
Existing literature has documented the associations between marital status and maternal depression within the first year postpartum. Using data that is representative of urban non-marital births in the United States with a large over-sample of non-marital births, we investigate the association of maternal depression with not only marital status but also relationship quality with the father of the baby. Quality is independently associated with maternal depression after controlling for marital status and other variables that have been documented as risk factors for maternal depression. In addition, relationship quality explains away the associations between marital status and maternal depression. After controlling for relationship quality, single women were no more likely to be depressed compared to married or cohabiting women.


This article deals with methods and instruments used to identify high risk parents and early developing risks of infants and young children during the pre- and postnatal period in order to develop early intervention strategies based on early diagnosis in the context of parent-child-relationship. The specific experiences of our research approaches, funded by the German ministry of education and research (BMBF) from 2003 to 2007 at the University of Applied Sciences in Potsdam in cooperation with the parent counselling centre "Vom Saugling zum Kleinkind" are reflected. An interaction and communication focused strategy was developed to help to identify early development risks and resources in the parent-infant-relationship at the age of 0-3 years. After testing the diagnostical approach of this social-emotional development screening (SEE-0-3) in a current evaluation study on a high-risk-population, it was integrated as one module of early diagnosis into the early intervention program "STEEP--Steps toward effective and enjoyable parenting" which is based on the attachment theory. Using a concrete case it will first be discussed which kind of approaches to becoming parents with high risk factors can be developed on the basis of attachment reflecting acting and second which possibilities an interaction and video based concept could offer in the field of early diagnosis and intervention with families of infants and young children.


BACKGROUND: We compare and contrast some correlates of paternal and
maternal depression after the live birth of a first child, as part of a longitudinal study. METHOD: Fifty-four first-time mothers attending obstetric services in Oporto, Portugal, and 42 of their husbands or partners participated in a longitudinal study of their mental health. All subjects were given a semi-structured clinical interview (SADS) at six months antenatally and at 12 months postnataally and sub-samples were interviewed at three months postnatally. At all these times all the mothers and fathers also completed a translated version of a self-rating scale for depression, the Edinburgh Postnatal Depression Scale (EPDS) and a series of other questionnaires and interviews to measure different psychosocial variables. Profiles of risk factors associated with depression in the first postnatal year were analysed by means of logistic regressions. RESULTS: In the mothers, aside from a history of depression, the only other powerful predictor of postnatal depression was the mean objective negative impact score of life events. 'Postnatal' depression in fathers was associated with a history of depression in themselves and with the presence of depression in their wives or partners during pregnancy and soon after delivery. CONCLUSION: Prevention and early treatment of depression in fathers may benefit not only themselves but also their spouses and their children.


