


A sample of 147 mother-infant dyads was recruited from a peri-urban settlement outside Cape Town and seen at 2- and 18-months postpartum. At 18 months, 61.9% of the infants were rated as securely attached (B); 4.1% as avoidant (A); 8.2% as resistant (C); and 25.8% disorganized (D). Postpartum depression at 2 months, and indices of poor parenting at both 2 and 18 months, were associated with insecure infant attachment. The critical 2-month predictor variables for insecure infant attachment were maternal intrusiveness and maternal remoteness, and early maternal depression. When concurrent maternal sensitivity was considered, the quality of the early mother-infant relationship remained important, but maternal depression was no longer predictive. Cross-cultural differences and consistencies in the development of attachment are discussed.


BACKGROUND: Few studies of the effects of postnatal depression on child development have considered the chronicity of depressive symptoms. We investigated whether early postnatal depressive symptoms (PNDS) predicted child developmental outcome independently of later maternal depressive symptoms. METHODS: In a prospective, longitudinal study, mothers and children were followed-up from birth to 2 years; repeated measures of PNDS were made using the Edinburgh Postnatal Depression Scale (EPDS); child development was assessed using the Bayley Scales II. Multilevel modelling techniques were used to examine the association between 6 week PNDS, and child development, taking subsequent depressive symptoms into account. RESULTS: Children of mothers with 6 week PNDS were significantly more likely than children of non-symptomatic mothers to have poor cognitive outcome; however, this association was reduced to trend level when adjusted for later maternal depressive symptoms. CONCLUSION: Effects of early PNDS on infant development may be partly explained by subsequent depressive symptoms.


BACKGROUND: Post-natal depression is common and has been associated with adverse effects on children's later emotional and behavioural development. The evidence for effects on children's cognitive development is unclear but this could potentially be a major public health issue. The aim was to examine whether maternal depression and maternal caregiving during the first year of life are associated with children's subsequent language development. METHODS: One thousand two hundred and one women were recruited from antenatal and post-natal baby clinics in two areas in England, and followed up until their babies were 3 years. Mothers and children were assessed by questionnaire, interview and home observation; 999 children's language was assessed at 36 months, although 55 were excluded principally because they had been exposed to insufficient English. RESULTS: In bivariate analyses maternal depressive symptomatology in the post-natal year but not at 36 months was associated with poorer child language at 36 months; maternal caregiving, was positively associated with language. Structural Equation Modelling revealed that depression was associated with poorer caregiving but was not independently associated with language. Higher quality caregiving at 10 months was associated with better language. When the sample was split by socioeconomic factors the effects of depression on caregiving were stronger in the less advantaged group. In both groups poorer quality early caregiving predicted lower language outcome. CONCLUSIONS: Post-natal depression had a negative effect on caregiving, which in turn affected language; post-natal depression did not have an additional direct effect on language. Socioeconomic factors moderated the effects of depression on caregiving. When targeting interventions at mothers with post-natal depression, it may be strategic to focus on lower socioeconomic groups at higher risk.


A representative community sample of primiparous depressed women and a nondepressed control group were assessed while in interaction with their infants at 2 months postpartum. At 3 months, infants were assessed on the Still-face perturbation of face to face interaction, and a subsample completed an Instrumental Learning paradigm. Compared to nondepressed women,
depressed mothers' interactions were both less contingent and less affectively attuned to infant behavior. Postnatal depression did not adversely affect the infant's performance in either the Still-face perturbation or the Instrumental Learning assessment. Maternal responsiveness in interactions at 2 months predicted the infant's performance in the Instrumental Learning assessment but not in the Still-face perturbation. The implications of these findings for theories of infant cognitive and emotional development are discussed.


: Statistically, women, particularly pregnant women and new mothers, are at heightened risk for depression. The present review describes the current state of the research linking maternal depressed mood and children's cognitive and language development. Exposure to maternal depressive symptoms, whether during the prenatal period, postpartum period, or chronically, has been found to increase children's risk for later cognitive and language difficulties. The present review considers both the timing of maternal depression and the chronicity of mothers' depression on children's risk for cognitive and language delays. Infancy is frequently identified as a sensitive period in which environmental stimulation has the potential to substantially influence children's cognitive and language development. However, children's exposure to chronic maternal depression seems to be associated with more problematic outcomes for children, perhaps because depression interferes with mothers' ability to respond sensitively and consistently over time. Consistent with this expectation, interventions targeting parenting practices of depressed mothers have been found to increase children's cognitive competence during early childhood. The current review provides a synthesis of the current state of the field regarding the association between maternal depression and children's cognitive and language development during early childhood.


OBJECTIVE: Postnatal depression in women is associated with adverse effects on both maternal health and children's development. It is unclear whether depression in men at this time poses comparable risks. The present study set out to assess the association between depression in men in the postnatal period and later psychiatric disorders in their children and to investigate predisposing factors for depression in men following childbirth.

