Patterns of Perinatal Depression and Stress in Late Adolescent and Young Adult Mothers

Rosamar Torres, Deepika Goyal, Amanda C. Burke-Aaronson, Caryl L. Gay, and Kathryn A. Lee

ABSTRACT

Objective: To compare symptoms of depression, maternal adjustment, and perceived stress in late adolescent and young adult mothers and to examine the patterns of these symptoms during the first 3 months after birth.

Design: Secondary analysis of extant longitudinal data.

Setting: San Francisco Bay Area, with participants in their home environments.

Participants: Ethnically diverse women expecting their first infants recruited during the third trimester from childbirth education classes and antenatal clinics. The final sample included 34 participants in the late adolescent group (18–20 years) and 48 participants in the young adult group (21–24 years).

Methods: The Center for Epidemiologic Studies Depression Scale was used to assess depression symptoms, the Maternal Adjustment and Maternal Attitudes Scale was used to assess maternal adjustment, and the 10-item Perceived Stress Scale was used to assess perceived stress. Repeated-measures analyses of variance were used to examine changes over time in depression, maternal adjustment, and perceived stress scores.

Results: Compared with young adult participants, late adolescent participants had greater mean depression scores ($F_{(1, 61)} = 8.02, p = .006$) and perceived stress scores ($F_{(1, 62)} = 9.45, p = .003$) at all time points. Scores for maternal adjustment could not be compared because of the low internal validity of the instrument.

Conclusion: Our results indicated that late adolescent mothers may have more symptoms of depression and stress in late pregnancy and the early postpartum period than young adult mothers. Clinicians in maternity and pediatric settings should be vigilant in screening for depression and stress in this vulnerable population during their transitions to motherhood.


Accepted August 2017

Although the perinatal period (pregnancy through the postpartum period) is a joyful time for most women, it is associated with an increased risk for the development of perinatal mood disorders (Iliadis et al., 2016). Common mood disorders include antenatal depression, baby blues, and postpartum depression (PPD). Defined as the new onset of depression symptoms during pregnancy, antenatal depression can affect as many as 28% of women (Verreau et al., 2014) and has been associated with preterm birth, intraterine growth restriction, and lower infant birth weight (Jarde et al., 2016; Liou, Wang, & Cheng, 2016; Saeed, Raana, Saeed, & Humayun, 2016). Unlike PPD, baby blues presents within the first 2 weeks after childbirth and affects as many as 80% of all new mothers (Hirst & Moutier, 2010). Symptoms are usually mild and consist of feeling sad, tearful, or irritable (Dalten, 2009). Often self-limiting in nature, baby blues usually resolves on its own without treatment (Langan & Goodbred, 2016).

Postpartum depression is defined as the onset of an affective mood disorder that occurs any time during the first 12 months after childbirth and affects 1 in 9 women (Tebeka, Le Strat, & Dubertret, 2016). Symptoms of PPD can range from mild emotional lability, fatigue, and irritability to more severe clusters of symptoms that meet the criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2013), including comorbid anxiety and disinterest in self-care or care of the infant (Langan & Goodbred). When left untreated, PPD can disrupt the maternal–child
Little is known about the prevalence and trajectory of perinatal depression in late adolescent mothers or whether differences exist compared with young adult mothers.

Researchers have suggested that age is a risk factor for PPD and that women in certain age groups are at greater risk than others (Gauthreaux et al., 2017). Adolescent mothers are at greater risk for the development of PPD because of multiple psychosocial issues, including poor social support (Verreault et al., 2014). Other risk factors for PPD that are unique to adolescent mothers include body dissatisfaction (Zaltzman, Falcon, & Harrison, 2015), substance use (Hippwell, Murray, Xiong, Stepp, & Keenan, 2016), negative feelings toward the pregnancy (Meltzer-Brody, 2013), and social isolation from family and peers (Nunes & Phipps, 2013). In addition, adolescents differ from young adults in that they are cognitively immature and may lack the ability to think in abstract terms or anticipate future consequences of their actions (Cauffman et al., 2010). As a result, adolescent mothers may experience poor maternal adjustment, have poor skills with which to cope with perceived stress, and experience more difficulty adjusting to the maternal role than adult women; these factors place them at increased risk for developing PPD (DeVito, 2010; Figueiredo, Trevillion, & Feder, 2013). Other risk factors include sleep deprivation (Goyal, Gay, & Lee, 2009) and nutritional deficits (Werner, Miller, Osborne, Kuzava, & Monk, 2015).

Despite the fact that adolescent mothers are at greater risk for PPD, research is limited in this vulnerable population, and little is known about the trajectory of depression during the perinatal period compared with young adult mothers. Therefore, the purpose of our study was to describe and compare patterns of perinatal depression symptoms, maternal adjustment, and perceived stress in a sample of late adolescent (18–20 years) and young adult (21–24 years) mothers beginning in the third trimester and continuing through 3 months postpartum.

Theoretical Framework

Our study was guided by the Person domain within the Theory of Symptom Management. This theory posits that many health and personal characteristics, such as reproductive status, age, and education, can influence the symptom experience. For our study and its target population, we also incorporated knowledge about adolescent development and hypothesized that the experience of depression symptoms would be associated with specific developmental age groups and pregnancy characteristics such as type of birth (Humphreys et al., 2014).

Methods

Participants

The data for this secondary analysis were drawn from the control groups of two large longitudinal clinical trials designed to improve maternal sleep in the postpartum period (Lee & Gay, 2011). Parity was controlled by recruiting only first-time mothers, and health status was controlled by recruiting only low-risk pregnant women in the last month of pregnancy with no indications of pregnancy complications. Both studies were
دریافت فوری
متن کامل مقاله

امکان دانلود نسخه تمام متن مقالات انگلیسی
امکان دانلود نسخه ترجمه شده مقالات
پذیرش سفارش ترجمه تخصصی
امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
امکان دانلود رایگان ۲ صفحه اول هر مقاله
امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
دانلود فوری مقاله پس از پرداخت آنلاین
پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات