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The Impact of Maternal Depression on Children: A Call for Maternal Depression Screening

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The importance?

- Maternal depression is increasingly recognized as a major public health concern due to its widespread damaging consequences for both mother and child
- Women have a 2-fold increased lifetime risk of major depression compared with men
- 1 in 10 children are cared for by a depressed mother

Goals

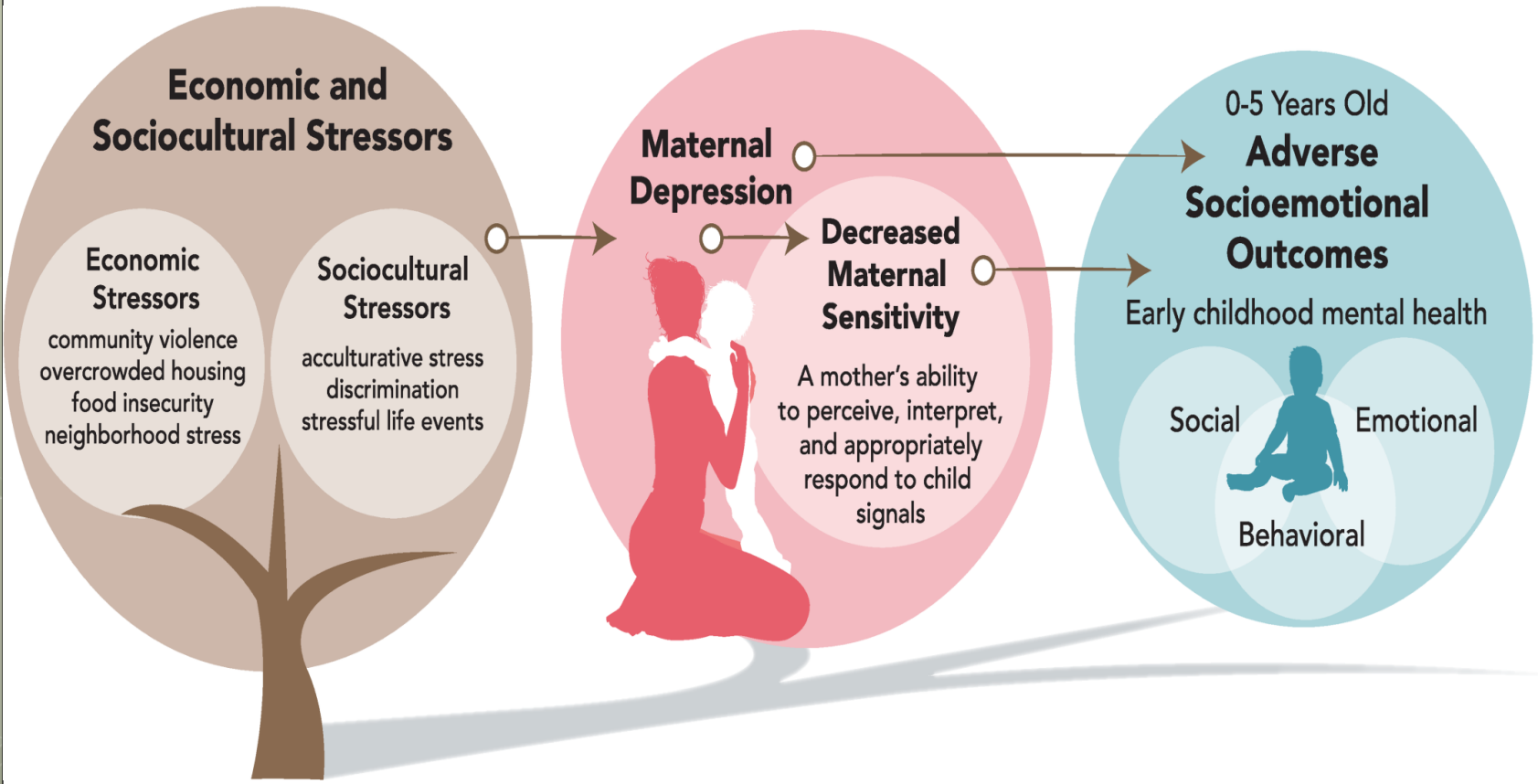
- Review
- Examine how this information could influence recommendations for screening
- Useful handout

Impact of Maternal Depression on Parenting Behaviors

- Parent-Child Interactions
- Safety Risks
- Feeding Practices

Impact of Maternal Depression on Children

- Emotional Impact
- Social Impact
- Cognitive/Developmental Delays Impact
- Behavioral Impact



Approaches and Tools

- Systematic screening for maternal depression in pediatric settings
- Edinburgh Postnatal Depression Scale
- Beck Depression Inventory
- Patient education

Edinburg postnatal depression scale

Edinburgh Postnatal Depression Scale (EPDS)[1]

The questionnaire below is called the Edinburgh Postnatal Depression Scale (EPDS). The EPDS was developed to identify women who may have postpartum depression. Each answer is given a score of 0 to 3. The maximum score is 30.