METHOD: A population-based cohort of 10,975 fathers and their children from the Avon Longitudinal Study of Parents and Children (ALSPAC) was recruited
in the prenatal period and followed for 7 years. Paternal depressive symptoms were assessed with the Edinburgh Postnatal Depression Scale and later child psychiatric disorder (DSM-IV) with the Development and Well-Being Assessment. RESULTS: Depression in fathers in the postnatal period was significantly associated with psychiatric disorder in their children 7 years later (adjusted OR 1.72, 95% CI 1.07-2.77), most notably oppositional defiant/conduct disorders (adjusted OR 1.94, 95% CI 1.04-3.61), after adjusting for maternal depression and paternal educational level. A history of severe depression and high prenatal symptom scores for depression and anxiety were the strongest predictors of paternal depression in the postnatal period. CONCLUSIONS: Depression in fathers in the postnatal period is associated with later psychiatric disorders in their children, independently of maternal postnatal depression. Further research into the risks associated with paternal psychopathology is required because this could represent an important opportunity for public health intervention.


BACKGROUND: Depression in fathers in the postnatal period is associated with an increased risk of behavioural problems in their offspring, particularly for boys. The aim of this study was to examine for differential effects of depression in fathers on children's subsequent psychological functioning via a natural experiment comparing prenatal and postnatal exposure. METHODS: In a longitudinal population cohort study (the Avon Longitudinal Study of Parents and Children (ALSPAC)) we examined the associations between depression in fathers measured in the prenatal and postnatal period (measured using the Edinburgh Postnatal Depression Scale), and later behavioural/emotional and psychiatric problems in their children, assessed at ages 3(1/2) and 7 years. RESULTS: Children whose fathers were depressed in both the prenatal and postnatal periods had the highest risks of subsequent psychopathology, measured by total problems at age 3(1/2) years (Odds Ratio 3.55; 95% confidence interval 2.07, 6.08) and psychiatric diagnosis at age 7 years (OR 2.54; 1.19, 5.41). Few differences emerged when prenatal and postnatal depression exposure were directly compared, but when compared to fathers who were not depressed, boys whose fathers had postnatal depression only had higher rates of conduct problems aged 3(1/2) years (OR 2.14; 1.22, 3.72) whereas sons of the prenatal group did not (OR 1.41; .75, 2.65). These associations changed little when controlling for maternal depression and other potential confounding factors. CONCLUSIONS: The findings of this study suggest that the increased risk of later conduct problems, seen particularly in the sons of depressed fathers, maybe partly mediated through environmental means. In addition, children
whose fathers are more chronically depressed appear to be at a higher risk of emotional and behavioural problems. Efforts to identify the precise mechanisms by which transmission of risk may occur should be encouraged to enable the development of focused interventions to mitigate risks for young children.


Background: Postnatal depression has detrimental effects on the child's cognitive and emotional development. Aims: To assess the benefits of treating postnatal depression for mother-infant interaction and child development. Method: A systematic search was made of 12 electronic bibliographic databases for randomised controlled trials and controlled clinical trials on treatment of mothers with postnatal depression, where outcomes were assessed in children; findings were assessed. Results: Only eight trials met the inclusion criteria. Of those included, interventions varied widely but all involved therapies directed at the mother-infant relationship. One study with intensive and prolonged therapy showed cognitive improvement, whereas two others with briefer interventions improved maternal-infant relationships but did not affect the child's cognitive or behavioural development. All five studies assessing only mother-infant relationships showed improvements. Conclusions: Cognitive development in children of depressed mothers, along with better mother-infant relationships, might be improved with sustained interventions. Trials assessing treatments for postnatal depression would benefit from looking more closely at benefits for children as well as mothers, using validated objective measures. (PsycINFO Database Record (c) 2010 APA, all rights reserved)


BACKGROUND: Post-natal depression is a common condition that can result in distress for the mother and deleterious effects on the development of the infant. AIMS: To estimate the economic costs of post-natal depression in a geographically defined cohort of women at high risk of developing the condition. METHOD: Unit costs were applied to estimates of health and social care resource use made by 206 women recruited from antenatal clinics and their infants. Net costs per mother-infant dyad over the first 18 months post-partum were estimated. RESULTS: Mean mother-infant dyad costs were estimated at pound 2419.00 for women with post-natal depression and pound 2026.90 for women without post-natal depression, a mean cost difference of pound 392.10 (P=0.17). The mean cost differences between women with and without post-natal depression reached statistical significance for community care services (P=0.01), but not for other categories of service. Economic costs
were higher for women with extended experiences of the condition.

CONCLUSIONS: The results of this study should be used to facilitate the effective planning of services by different agencies.