Childhood-onset schizophrenia is rare: its prevalence is about 50 times lower than the one observed in adulthood. It is also frequently unrecognized, notably because its clinical aspect varies with age. The authors report the case of a prepubertal girl who developed a typical clinical picture of schizophrenia (paranoid subtype) by age 9. CASE REPORT: The patient was 10 years old when she was hospitalized for a relapse of a suspected childhood-onset schizophrenia. Several significant mental disorders were found in her family history: her mother was treated for mood disorders (including dysthymia and major depression with postpartum onset), while her father and a aunt exhibited schizophrenic disorders. In addition, prenatal and perinatal events (including probable prenatal maternal infection and obstetric complications) were reported by her mother. Demonstrable impairments were already present in her premorbid development: from the age of 3.5, she showed significant manifestations of behavioural inhibition and separation anxiety, severe difficulties in social adaptation, and language abnormalities (qualified by her general practitioner as selective mutism). At the age of 9, when her mother was hospitalized for a diabetes mellitus, she suddenly showed auditory and visual hallucinations associated with delusions. Their content included filiation, somatic, and persecutory themes. Grossly disorganized behaviour (and more particularly catatonic motor behaviours
including catatonic rigidity and negativism and bizarre postures) was also observed. Negative symptoms (e.g., anhedonia, affective flattening, and alogia) were noted. Her IQ scores were 74 in the verbal subtests and 53 in the performance subtests. Because the diagnostic of childhood-onset schizophrenia was suspected, a neuroleptic treatment, haloperidol 3 mg/day, was tried. After a partial remission during a few months period (characterized by a decrease in delusions, anxiety and sleep difficulties), she showed a relapse leading to her hospitalization. At the time of her admission, she showed severe manifestations of separation anxiety including agitation, anger, crying, and insomnia, for which she received a short-lived treatment by lorazepam. When sedation was obtained, the clinical picture proved similar to the one previously observed: hallucinations, delusions, grossly disorganized behaviour, and thought disorder were noted. As soon as the diagnostic of childhood-onset schizophrenia was confirmed, she was administered a new antipsychotic agent, amisulpride, at dose of 600 mg/day. This treatment was going on during several weeks with no significant clinical effect. Because the early onset of the disorder, the family history of schizophrenia, and the lack of effectiveness of the two previously administered antipsychotic agents, a treatment with clozapine was started at the dose of 12.5 mg/day. From the outset of this treatment, clinically significant reductions in hallucinations and disorganized behaviours were noted. Dose was then progressively increased until 200 mg/day, resulting in significant improvement in cognitive and motor functioning. The patient is now in an educational institute. Her adaptation is considered satisfactory, in spite of regular exacerbations of delusions in response to stressful life events. Treatment with clozapine is going on, without any significant undesirable clinical effects. DISCUSSION: If an abrupt onset is rarely observed in prepubertal children, all the authors report that patients with very early onset schizophrenia show to have demonstrable impairments in their premorbid language as well as in their motor and social development. In addition, several studies suggest that more pronounced early developmental abnormalities are usually associated with a poor outcome in schizophrenia. The clinical picture also agrees with recent studies showing that in children paranoid subtype is as frequent as seen in adult disorders. If genetic factors play a significant role in the pathogenesis of schizophrenia, the notion that such factors may be more salient in very early onset and more severe cases is now usually accepted. However, a number of environmental factors, including prenatal maternal infections and perinatal complications, may also be implicated in the pathogenesis of schizophrenia, in addition to genetic factors. Because a significant relationship between stressful life events and exacerbations in positive symptoms was found in the case reported, the authors examine the role of such stress factors in the pathogenesis of schizophrenia and in the course of illness. A brief review of studies that have examined the effects of antipsychotic agents in children with
schizophrenia underscores the paucity of data available to guide clinicians in this area. However, these data suggest that children who receive conventional neuroleptics experience significant adverse effects, primarily sedation and extrapyramidal symptoms. In addition, they suggest that new antipsychotic agents, such as clozapine, may be more effective than conventional neuroleptics, particularly in negative symptoms. Lastly, the authors emphasize the poor outcome usually reported in childhood-onset schizophrenia, highlighting the need of a long-term pharmacological and behavioural treatment. CONCLUSION: This case report, such as others, supports the hypothesis that there is a clinical continuity between early and later onset schizophrenia. It also suggests that very early onset schizophrenia is a more severe form of the disorder and may be secondary to greater familial vulnerability. Consequently, systematic studies of these patients may be particularly informative and may provide important informations for understanding the etiologic processes involved in the pathogenesis of schizophrenia.


OBJECTIVE: To assess prospectively the incidence and course of depressive symptoms among pregnant and postpartum adolescents and explore the roles of stress and social support as influencing factors. METHODS: Pregnant teenagers attending a comprehensive adolescent pregnancy and parenting program were enrolled during their third trimester of pregnancy and followed up through 4 months post partum. Depressive symptoms and social support were measured with validated, self-administered instruments during the third trimester and at 2 and 4 months post partum. Stress was measured during the prenatal and postpartum periods. RESULTS: Study participants (N=125) were predominantly black (93%), and were aged 12 to 18 years. Completed assessments were obtained from 114 subjects at 2 months post partum and 108 at 4 months. Forty-two percent had significant depressive symptoms in the third trimester, with 36% and 32% having scores that indicated depression at 2 and 4 months post partum. Stress levels increased significantly from the third trimester to the postpartum period (P < .01) and were positively associated with depressive symptoms. Receiving social support from the adolescent’s mother or the infant’s father, especially in the postpartum period, was significantly associated with lower rates of depression. Reporting conflict with the infant’s father was strongly associated with increased rates of depressive symptoms. CONCLUSIONS: Results indicate that depressive symptoms are common among pregnant teenagers and postpartum adolescents. Stress and social support appear to be important mediators. Identifying those teenagers with high stress and conflict and low levels of support will help identify those who are at particular risk for depressive
symptoms.


