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Effects of Early Parental Depression

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 By [Karen Dineen Wagner, MD, PhD](#)

The adverse effects of maternal depression during the prenatal and postpartum periods have received much attention. Maternal depression has been associated with a wide range of problems in offspring that include deficits in social, emotional, temperamental, and cognitive functioning in childhood that may extend into adolescence. Recent studies have focused on critical periods for maternal depression and have also examined prenatal and postpartum depression in fathers.

Timing of maternal depression

Bagner and colleagues¹ conducted a study to determine the period of maternal depression that has the greatest negative impact on a child's behavior. The researchers assessed whether the critical period for adverse effects was during the first year of a child's life (ie, from birth to the first birthday). They were also interested in determining how timing of maternal depression and behavior problems of the child differed by sex.

The study was made up of 175 mothers who had lifetime criteria for depressive disorder. Most of the women had at least 1 major depressive episode before pregnancy and after the first postpartum year. These mothers had completed the Child Behavior Checklist (CBCL) for their first child at some time during the first 12 years of the child's life to assess internalizing and behavior problems in their offspring.

Maternal postpartum depression during the child's first year of life significantly predicted internalizing behavior problems. This association was not found if maternal depression occurred before pregnancy or during the prenatal period. The sex of the child did not influence the outcome. The researchers conclude that maternal postpartum depression during the first year of a child's life is a sensitive period that increases the probability of adverse outcomes for the child.

Paternal depression

The majority of the literature focuses on prenatal and postnatal depression in mothers, and little attention has been given to the incidence of prenatal and postpartum depression in fathers. Davé and colleagues² examined the incidence of paternal depression and maternal depression in primary care practices. The researchers used a database that included 86,957 mother, father, and child triads. The rates of depression were highest in the first year postpartum for both fathers and mothers. The incidence of depression (per 100-person years) was 3.6 for fathers and 13.9 for mothers. Younger parents (aged 15 to 24 years), parents with a history of depression, and parents from deprived areas were found to be at the highest risk for depression.

This study demonstrates that there is a high risk of depression for both mothers and fathers following the birth of their children. The researchers suggest that fathers, as well as mothers, be screened for depression.

The rates of prenatal and postpartum depression in fathers was also assessed by Paulson and Bazemore.³ The researchers conducted a meta-analysis of 43 studies that identified depression in fathers between the first trimester and the first year postpartum. The overall rate of paternal depression was 10.4% during the first trimester and 1 year

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postpartum. It is important to note that the highest rates of depression (25.6%) were found during the 3- to 6-month postpartum period. A moderate positive correlation ($r = 0.308$) was found between maternal and paternal depression. The findings draw attention to the high incidence of paternal depression in the prenatal period and in the 1-year period following the birth of the child.

Furthermore, an increased risk of suicide has been found in fathers with mood disorders during the postpartum period. Quevedo and colleagues⁴ assessed 650 men for suicide risk in the antenatal period and within 30 to 60 days postpartum. The prevalence of suicide risk in the postpartum period for fathers was 4.8%. Compared with fathers without a mood disorder, fathers with postpartum depression and those with mixed episodes were 20 and 46 times, respectively, more likely to be at risk for suicide. The researchers recommend that men who have mixed episodes in the postpartum period be specifically evaluated for suicide risk.

Davis and colleagues⁵ interviewed 1746 fathers of 1-year-old children in pediatric clinics about their parenting behaviors: 7% of these fathers reported an episode of major depression within the prior year. Depressed fathers were more likely to spank their children in the previous month compared with fathers who were not depressed (41% vs 13%, respectively). The investigators concluded that postpartum depression in fathers may lead to negative parenting behaviors.

Clinical implications

These recent studies highlight the importance of identifying depression in the prenatal and postpartum period for parents. Following the birth of a child, it is critical for clinicians to screen for depression in both mothers and fathers. Identification and treatment of early parental depression may prevent adverse outcomes for their children.

DISCLOSURES

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