OBJECTIVE: To examine the effects of early maternal and paternal depression on child expressive language at age 24 months and the role that parent-to-child reading may play in this pathway. PARTICIPANTS AND METHODS: The 9-month and 24-month waves from a national prospective study of children and their families, the Early Childhood Longitudinal Study - Birth Cohort (ECLS-B), provided data on 4,109 two-parent families. Depressive symptoms were measured with a short form of the Center for Epidemiologic Studies Depression Scale (CES-D). Parents reported on positive parent-infant interactions, child expressive vocabulary, and demographic and health information at child age 9 and 24 months. Linear regression was used to estimate associations between depression, parenting, and child vocabulary. Structural equation modeling was used to test the hypothesis that parent reading behavior mediates the parent depression to child vocabulary pathway. These models were adjusted for demographic indicators. RESULTS: As previously reported from this national sample, 14% of mothers and 10% of fathers exhibited elevated levels of depressive symptoms at 9 months. For both mothers and fathers, depression at 9 months was negatively associated with contemporaneous parent-to-child reading. Only for fathers, however, was earlier depression associated with later reading to child and related child expressive vocabulary development. A model describing this pathway demonstrated a significant indirect pathway from depression to vocabulary via parent reading to child. CONCLUSIONS: Depression is a significant problem among both mothers and fathers of young children, but has a more marked impact on the father's reading to his child and, subsequently, the child's language development.


BACKGROUND: Pediatric anticipatory guidance has been associated with parenting behaviors that promote positive infant development. Maternal postpartum depression is known to negatively affect parenting and may prevent mothers from following anticipatory guidance. The effects of postpartum depression in fathers on parenting is understudied. OBJECTIVE: Our purpose with this work was to examine the effects of maternal and paternal depression on parenting behaviors consistent with anticipatory guidance recommendations. METHODS: The 9-month-old wave of data from
a national study of children and their families, the Early Childhood Longitudinal Study, provided data on 5089 2-parent families. Depressive symptoms were measured with a short form of the Center for Epidemiologic Studies Depression Scale. Interviews with both parents provided data on parent health behaviors and parent-infant interactions. Logistic and linear regression models were used to estimate the association between depression in each parent and the parenting behaviors of interest. These models were adjusted for demographic and socioeconomic status indicators. RESULTS: In this national sample, 14% of mothers and 10% of fathers exhibited levels of depressive symptoms on the Center for Epidemiologic Studies Depression Scale that have been associated with clinical diagnoses, confirming other findings of a high prevalence of postpartum maternal depression but highlighting that postpartum depression is a significant issue for fathers as well. Mothers who were depressed were approximately 1.5 times more likely to engage in less healthy feeding and sleep practices with their infant. In both mothers and fathers, depressive symptoms were negatively associated with positive enrichment activity with the child (reading, singing songs, and telling stories). CONCLUSIONS: Postpartum depression is a significant problem in both mothers and fathers in the United States. It is associated with undesirable parent health behaviors and fewer positive parent-infant interactions.


(from the chapter) The development and long-term outcome of children whose mothers have experienced postnatal depression is an issue of considerable importance. Research has shown that depression occurring in the first few months postpartum is associated with an increased risk for both behavioral and emotional problems in children. The incidence of postpartum depression (PPD) in Western societies is approximately 10% to 15%. Its cause is multifaceted (Grace, Evindar, & Stewart, 2003). Because mothers primarily constitute infants' social environment and mediate their experiences with the external world, it is important to elucidate how PPD impacts child development and may contribute to emotional and/or behavioral problems in children. Implications for educators are discussed. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Murray, L., M. Woolgar, et al. (2001). "Cognitive vulnerability to depression in 5-year-old children of depressed mothers." J Child Psychol Psychiatry 42(7): 891-899. Studies of cognitive vulnerability to depression in young children have, in the main, relied on self-report questionnaires (e.g. of self-esteem, attributional style). They have failed to produce convincing evidence of a cognitive vulnerability to depression in children under 8 years. In the current study
latent depressive cognitions were investigated in the 5-year-old children (N = 94) of depressed and well mothers in a situation of mild stress, that is, the threat of losing a card deal in a modified version of the competitive children's card game "Snap". In the context of "losing", but not "winning", deals, children who had been exposed to maternal depression, either in the previous 12 months or at any other time during their lifetime, were more likely than nonexposed children to express depressive cognitions (hopelessness, pessimism, and low self-worth). The association between depressive cognitions and recent exposure to maternal depression was in part accounted for by current maternal hostility to the child. The results of this study stand in contrast to those of studies which have used questionnaire methods to assess vulnerability to depressive cognitions in this age group. They suggest that it might be important to employ ecologically realistic situations to access latent self-cognitions in young children; and they underscore the importance, increasingly evident in research with adults and older children, of employing methods that involve the induction of low mood in order to elicit cognitions relevant to depression.


A community sample of depressed and well mothers, recruited at 2 months postpartum and assessed through to 18 months, was followed up at 5 years. The quality of mother-child interactions was assessed, as was the children's behavioural and social adjustment, using maternal reports and observations of child behaviour during free play at school. Several aspects of child outcome were found to be associated with postnatal depression, even when taking account of current adverse circumstances (maternal depression and parental conflict). These included the child's behaviour with the mother, the presence of behavioural disturbance at home, and the content and social patterning of play at school. These associations with postnatal depression were independent of the child's gender. The child's relationship with the mother appeared to be mediated by the quality of infant attachment at 18 months. The mother's behaviour with her child was more affected by current difficulties, in particular by conflict with the child's father. Together these findings suggest that, while maternal behaviour varies with changing circumstances, exposure to maternal depression in the early postpartum months may have an enduring influence on child psychological adjustment.