This is a follow up to a study that showed that fathers who were either very close to their parents or very distant from their parents during childhood had more positive attitudes about father involvement prior to the birth of their first child. This current study focused on how family of origin relationships for new fathers are associated with their attitudes about father involvement at 6 and 12 months post-partum. Using a sample of 152 couples recruited during pregnancy, we examined the validity of the modeling and compensation hypotheses for understanding how family of origin experiences influence current attitudes about fathering. Findings replicated the earlier ones for the post partum period. (PsycINFO Database Record (c) 2010 APA, all rights reserved)


The objective was to assess the relationship between vulnerability to postpartum depression and perceptual defense evoked by tachistoscopic stimuli alluding to perinatal themes in pregnant women. Tachistoscopic stimuli have been shown to produce different thresholds of conscious identification according to their emotional content: a phenomenon termed perceptual defense. A total of 412 women in their 3rd or 4th month of pregnancy were asked to identify 14 pictures and 18 verbal stimuli shown for initially very brief but increasing durations. Presentation times required for a correct identification were measured. Depression was assessed, at 2 and 6 months postdelivery, by the Hamilton Depression Rating Scale: 53 women were defined as depressed by a score > or = 15. Discriminant analysis showed that the women who would become depressed 7 to 11 months later were slower than the nondepressed to identify 5 stimuli alluding to pregnancy, sexuality or a father image. Particular attitudes towards the themes of being pregnant, of sexuality and of the father could be components of a psychological predisposition to the development of depressed mood in the postpartum.


This review summarises the psychiatry of the puerperium, in the light of publications during the past 5 years. A wide variety of disorders are seen. Recognition of disorders of the mother-infant relationship is important, because these have pernicious long-term effects but generally respond to treatment. Psychoses complicate about one in 1000 deliveries. The most
common is related to manic depression, in which neuroleptic drugs should be used with caution. Post-traumatic stress disorder, obsessions of child harm, and a range of anxiety disorders all require specific psychological treatments. Postpartum depression necessitates thorough exploration. Cessation of breastfeeding is not necessary, because most antidepressant drugs seem not to affect the infant. Controlled trials have shown the benefit of involving the child's father in therapy and of interventions promoting interaction between mother and infant. Owing to its complexity, multidisciplinary specialist teams have an important place in postpartum psychiatry.


OBJECTIVE: To compare the psychosocial functioning of the parents (mother and father) of infants admitted to a neonatal intensive care unit (NICU) with the parents of infants born at term and not admitted to the NICU. DESIGN: Random sample of NICU parents and term non-NICU parents were assessed across a variety of psychiatric and psychosocial measures shortly after the birth of their infant. SETTING: Christchurch Women's Hospital, New Zealand. Labour ward and level III NICU. PARTICIPANTS: A total of 447 parents (242 mothers; 205 fathers) with an infant admitted to a regional NICU during a 12 month period; 189 parents (100 mothers; 89 fathers) with infants born at term and not requiring NICU admission. MAIN OUTCOME MEASURES: Depression and anxiety symptoms, psychosocial functioning. RESULTS: Overall, levels of anxiety and depression were low in both parent groups. Compared with control parents, a higher percentage of NICU parents had clinically relevant anxiety and were more likely to have had a previous NICU admission and be in a lower family income bracket. Infant prematurity was associated with higher levels of symptomatology in both NICU mothers and fathers. CONCLUSIONS: Specific interventions are not needed for most parents who have an infant admitted to the NICU as they appear to adapt relatively successfully. Infant prematurity impacts negatively on the father as well as the mother. Consequently these parents may benefit from increased clinical attention.


