal follow up should be routinely advised to undergo screening for early diagnosis. It has been suggested that, meticulous inspection and psychotherapy with systemic treatment for depression during early motherhood in high risk groups, is a reasonable option in accordance with research findings. These diseases when detected can be treated at the earliest before it depicts its dark side. Thereby, it can be put forth that upon prompt diagnosis, it is very much possible to control the repercussions of this disease thereby, allowing the women and children affected by this, to overcome and lead a healthy life.

Conclusion

The dearth of knowledge about maternal depression can be a considerable barrier in the quest of diagnosis. Victims of this dreadful disease are incapable of recognizing the symptoms of depression much in advance to avail treatment. By proactively seeking help at the right time, women can precisely thwart the harmful results. Children are the next generation and the primary caregiver is mother in most situations, thus additional emphasis should be laid on the ramifications of this disorder, particularly as it affects them socially, emotionally and psychologically with imminent bearing on futuristic humankind. Currently, literature on maternal depression is shaping up in the desired course offering significant insights and further studies are warranted in this area to resolutely ascertain the risk on human development globally.

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