The speech of depressed and well mothers during play with their infants at
two months was compared on dimensions of structure and semantics. No differences between maternal groups were found on measures of complexity and syntax. However, the speech of depressed women expressed more negative affect, was less focused on infant experience, and tended to show less acknowledgement of infant agency. Speech style of depressed women also varied according to infant gender. Regression analyses indicated that the quality of maternal communication with the infant, and particularly the focus of speech, mediated the association between depression and infant cognitive development in the first 18 months.


As part of a longitudinal study of the influence of postnatal depression on child development, the cognitive functioning of index and control children was assessed at age 5 years. There was no evidence of an adverse effect of postnatal depression, even amongst sub-groups of children suggested to be vulnerable (boys and children from low SES families). However, early experience of insensitive maternal interactions predicted the persistence of poorer cognitive functioning. A number of factors in the child's current environment, including stimulation at home, social class and, for boys, the experience of schooling, contributed to cognitive performance. The findings are considered in relation to the ongoing debate on sensitive periods.


BACKGROUND: Disturbances in cortisol secretion are associated with risk for psychiatric disorder, including depression. Animal research indicates that early care experiences influence hypothalamic-pituitary-adrenal (HPA) axis functioning in offspring. Similar effects are suggested in human development, but evidence of longitudinal associations between observed early parenting and offspring cortisol secretion is extremely limited. We studied associations between parenting disturbances occurring in the context of maternal postnatal depression (PND), and elevations in morning cortisol secretion in the adolescent offspring of PND mothers. METHODS: We observed maternal parenting behaviour on four occasions through the first year and at five-year follow-up in postnatally depressed (n=29) and well (n=20) mothers. Observations were coded for maternal sensitivity and withdrawn behaviour. Basal offspring salivary cortisol secretion was measured at 13-years, using collections over 10-days. RESULTS: Postnatal, but not five-year, maternal withdrawal predicted elevated mean and maximum morning cortisol secretion in 13-year-old offspring. There were no significant associations between
maternal sensitivity and offspring cortisol secretion. LIMITATIONS: The sample size was relatively small, and effects tended to be reduced to trend level when covariates were considered. The correlational nature of the study (albeit longitudinal) limits conclusions regarding causality. CONCLUSIONS: Individual differences in early maternal parenting behaviour may influence offspring cortisol secretion, and thereby risk for depression. Parenting interventions that facilitate active maternal engagement with the infant may be indicated for high-risk populations.


We examined the impact on adolescent socioemotional functioning of maternal postnatal depression (PND) and attachment style. We also investigated the role of earlier aspects of the child's development-attachment in infancy, and 5-year representations of family relationships. Ninety-one mother-child pairs, recruited in the postnatal period, were followed up at 13 years. Adolescents were interviewed about their friendships, and their level of emotional sensitivity and maturity were rated. Emotional sensitivity was heightened in girls whose mothers experienced PND; notably, its occurrence was also linked to insecure attachment in infancy and raised awareness of emotional components of family relationships at 5 years. High emotional sensitivity was also associated with adolescent depressed mood. Raised social maturity was predicted by a secure maternal attachment style and, for girls, by exposure to maternal PND. Precursors of adolescent social maturity were evident in the narrative coherence of 5-year family representations. Higher social maturity in the friendship interview was also associated with overall good adjustment.


The impact of maternal depression and adversity on mother-infant face-to-face interactions at 2 months, and on subsequent infant cognitive development and attachment, was examined in a low-risk sample of primiparous women and their infants. The severe disturbances in mother-infant engagement characteristic of depressed groups in disadvantaged populations were not evident in the context of postpartum mood disorder in the present study. However, compared to well women, depressed mothers were less sensitively attuned to their infants, and were less affirming and more negating of infant experience. Similar difficulties in maternal interactions were also evident in the context of social and personal adversity. Disturbances in early mother-infant interactions were found to be predictive of poorer infant
cognitive outcome at 18 months. Infant attachment, by contrast, was not related to the quality of 2-month interactions, but was significantly associated with the occurrence of adversity, as well as postpartum depression.


The postpartum period is a sensitive time due to the presence and demands of the developing infant. The care provided by a mother to her infant during this period may be compromised if she is suffering from postnatal depression or postpartum psychosis. Evidence has been emerging which suggests that postnatal depression and postpartum psychoses have adverse effects on the quality of the mother-infant relationship and also on the infant's subsequent cognitive and emotional development. Presented is a review of the literature relating to how these conditions impact on parenting and infant outcomes, what measures are in place to detect these conditions and evidence-based models of best clinical practice are proposed.