Mother-infant, father-infant, and father-mother-infant interactions were studied in 2 groups of 10 families each, one group featuring mothers who were moderately depressed postpartum and the other featuring mothers who were not depressed. No differences were found between groups. Dyadic and triadic
parent-infant interactions were positive in both groups as evaluated by the
total time spent in positive and negative behavior states and by the time spent
in joint states. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

contextual risk: contributions to the development of attachment insecurity and
Research has shown that offspring of depressed caregivers are at increased
risk for maladaptive development and emotional difficulties. Specifically,
infants and toddlers of depressed mothers have been shown to evidence
higher percentages of insecure attachments and more behavioral difficulties
than offspring of nondisordered mothers. However, even in studies that reveal
significant differences between children of depressed and nondepressed
caregivers, a substantial number of children with depressed caregivers do not
evidence dysfunction. Such findings have resulted in increased attention to
the broader social context in which children of depressed mothers develop.
This investigation examined the direct influences of maternal depression on
child development, as well as the role of contextual risks that may be
particularly heightened in families with depressed parents. Toddlers with
depressed mothers evidenced significantly more insecure attachments than
did toddlers with nondisordered mothers, and this difference was not
accounted for by contextual risk. In predicting child behavior problems,
contextual risk was found to mediate the relation between maternal
depression and child behavior problems. Father-report data on child behavior
corroborated the mother report data. Results are discussed in terms of the
diversity of functioning in offspring of depressed caregivers that can be
attributed to varied levels of contextual risk accompanying depression.

fathers." Aust Fam Physician 35(9): 690-692.
BACKGROUND: Although motherhood and the mother-infant bond have been
extensively researched, the same is not true for fatherhood and the father-
infant bond. OBJECTIVE: This article discusses the psychological tasks of the
expectant father, the adjustment issues for men during their partners
pregnancy and the postnatal period, and the development of the father-infant
bond. DISCUSSION: The 9 months of pregnancy are conceptualised as a time
of psychological preparation for the first time expectant father. Four
psychological tasks of this period are described with guidelines regarding
how a health professional might assess and foster progress. In the postnatal
period, 10% of new fathers will have a partner suffering from postnatal
depression and the male response to this can positively or negatively
influence recovery. This article concludes that the father-infant relationship is
influenced by the partner relationship as well as the fathers psychological
wellbeing.

Recently it has been found that paternal postnatal depression is associated with adverse emotional and behavioural outcomes in the child. It has also been noted in the past that the onset of paternal depression often followed depression in the mother. A clinical interview is usually necessary to determine the nature of the association of paternal depression with infant behaviour and the quality of the parental relationship. Thus, it is a plausible hypothesis that depressed fathers are living with depressed mothers, that both are struggling in their relationship at this vulnerable time, and that their infants are distressed. Further attention and research should be focused on this matter. (PsycINFO Database Record (c) 2010 APA, all rights reserved)


This article examined the effects of maternal depression during the postpartum period (Time 1) on the later behavior problems of toddlers (Time 3) and tested if this relationship was moderated by paternal psychopathology during toddlers' lives and/or mediated by maternal parenting behavior observed during mother-child interaction (Time 2). Of the 101 mothers who participated in this longitudinal study with their toddlers, 51 had never experienced an episode of Major Depressive Disorder (MDD) and 50 had experienced an episode of MDD during the first 18 months of their toddlers' lives. Maternal depression at Time 1 was significantly associated with toddlers' externalizing and internalizing behavior problems only when paternal psychopathology was present. As predicted, maternal negativity at Time 2 was found to mediate the relationship between maternal depression at Time 1 and toddlers' externalizing behavior problems at Time 3.