Please select the answer that comes closest to how you have felt in the past 7 days:

1. I have been able to laugh and see the funny side of things

- As much as I always could
- Not quite so much now
- Definitely not so much now
- Not at all

2. I have looked forward with enjoyment to things

- As much as I ever did
- Rather less than I used to
- Definitely less than I used to
- Hardly at all

3. I have blamed myself unnecessarily when things went wrong

- Yes, most of the time
- Yes, some of the time
- Not very often
- No, never

4. I have been anxious or worried for no good reason

- No, not at all
- Hardly ever
- Yes, sometimes
- Yes, very often

5. I have felt scared or panicky for no very good reason

- Yes, quite a lot
- Yes, sometimes
- No, not much
- No, not at all

6. Things have been getting on top of me

- Yes, most of the time I haven't been able to cope at all.
- Yes, sometimes I haven't been coping as well as usual
- No, most of the time I have coped quite well.
- No, I have been coping as well as ever.

7. I have been so unhappy that I have had difficulty sleeping

- Yes, most of the time
- Yes, sometimes
- Not very often
- No, not at all

8. I have felt sad or miserable

- Yes, most of the time
- Yes, quite often
- Not very often
- No, not at all

9. I have been so unhappy that I have been crying

- Yes, most of the time
- Yes, quite often
- Only occasionally
- No, never

10. The thought of harming myself has occurred to me

- Yes, quite often
- Sometimes
- Hardly ever
- Never

**If you have had ANY thoughts of harming yourself or your baby, or
you are having hallucinations please
tell your doctor or your midwife immediately
OR GO TO YOUR NEAREST HOSPITAL EMERGENCY ROOM.**

TOTAL SCORE

[Reset](#)

Beck deoression inventory

BECK DEPRESSION INVENTORY (BDI)



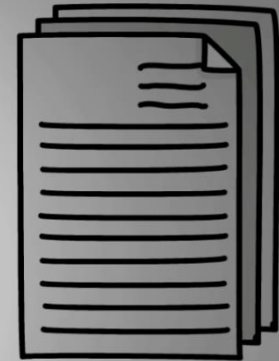
NEW VERSIONS

1978 & 1996

USED TO ASSESS A POTENTIAL
MOOD DISORDER

21 QUESTIONS

4 STATEMENTS (0-3)



**I AM NOT PARTICULARLY
DISCOURAGED ABOUT THE FUTURE**

**I FEEL DISCOURAGED
ABOUT THE FUTURE**

**I FEEL I HAVE NOTHING
TO LOOK FORWARD TO**

**I FEEL THE FUTURE IS HOPELESS
AND THINGS CANNOT IMPROVE**

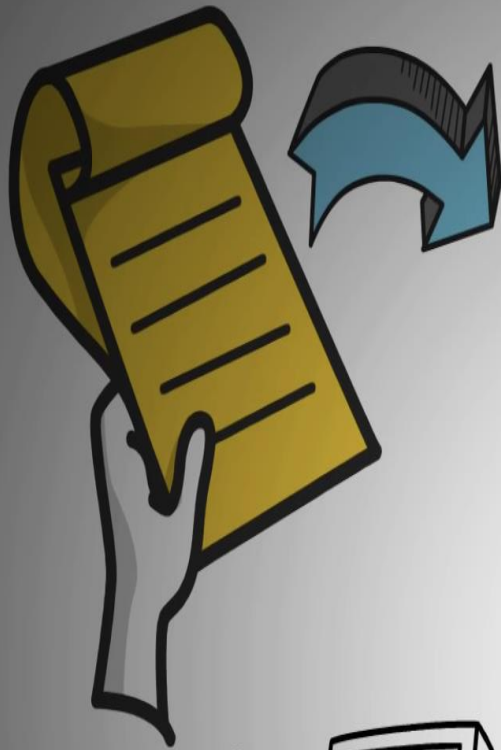
0

1

2

3





1-10

NORMAL UPS AND DOWNS

11-16

MILD MOOD DISTURBANCE

17-20

BORDERLINE CLINICAL DEPRESSION

21-30

MODERATE DEPRESSION

31-40

SEVERE DEPRESSION

40+ EXTREME DEPRESSION



Limitative Factors

- Time
- Absence of Appropriate protocols
- Insufficient access to mental health care
- Language barriers
- Financial problems
- Stigma



Helping your child when you are

DEPRESSED

Depression is a medical condition. Some of the symptoms include feeling sad, down or 'blue' and not enjoying things that used to be enjoyable. Someone who is depressed may feel easily annoyed or cranky. Depression can cause people to sleep a lot more than usual or to have trouble sleeping. Depression can cause people to eat a lot more than usual or to eat much less than usual. Depression can also make it hard to get things done. Everyday tasks, like chores, cooking, working or taking care of children can feel much harder.