Background: Postnatal depression (PND) is associated with poor cognitive functioning in infancy and the early school years; long-term effects on academic outcome are not known. Method: Children of postnatally depressed (N = 50) and non-depressed mothers (N = 39), studied from infancy, were followed up at 16 years. We examined the effects on General Certificate of Secondary Education (GCSE) exam performance of maternal depression (postnatal and subsequent) and IQ, child sex and earlier cognitive development, and mother-child interactions, using structural equation modelling (SEM). Results: Boys, but not girls, of PND mothers had poorer GCSE results than control children. This was principally accounted for by effects on early child cognitive functioning, which showed strong continuity from infancy. PND had continuing negative effects on maternal interactions through childhood, and these also contributed to poorer GCSE performance. Neither chronic, nor recent, exposure to maternal depression had significant effects. Conclusions: The adverse effects of PND on male infants' cognitive functioning may persist through development. Continuing difficulties in mother-child interactions are also important, suggesting that both early
intervention and continuing monitoring of mothers with PND may be warranted.


Children with a parent who suffers from depression are at raised risk for the disorder themselves. Relatively little is known about the development of psychological vulnerability to depression through childhood, particularly during infancy and early childhood. This paper describes results from a longitudinal prospective study of the development of children, studied from birth to 16 years, of mothers who experienced postnatal depression; it highlights the roles of the developing mother-child relationship, and of physiological functioning and social relationships in the development of adolescent vulnerability. (PsycINFO Database Record (c) 2010 APA, all rights reserved)


A large sample of primiparous women was screened for depression after childbirth. Those identified as depressed, women with a previous history of depression and a control group were followed up to 18 months, when their infants were assessed on measures of cognitive, social and behavioral development. Infants of postnatally depressed mothers performed worse on object concept tasks, were more insecurely attached to their mothers and showed more mild behavioural difficulties. Postnatal depression had no effect on general cognitive and language development, but appeared to make infants more vulnerable to adverse effects of lower social class and male gender.


Background: Previous studies assessing the role of early mother-child relationship as a risk factor for postnatal depression have been cross-sectional and/or retrospective in nature. Aims: To examine associations between early mother-child relationship (assessed prospectively and
retrospectively) and later risk of postnatal depression. Methods: Dataset from national 1946 birth cohort study; 1137 women at age 51, completed a modified version of the Bromley Postnatal Depression Scale. Results: Compared with women who did not experience maternal separation or recalled moderate to best level of care, women who experienced maternal separation for 3.5 days or more in early childhood and who felt they received a low level of maternal care were at higher risk of postnatal depression (odds ratio (95% CI): 2.4 (1.51-3.79), p = 0.001); this relationship was robust to adjustment for current psychological status. Regular enuresis at age of 6 years (2.2 (1.01-4.90), p = 0.05), and lack of emotional closeness in current maternal relationship (1.6 (1.01-2.46), p = 0.04) were also associated with increased postnatal depression risk. Insufficient evidence was found for a link between other indicators of early behaviour and temperament (anxious, antisocial, or neurotic behaviour) and reported postnatal depression.

Limitations: Postnatal depression was assessed retrospectively using self-report, introducing potential bias in recall. Conclusion: Women who experienced early maternal separation and recalled the lowest level of maternal care had a particularly high risk of postnatal depression. In the treatment and management of postnatal depression, the results support health professionals in their consideration of the woman's past and current relationship with her mother; both actual events and the woman's perceptions of them. (PsycINFO Database Record (c) 2010 APA, all rights reserved)


Fathers' ability and availability to provide social support to their depressed partners and thus promote their children's development and success may be influenced by their workforce participation, health, and years of education. This study of 626 children and their families examined the influence of fathers' characteristics on their children's behavioural development, when exposed to maternal postpartum depression, taking into account known covariates, including sex of the child, family structure, number of children in the household, annual income, and family functioning. For the behavioural outcomes of anxiety, hyperactivity, and aggression, fathers' workforce participation during the children's first 2 years of life significantly predicted their development over the next 10 years. Most notably, weekend work by fathers was a risk factor, particularly for boys. Thus fathers' characteristics
related to their ability and availability to provide social support for their depressed partner appear to predict childrens’ developmental success. (PsycINFO Database Record (c) 2010 APA, all rights reserved)


Background: Persistence of postpartum depression (PPD) carries potential adverse implications for the emerging mother-child relationship and for child development. Methods: This study was designed to investigate factors related to the onset and persistence of PPD; in particular, we examined the cumulative effect of a range of psychosocial risk factors in predicting chronic PPD symptoms. One hundred and five women were interviewed at three assessment periods: within the first days after childbirth, at 6 months, and at 18 months postpartum. Results: Depressive symptoms at 6 months predicted 18 months depressive symptoms, even when controlling for the contribution of maternal depression at birth. Psychosocial risk had a moderating influence on the stability of depressive symptomatology. Women with two or more risk factors at birth were more likely to have stable depressive symptomatology across the infants’ first 18 months of life. Conclusion: To prevent a chronic course of PPD it may be necessary to identify both depressive symptoms and relevant psychosocial risk factors. (PsycINFO Database Record (c) 2010 APA, all rights reserved)