Greek fathers' (n = 157) reactions to their presence at the delivery, their expectations about the baby and their childcare practices were explored at the 4th-6th week postpartum. Only 10% of the sample attended the delivery. Their non-attendance was attributed, by the greatest number of fathers, to
official hospital policy while the rest claimed it was entirely their decision. Half of the non-attenders expressed the desire to have been present while a large percentage of mothers were said to have wanted them to be present. The small number of fathers who attended the birth felt strong and satisfied. In respect to early fatherhood, three main themes were explored: reaction to fatherhood, enjoyment of the child and involvement in childcare. All three dimensions were strongly correlated.


The aim of the study was to investigate 'blues' during the first week postpartum in new mothers and fathers and to compare different instruments for measuring blues, as well as their ability to predict depressive symptoms at 2 months. Parents were informed while at the maternity clinic about the study and asked to independently answer questions for 5 days during the first week on the Blues Questionnaire, a VAS questionnaire and on the Edinburgh Postnatal Depression Scale (EPDS) at 1 week and 2 months. Of the parents who initially agreed to participate in the study 171 (38%) of the mothers and 133 (31%) of the fathers returned all questionnaires completely filled-out after the first week, and of these, 155 mothers and 113 fathers also completed the EPDS at 2 months. The results showed that mothers experienced more blues than fathers, and that mothers' blues peaked on day 3, while fathers' peaked on day 1 after the delivery-day. The Blues Questionnaire and the VAS subscale 'depressed mood' identified more women as having blues (64% and 52%, respectively) during the first week over the EPDS (24%), but the EPDS identified women with the highest scores on the Blues Questionnaire. At 2 months, 19 (12%) of the mothers, and one father scored 10 or more on the EPDS. All these women, except for one, had experienced severe blues according to the Blues Questionnaire, the first week. Regression analyses showed that the Blues Questionnaire subscale 'depression' was the best predictor for a high EPDS score at 2 months in mothers, while the subscales 'primary blues', 'hypersensitivity' and 'despondency' best predicted depressive symptoms in fathers. Our results indicate that the EPDS could be a valuable instrument to measure 'blues', as EPDS seemed to indicate women with the highest risk for depressive symptoms.

The aim of this study was to examine parent-child interactions 15-18 months postpartum, in families where the mother either showed depressive symptoms two months postpartum or did not. Maternal mood was assessed with the Edinburgh Postnatal Depression Scale (EPDS). Eleven women scoring >12 (signs of depressive mood) and 14 women scoring <10 (no signs of depressive mood) on the EPDS and their partners were videotaped in parent-child interactions, assessed by the Parent Child Early Relational Assessment (PCERA). Our results indicate that children of high EPDS-scoring mothers showed less persistence in play with, and less joy in reunion after separation from, their mothers than children of low EPDS-scoring mothers. In contrast, most fathers in families where the mothers scored high on the EPDS seemed to establish joyful relationships with their children and secure child-father attachment 15-18 months postpartum, as if the father "compensated" for the mothers' depressive symptoms.


BACKGROUND: Postnatal depression commonly affects women after the birth of a child, and is associated with an increased risk of adverse outcomes for their children. A wide variety of measures have been used to screen for depression in the postnatal period but little research has investigated such measures with men. However depression can also affect men at this time, and this is associated with an independently increased risk of adverse child outcomes. The present study aimed to determine whether a reliable cut off point for the Edinburgh Postnatal Depression Scale (EPDS) can be established to screen fathers. METHOD: A sample of fathers was sent the EPDS at 7 weeks after the birth of their child. A structured clinical interview was conducted with 192 men to determine whether they were suffering from depression. RESULTS: Fathers with depression scored significantly higher on the EPDS than non-depressed fathers. A score of greater than 10 was found to be the optimal cut off point for screening for depression, with a sensitivity of 89.5% and a specificity of 78.2%. LIMITATIONS: The relatively modest participation rate means the results may not be fully generalisable to the whole population. CONCLUSION: The EPDS is shown to have reasonable sensitivity and specificity at a cut off score of over 10. The study shows that it is possible to screen fathers for depression in the postnatal period and it may be valuable to administer this measure to new fathers.


