



Symptoms of Depression Postpartum and 12 Years Later- Associations to Child Mental Health at 12 Years of Age

Agnafors, S., Sydsjö, G., deKeyser, L., Svedin, C.G. (2013). Symptoms of depression postpartum and 12 years later – Associations to child mental health at 12 years of age. *Maternal and Child Health Journal*, 17, 405-414. doi: 10.1007/s10995-012-0985-z.



Civilian-
Focused
Article



1,723 Swedish mothers participated in a study at two time points, first when their children were 3 months old and then 12 years later. Researchers examined how maternal depression (both postpartum and later) were associated with child behavior problems. When children were 12, the strongest predictor of child behavior problems was current maternal depression.

Key Findings:

- When children were 3 months of age, 10-12% of the mothers exceeded the cut-off for significant depressive symptoms. The rate of maternal depression when the child was 12 years old was 18%.
- Only 4% of mothers reported symptoms above the cut off on both occasions. The children of these mothers had an 8 fold increased risk of behavior problems at the age of 12 compared to children of women without depression.
- Women with postpartum depression were 3 times more likely to report symptoms of depression when their children were 12 years old compared to women without symptoms of postpartum depression.
- A positive association emerged between mothers' depressive symptoms (when the child was 12) and children's behavior problems.

Implications for Programs:

- Infant and new mother programs could enhance education and programming efforts related to managing postpartum depression.
- Programs could offer education and support services for children whose parents are managing depression or anxiety, teaching information and mental health and effective coping techniques.

Implications for Policies:

- Policies could recommend that all new mothers be tracked for a range of mental health issues (including postpartum depression) at all medical visits.
- Policies could provide infrastructure for support services for new mothers, including opportunities for education, peer support, and socialization.

Avenues for Future Research:

- Future research could supplement maternal self-report data with other sources of information about child functioning.
- Additional studies could include measurements of genetic factors that may contribute to depressive symptoms and behavior problems.



Background Information

Methodology:

- All mothers of children born in five cities in southern Sweden from May 1995-December 1996 were invited to take part in the study. 88% of the mothers agreed to participate.
- Mothers completed a questionnaire about postpartum depression when their baby was 3 months old.
- When the children were 12 years old, mothers were contacted via mail, and asked to complete questionnaires assessing depression, anxiety, child behavior, and socio-demographic data. 52% of the mothers completed these questionnaires.
- Additional medical information was obtained from the medical birth registry, a national database.
- Logistic regressions used maternal symptoms (at child age 3 months and 12 years) and demographic variables to predict child behavior problems.
- In order to compare child behavior problems, mothers were divided into four groups: no depressive symptoms; depressive symptoms at baseline; depressive symptoms at follow-up; and depressive symptoms at both times.

Participants:

- 1,723 mothers participated at baseline.
- 96% of the mothers were living with the child's father
- 89% of the mothers were born in Sweden.
- 53% of the children were boys, and 2% were twins.
- Average age of mother at child birth = 28.20 years (SD=4.60 years).

Limitations:

- All measures were self-report surveys by the mothers which could have biased the results.
- The sample was Swedish, and it is unknown how these results might generalize to a United States population.
- There was a large drop-out rate at follow-up. In addition, baseline depression and life stress were higher for those mothers who did not respond at follow-up.

Assessing Research that Works

| Research Design and Sample | | | | | Quality Rating: | ★ ★ ★ |
|--|---|--|---|---|-----------------|-------|
| | Excellent (★★★★) | Appropriate (★★★) | Limited (★★) | Questionable (★) | | |
| The design of the study (e.g., research plan, sample, recruitment) used to address the research question was.... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Research Methods | | | | | Quality Rating: | ★ ★ ★ |
| | Excellent (★★★★) | Appropriate (★★★) | Limited (★★) | Questionable (★) | | |
| The research methods (e.g., measurement, analysis) used to answer the research question were... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Limitations | | | | | Quality Rating: | ★ ★ ★ |
| | Excellent Minor Limitations (★★★★) | Appropriate Few Limitations (★★★) | Limited Several Limitations (★★) | Questionable Many/Severe Limitations (★) | | |
| The limitations of this study are... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Implications | | | | | Quality Rating: | ★ ★ ★ |
| | Excellent (★★★★) | Appropriate (★★★) | Limited (★★) | Questionable (★) | | |
| The implications of this research to programs, policies and the field, stated by the authors, are... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| <input type="checkbox"/> Not applicable because authors do not discuss implications | | | | | | |
| Overall Quality Rating | | | | | | ★ ★ ★ |