We investigated the congruent and criterion validity of the Aberrant Behavior Checklist (ABC) in a clinical sample of toddlers seen over 1 year in Turkey. All consecutive patients (N=93), 14-43 months old (mean, 30.6 mos.), in a child psychiatry outpatient clinic were included. The ABC, Autism Behavior Checklist (AuBC), and Child Behavior Checklist 2/3 (CBCL) were completed by the children’s parents. Internal consistency for ABC subscales was moderate to high. The total ABC score, which is interdependent with subscales (e.g., Irritability, Social Withdrawal) of the ABC, was significantly correlated with the CBCL-total (r=.73) and AuBC-total (r=.71) scores. Subscales of the ABC revealed significant differences between diagnostic groups. ABC Total, and the Irritability and Hyperactivity subscale scores, were significantly higher in children with externalizing disorders; the Lethargy/Social Withdrawal and Stereotypic Behavior subscale scores were significantly higher in toddlers with autism. The ABC appears to be capable of discriminating several syndromes, such as disruptive behavior disorders and autism in early childhood.


This paper considers how environmental threat may contribute to the child's use of avoidant strategies to regulate negative emotions, and how this may interact with high emotional reactivity to create vulnerability to conduct disorder symptoms. We report a study based on the hypothesis that interpreting others' behaviours in terms of their motives and emotions-using the intentional stance-promotes effective social action, but may lead to fear in threatful situations, and that inhibiting the intentional stance may reduce fear but promote conduct disorder symptoms. We assessed 5-year-olds' use of the intentional stance with an intentionality scale, contrasting high and low threat doll play scenarios. In a sample of 47 children of mothers with post-natal depression (PND) and 35 controls, children rated as securely attached with their mothers at the age of 18 months were better able to preserve the intentional stance than insecure children in high threat scenarios, but not in low threat scenarios. Girls had higher intentionality scores than boys across all scenarios. Only intentionality in the high threat scenario was associated with teacher-rated conduct disorder symptoms, and only in the children of women with PND. Intentionality mediated the associations between attachment security and gender and conduct disorder symptoms in the PND group.


BACKGROUND: Behavioural and emotional problems occur at a high rate in children and adolescents with intellectual disability, often from a young age. Some studies have indicated that children and adolescents with autism present with even higher rates. Less is known about the presentation, development and family impact of these difficulties in young children with autism. This study aimed to explore these issues in toddlers with pervasive developmental disorders (PDDs), those with delay without a PDD, and their families. METHODS: Participants were 123 children aged 20-51 months, referred to a developmental assessment clinic. Parents completed a checklist on child behavioural and emotional problems, and individual questionnaires on family functioning, their own mental health, and stress in relation to parenting their child. The child's language and cognitive skills, adaptive functioning and behaviour were assessed by standardized measures.
Measures were repeated 1 year postdiagnosis. Behavioural and emotional problems in young children with a PDD were compared with those in children with developmental delay without a PDD, and their impact on parental outcomes explored over time. RESULTS: Initial and follow-up measures of child behaviour and emotional problems, parent mental health problems, parent stress and family functioning were significantly correlated, providing some evidence of stability over time. Child emotional and behavioural problems contributed significantly more to mother stress, parent mental health problems, and perceived family dysfunction than child diagnosis (PDD/non-PDD), delay or gender. Compared with mothers, all fathers reported significantly less stress in relation to parenting their child. CONCLUSION: Results highlighted the importance of addressing emotional and behavioural problems in very young children with autism and/or developmental delay. The need for early support and intervention for mothers, fathers and families in this context was also evidenced. As research has shown that behavioural and emotional problems persist into adolescence and young adulthood, understanding of these issues in very young children and their parents has important implications for intervention and long-term outcomes.


This paper examined associations between mothers' work schedules and children's cognitive outcomes in the first 3 years of life for approximately 900 children from the National Institute of Child Health and Human Development Study of Early Child Care. Both the timing and duration of maternal nonstandard work schedules were examined. Although results varied across developmental stages and dimensions of cognitive performance, the effects of mothers working nonstandard schedules tended to be negative, particularly if these schedules began in the 1st year of life, and particularly for measures of cognitive development at 24 months and expressive language at 36 months. Descriptive statistics suggested that these negative effects might be due to the type of child care used. Avenues for future research are discussed.


