



Parenting stress and depressive symptoms in postpartum mothers: Bidirectional or unidirectional effects?



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ABSTRACT

Despite the consistent link between parenting stress and postpartum depressive symptoms, few studies have explored the relationships longitudinally. The purpose of this study was to test bidirectional and unidirectional models of depressive symptoms and parenting stress. Uniquely, three specific domains of parenting stress were examined: parental distress, difficult child stress, and parent–child dysfunctional interaction (PCDI). One hundred and five women completed the Beck Depression Inventory and the Parenting Stress Index – Short Form at 3, 7, and 14 months after giving birth. Structural equation modeling revealed that total parenting stress predicted later depressive symptoms, however, there were different patterns between postpartum depressive symptoms and different types of parenting stress. A unidirectional model of parental distress predicting depressive symptoms best fit the data, with significant stability paths but non-significant cross-lagged paths. A unidirectional model of depressive symptoms predicted significant later difficult child stress. No model fit well with PCDI. Future research should continue to explore the specific nature of the associations of postpartum depression and different types of parenting stress on infant development and the infant–mother relationship.

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1. Introduction

Postpartum depression is an important risk factor that negatively impacts children's development, as well as parenting, maternal health, and well-being (C. T. Beck, 1998; Cummings, Davies, & Campbell, 2000; Downey & Coyne, 1990; Field, 2010). Even mild levels of depression that do not meet criteria for a major depressive episode may result in adverse effects for women and children (Ashman, Dawson, & Panagiotides, 2008). A consistent link between maternal depressive symptoms and parenting stress has been established (Cornish et al., 2006; Gelfand, Teti, & Fox, 1992; Gerdes et al., 2007; Sidor, Kunz, Schwyer, Eickhorst, & Cierpka, 2011). Yet, few studies have explored relations between parenting stress and maternal depressive symptoms longitudinally over the postpartum period, which is important for predicting maternal depressive

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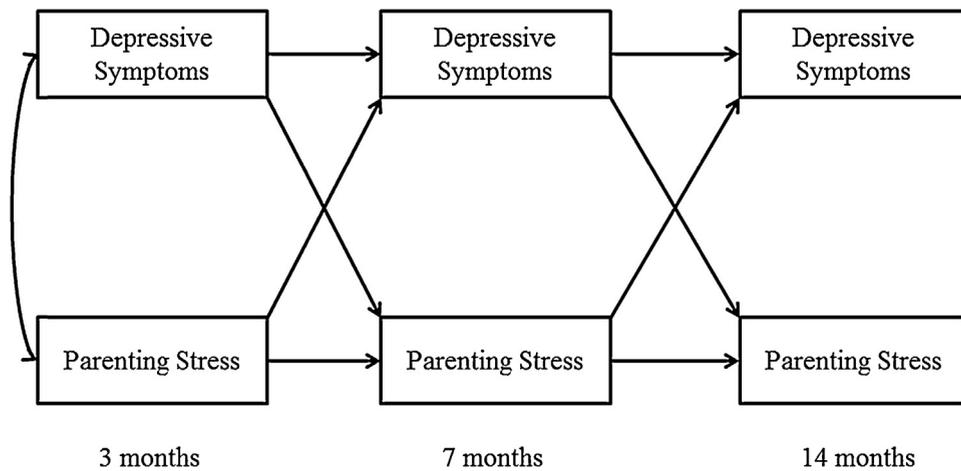


Fig. 1. Bidirectional model (Models 1 and 2) examining the stability and bidirectional effects of maternal depressive symptoms and maternal parenting stress from 3-months postpartum, 7-months postpartum, 14-months postpartum. Error terms are not shown.

symptoms across the perinatal period. Does a bidirectional model or a unidirectional model best explain the development of maternal depressive symptoms? A bidirectional model (see Fig. 1) would suggest that depressive symptoms and parenting stress mutually influence one another over time. On the other hand, a unidirectional model would demonstrate that either earlier parenting stress predicts later depressive symptoms (see Fig. 2) or that earlier depressive symptoms predict later parenting stress (see Fig. 3). This study will test whether a bidirectional or unidirectional model best explains the association between maternal depressive symptoms and parenting stress during the first postpartum year. Additionally, these models will be tested with three specific subtypes of parenting stress (parental distress, difficult child stress, and stress related to dysfunctional mother–child interactions) to examine if different types of parenting stress have different relations with maternal depressive symptoms. Understanding how different domains of parenting stress are related to depression over the first year can help inform future research and intervention efforts by identifying and targeting specific sources of stress.

1.1. Relations between postpartum depressive symptoms and parenting stress

Types of parenting stress include stress related to the parental domain, such as women's perceived stress of the parental role, and stress related to the child domain, such as perceptions of how difficult the infant is, as well as stress related to mother–child interaction. Stress associated with the parental role has consistently been related to depressive symptoms (Cornish et al., 2006; Horowitz & Goodman, 2004; Misri, Reebye, Milis, & Shah, 2006; Sidor et al., 2011). The findings regarding perceptions of stress associated with a difficult child are mixed, with some researchers finding that depressed mothers report their children are more difficult (Britton, 2011; Cornish et al., 2006; McGrath, Records, & Rice, 2008; Milgrom & McCloud, 1996), whereas others find no connection between depressive symptoms and perceptions of a difficult child (Misri et al., 2006; Pritchard et al., 2012). Parenting stress specific to the parent–child interaction has been examined to

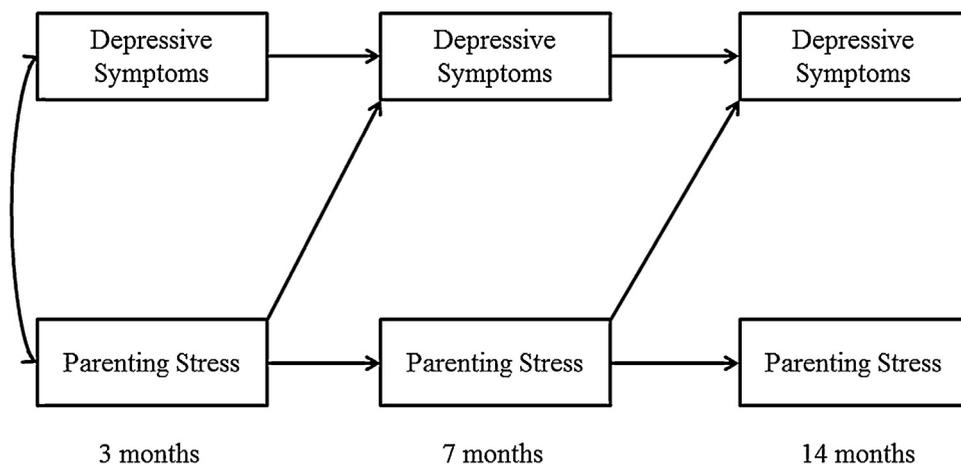


Fig. 2. Unidirectional model of parenting stress predicting maternal depressive symptoms (Model 3).

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