

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

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## 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.

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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 (Verreault et al., 2014) and has been associated with preterm birth, intrauterine 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, teary, or irritable (Dalfen, 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.

bond (Dubber, Reck, Müller, & Gawlik, 2015); contribute to infant cognitive and language development delays (Sohr-Preston & Scaramella, 2006); and lead to postpartum psychosis, including greater risks of maternal suicide and infanticide (Friedman & Resnick, 2009).

Well-established risk factors for PPD include a previous history of depression (Silverman et al., 2017), antenatal depression (Kettunen & Hintikka, 2017), low socioeconomic status (Goyal, Gay, & Lee, 2010), poor social support (Kettunen & Hintikka), and history of intimate partner violence (Howard, Oram, Galley, Trevillion, & Feder, 2013). Other risk factors include sleep deprivation (Goyal, Gay, & Lee, 2009) and nutritional deficits (Werner, Miller, Osborne, Kuzava, & Monk, 2015).

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 (Hipwell, 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, Tendais, & Dias, 2014).

For a first-time adolescent mother, the newborn often represents new demands and stressors during an already tumultuous developmental stage that hinder adjustment to motherhood

(DeVito, 2010). In DeVito's qualitative study of 126 adolescent mothers ages 13 to 19 years, participants relied heavily on their own mothers for infant care needs because of lack of knowledge, for example, what to do when the infant cried. Thematic analysis showed that participants experienced "being caught between two worlds" and "alone and desperate" (DeVito, 2010, p. 28). Although Fagan and Lee (2010) suggested that supportive relationships and relationship satisfaction may be protective against PPD in adolescent mothers, most researchers indicated that many of these mothers lack support from friends, family, and partners (Meltzer-Brody, 2013; Nunes & Phipps, 2013; Wahn & Nissen, 2008).

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

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