BACKGROUND: Maternal postnatal depression (PND) has been associated with adverse outcomes in young children, but an association with longer-term psychiatric disorder has not been demonstrated. We present the preliminary findings of a 13-year longitudinal study. METHODS: In the course of a prospective longitudinal study, we examined DSM-IV Axis I disorders in 13-year-old adolescents who had (n=53) or had not (n=41) been exposed to maternal PND. We also detailed the occurrence of depression in mothers throughout the 13-year follow-up period. RESULTS: Maternal PND was associated with higher rates of affective disorders in adolescent offspring. However, mothers who developed PND were also substantially more likely than those who did not to experience depression subsequently, a fact that contributed to the development of depressive disorder in offspring. Maternal PND was associated with increased risk for depression in adolescent offspring only if there had also been later episodes of maternal depression. In contrast, anxiety disorders in offspring were elevated in the maternal PND group regardless of the occurrence of subsequent maternal depression. LIMITATIONS: Due to the modest sample size and consequently limited power, findings must be regarded as preliminary. CONCLUSIONS: The particular association between early maternal depression and anxiety disorders in offspring was consistent with theories that emphasise the primacy of early environmental exposures. This position was not supported with respect to offspring depressive disorder, where overall duration of maternal depression was a significant factor. PND was associated with recurrent episodes of depression in the majority of cases, underlining the need for monitoring of this population beyond the postnatal period.


BACKGROUND: Animal research shows that early adverse experience results in altered glucocorticoid levels in adulthood, either raised basal levels or accentuated responses to stress. If a similar phenomenon operates in humans, this suggests a biological mechanism whereby early adversity might transmit risk for major depression, glucocorticoid elevations being associated with the development of this disorder. METHODS: We measured salivary cortisol at 8:00 am and 8:00 pm over 10 days in 13-year-old adolescents who had (n = 48) or had not (n = 39) been exposed to postnatal maternal depression. RESULTS: Maternal postnatal depression was associated with higher, more variable morning cortisol in offspring, a pattern previously found to predict major depression. CONCLUSIONS: Early adverse experiences might alter later steroid levels in humans. Because maternal depression confers added risk for depression to children, these alterations might provide a link between early events and later psychopathology.


**BACKGROUND:** Infant development is adversely affected in the context of postnatal depression. This relationship may be mediated by both the nature of early mother-infant interactions and the quality of the home environment. **AIM:** To establish the usefulness of the Global Ratings Scales of Mother-Infant Interaction and the Infant-Toddler version of the Home Observation for the Measurement of the Environment (IT-HOME), and to test expected associations of the measures with characteristics of the social context and with major or minor depression. **METHOD:** Both assessments were administered postnatally in four European centres; 144 mothers were assessed with the Global Ratings Scales and 114 with the IT-HOME. Affective disorder was assessed by means of the Structured Clinical Interview for DSM-IV Disorders. **RESULTS:** Analyses of mother-infant interaction indicated no main effect for depression but maternal sensitivity to infant behaviour was associated with better infant communication, especially for women who were not depressed. Poor overall emotional support also reduced sensitivity scores. Poor support was also related to poorer IT-HOME scores, but there was no effect of depression. **CONCLUSIONS:** The Global Ratings Scales were effectively applied but there was less evidence of the usefulness of the IT-HOME.


**BACKGROUND:** The aim of the study was to examine the quality of parenting and the psychological development of three-year-old children in IVF/ICSI families with triplets. **METHODS:** Comparisons were carried out between a representative sample of 10 families with triplets and matched groups of 15 families with twins and 30 families with singletons. The families were recruited from Follow-Up, a national organization in France that was established to study children conceived by assisted reproduction. Standardized measures of the mother's psychological well-being (parenting stress, depression and quality of marriage) and standardized measures of the child's psychological development (emotional/behavioural problems and general development) were completed by the mother. **RESULTS:** Mothers with a multiple birth were found to experience greater difficulties in parenting than mothers of singletons, with no differences between mothers of triplets and mothers of...
twins. Regarding the children, there were no differences in emotional or behavioural problems between triplets, twins and singletons. However, there were indications of mild delay among triplets and twins in some aspects of language development in comparison with the singleton children.

CONCLUSIONS: The birth of triplets or twins does appear to cause difficulties for parents in the early years, however, the children themselves do not seem to experience markedly raised levels of psychological or developmental problems.


OBJECTIVE: The goal of this study was to assess which parenting behaviors, perceptions, and risk factors were associated with optimal versus delayed development. METHODS: A total of 382 families from the national Brigance Infant and Toddler Screens standardization and validation study participated. Data sources included parent questionnaires, child testing, and examiner observations of parent-child interactions. Parenting styles research was operationalized with the Brigance Parent-Child Interactions Scale, a brief measure of parenting behaviors and perceptions. RESULTS: Six positive parenting behaviors and perceptions predicted average to above-average development on the Brigance screens. Conversely, <2 positive parenting behaviors and negative perceptions of children indicated child performance nearly 2 SDs below the mean on Brigance screens. Psychosocial risk factors associated with fewer positive parenting behaviors and with negative perceptions included >3 children in the home, multiple moves, limited English, and parental depression. CONCLUSIONS: A dearth of positive parenting behaviors plus negative perceptions of children, with or without psychosocial risk factors, negatively affect child development, which is apparent as early as 6 months of age. The older the child is, the greater the performance gaps are. Language development is particularly at risk when parenting is problematic. Findings underscore the importance of early development promotion with parents, focusing on their talking, playing, and reading with children, and the need for interventions regarding psychosocial risk factors.