The good news is that depression is a very treatable medical condition.

A good first step is to be aware of your signs and symptoms of depression and to ask for help. Your primary care doctor is a good place to start. They may recommend lifestyle changes (like exercise) or a prescription medication. They may also suggest talking with a counselor. Your doctor can work with you on a plan that is right for you.



Also, talk to your family or friends about how you are feeling. Let them know when you feel overwhelmed or need help. Ask for help with caring for your children if you need a break.

Take care of yourself, such as getting regular exercise, getting enough sleep, and eating well can all be helpful. You can also do things to reduce your stress and make time for yourself – take a bath, go to a movie, read a book, or do something that you find enjoyable.

Surprisingly common!

About one in five Americans will experience depression at some point in their life. It is also very common among parents with young children – including both mothers and fathers. Mothers and fathers in all walks of life can experience depression. It is even more common when parents are facing other challenges, such as financial difficulties or problems in their relationships.

How can your depression impact your child?

Parenting is a hard job! Depression can make it harder. Even mild symptoms of depression can impact the way mothers and father interact with their children.

CHILD SAFETY – Depression makes it hard to get things done. This can include things that parents do to keep their children safe. For example, parents experiencing depression are less likely to use car seats regularly and monitor their children closely.



SCHOOL READINESS – When you are depressed, it can be hard to have the energy to help your children prepare to be successful in school. Parents with depression are less likely to regularly read to their children and work with them to learn things like colors, numbers and shapes. Young children may fall behind in their learning and development.

EMOTIONS AND BEHAVIOR – Your children are more likely to be emotionally healthy when you are able to show warmth and affection and consistently respond to their needs – such as soothing them when they cry. Depression can make this harder. Parents who are depressed may feel easily annoyed by their child’s behavior. Children, even babies, are very sensitive to parents’ moods. Children whose parents are depressed may cry more or have problems sleeping and eating. Toddlers and preschoolers may have more tantrums, act out, or be aggressive with others. Some children may become withdrawn and show signs of depression themselves. A parents’ depression can impact children of all ages – from infants to older children.

You Can Minimize the Effects of Depression on Your Child

Basic safety issues for your child also come first. Be aware if you are struggling to monitor your children closely, especially when they are young. Ask for help from family or friends if needed. There are several other things you can do to support your child:



PLAY – If you are depressed this may take a special effort. Set aside a special time each day for parent-child play. Even 10 or 15 minutes a day can have a positive impact on your relationship. Turn off the television and put your cell phone away. Let your child decide what they want to play. Ask if you can join in. Comment on what they are doing (‘I see you are stacking red blocks on top of yellow blocks’). This lets them know you noticed them and they will feel important. It also teaches them many new words. Playtime will look different as children get older. They may want to play games or do a hobby together. The type of activity is not as important as the time together.



READING – Reading to children is one of the best ways to ensure children will be successful in school. It is less likely to happen when parents are depressed. Setting aside a few minutes a day for reading can be helpful for children of all ages. Bedtime is a good time to read as they settle down for sleep. Infants like to look at sturdy board books so they won’t be ruined if they put them in their mouths. Even older school age children who can read on their own often enjoy family reading time. Your local library is a great source for books for children of all ages.



DAILY ROUTINES – Having the same schedule every day helps a child feel secure. While depression may make it difficult for a parent to function like normal, sticking to a daily routine is best. This means getting up at about the same time each day, eating meals at the same time, and going to bed at the same time. Be sure children go to their child care, preschool or school every day unless they are sick. Include time for play, inside and outside. Make a bedtime routine: bath, toothbrushing, drink, reading, and bedtime. When children know what to expect, they behave better!

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Maternal depression symptoms, child behavior problems, and their transactional relations: Probing the role of formal childcare

Conclusion

- Maternal depression is a growing concern for both mother and child
- Maternal depression can affect every aspect of child development
- The most efficient way to prevent further problems is have a screening program
- Patient education is a helpful tool to raise awareness in high risk population



THANKS FOR YOUR ATTENTION