In this paper studies are reviewed from the last decade on postpartum depression effects on early interactions, parenting, safety practices and on early interventions. The interaction disturbances of depressed mothers and their infants appear to be universal, across different cultures and socioeconomic status groups and, include less sensitivity of the mothers and responsivity of the infants. Several caregiving activities also appear to be
compromised by postpartum depression including feeding practices, most especially breastfeeding, sleep routines and well-child visits, vaccinations and safety practices. These data highlight the need for universal screening of maternal and paternal depression during the postpartum period. Early interventions reviewed here include psychotherapy and interaction coaching for the mothers, and infant massage for their infants. (PsycINFO Database Record (c) 2010 APA, all rights reserved)


DiPietro, J. A., M. F. S. X. Novak, et al. (2006). Maternal Psychological Distress During Pregnancy in Relation to Child Development at Age Two. 77: 573-587. Concern exists that a constellation of negative maternal emotions during pregnancy generates persistent negative consequences for child development. Maternal reports of anxiety, pregnancy-specific and nonspecific stress, and depressive symptoms were collected during mid-pregnancy and at 6 weeks and 24 months after birth in a sample of healthy women with low risk pregnancies. Developmental assessment and cardiac vagal tone monitoring were administered to 94 children at age 2. Higher levels of prenatal anxiety, nonspecific stress, and depressive symptoms were associated with more advanced motor development in children after postnatal control for each psychological measure; anxiety and depression were also significantly and positively associated with mental development. Mild to moderate levels of psychological distress may enhance fetal maturation in healthy populations. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Cooper, P. J., L. Murray, et al. (2003). "Controlled trial of the short- and long-term effect of psychological treatment of post-partum depression. I. Impact on maternal mood." Br J Psychiatry 182: 412-419. BACKGROUND: Psychological interventions for postnatal depression can be beneficial in the short term but their longer-term impact is unknown. AIMS: To evaluate the long-term effect on maternal mood of three psychological treatments in relation to routine primary care. METHOD: Women with postpartum depression (n=193) were assigned randomly to one of four conditions: routine primary care, non-directive counselling, cognitive-behavioural therapy or psychodynamic therapy. They were assessed immediately after the treatment phase (at 4.5 months) and at 9, 18 and 60 months post-partum. RESULTS: Compared with the control, all three treatments had a significant
impact at 4.5 months on maternal mood (Edinburgh Postnatal Depression Scale, EPDS). Only psychodynamic therapy produced a rate of reduction in depression (Structured Clinical Interview for DSM-III - R) significantly superior to that of the control. The benefit of treatment was no longer apparent by 9 months post-partum. Treatment did not reduce subsequent episodes of post-partum depression. CONCLUSIONS: Psychological intervention for post-partum depression improves maternal mood (EPDS) in the short term. However, this benefit is not superior to spontaneous remission in the long term.

Cooper, P. J., L. Murray, et al. (1996). "The development and validation of a predictive index for postpartum depression." Psychol Med 26(3): 627-634. A sample of over 6000 women was recruited in the last trimester of pregnancy and administered a 40-item self-report questionnaire designed to detect the presence of factors that were likely to increase the risk of postpartum depression. The mental state of almost 5000 of these women was determined at around 6 to 8 weeks postpartum. By conducting a series of logistic regressions on two-thirds of this sample the original set of variables was reduced to a predictive index of 17 items with weighted scores calculated for each. This index was then applied to the remaining one-third of the sample as a validating procedure and specificity and sensitivity calculated. The index offers a system for the prediction of postpartum depression that could be of use in both research and clinical practice.

Chase-Brand, J. Effects of maternal postpartum depression on the infant and older siblings: 41-64. (from the chapter) Postpartum depression robs a woman of her happiness, energy, and ability to parent at a time when her children deeply need her. For infants, the results of maternal depression are potentially devastating because a baby's physical, emotional, and cognitive growth all depend on developing a warm, secure attachment in the first months of life. However, as reviewed above, toddlers, preschoolers, older children, and teens are also at significant risk when a mother becomes depressed and may react to their mother's emotional withdrawal by developing depression and anxiety themselves or by acting out in anger at their loss. Left unsupported, these children are at high risk for psychiatric, behavioral, and academic problems. Early detection and treatment of maternal depression are essential to the welfare of the whole family. Treating the mother, however, is only part of the story. The children also need to be assessed, and, in some cases, will need additional support and treatment themselves. As reviewed above, depression and anxiety present differently in infants, children, and teens, and there is a variety of treatment options appropriate for different age groups. Families readily bring children to mental health professionals when there is divorce, illness, or a
death in the family, rightly worrying that these events may impact negatively on the child’s happiness and development. However, as the literature reviewed in this chapter attests, the children of depressed mothers are also at high risk, but their needs are often not addressed because both family and clinicians focus on the mother and newborn. The high rates of psychopathology in the children of depressed mothers and the persistence of these effects over many years argue that greater attention needs to be paid to these collateral victims of maternal depression. (PsycINFO Database Record (c) 2010 APA, all rights reserved)