Individual, dyadic, and triadic influences on the development of the family
system were examined in the context of developmental risk. Participants were 145 couples and their 4-month-old first-born child in six groups: controls, three mother-risk groups (depressed, anxious, comorbid), and two infant-risk groups (preterm, intrauterine growth retardation). Dyadic and triadic interactions were observed. Differences in parent-infant reciprocity and intrusiveness were found, with mother-risk groups scoring less optimally than controls and infant-risk groups scoring the poorest. Similar results emerged for family-level cohesion and rigidity. Structural modeling indicated that father involvement had an influence on the individual level, by reducing maternal distress, as well as on the triadic level, by increasing family cohesion. Maternal emotional distress affected the reciprocity component of early dyadic and triadic relationships, whereas infant negative emotionality impacted on the intrusive element of parenting and family-level relationships. Discussion considered the multiple and pattern-specific influences on the family system as it is shaped by maternal and child risk conditions.


Synchrony, a construct used across multiple fields to denote the temporal relationship between events, is applied to the study of parent-infant interactions and suggested as a model for intersubjectivity. Three types of timed relationships between the parent and child's affective behavior are assessed: concurrent, sequential, and organized in an ongoing patterned format, and the development of each is charted across the first year. Viewed as a formative experience for the maturation of the social brain, synchrony impacts the development of self-regulation, symbol use, and empathy across childhood and adolescence. Different patterns of synchrony with mother, father, and the family and across cultures describe relationship-specific modes of coordination. The capacity to engage in temporally-matched interactions is based on physiological mechanisms, in particular oscillator systems, such as the biological clock and cardiac pacemaker, and attachment-related hormones, such as oxytocin. Specific patterns of synchrony are described in a range of child-, parent- and context-related risk conditions, pointing to its ecological relevance and usefulness for the study of developmental psychopathology. A perspective that underscores the organization of discrete relational behaviors into emergent patterns and considers time a central parameter of emotion and communication systems may be useful to the study of interpersonal intimacy and its potential for personal transformation across the lifespan.

To study the social-emotional development of triplets, 23 sets of triplets, 23 sets of twins, and 23 singleton infants (N=138) were followed from birth to 2 years. Maternal depression and social support were assessed in the postpartum period, mother-infant and father-infant interaction and the home environment were observed at 3 months, a separation-reunion episode and a maternal interview were conducted at 12 months, and infant behavior problems were evaluated at 24 months. Lower parent-infant synchrony was observed for triplets. Triplets showed less distress during maternal separation and less approach at reunion. Mothers reported lower adjustment and differentiation among siblings for triplets than for twins. Higher internalizing problems were reported for triplets, and the triplet with intrauterine growth retardation showed the poorest outcomes. Behavior problems were predicted by medical risk, maternal depression, parent-infant synchrony, infant approach, and mother adjustment. Discussion focuses on developmental risk when the exclusivity of the parent-infant relationship is compromised.


Relations between maternal postpartum behavior and the emergence of parent-infant relatedness as a function of infant autonomic maturity were examined in 56 premature infants (birthweight = 1000-1500 g) and 52 full-term infants. Maternal behavior, mother depressive symptoms, and infant cardiac vagal tone were assessed in the neonatal period. Infant-mother and infant-father synchrony, maternal and paternal affectionate touch, and the home environment were observed at 3 months. Premature birth was associated with higher maternal depression, less maternal behaviors, decreased infant alertness, and lower coordination of maternal behavior with infant alertness in the neonatal period. At 3 months, interactions between premature infants with their mothers and fathers were less synchronous. Interaction effects of premature birth and autonomic maturity indicated that preterm infants with low vagal tone received the lowest amounts of maternal behavior in the postpartum and the least maternal touch at 3 months. Infant-mother and infant-father synchrony were each predicted by cardiac vagal tone and maternal postpartum behavior in both the preterm and full-term groups. Among preterm infants, additional predictors of parent-infant synchrony were maternal depression (mother only) and the home environment (mother and father). Findings are consistent with evolutionary perspectives on the higher susceptibility of dysregulated infants to rearing contexts and underscore the compensatory mechanisms required for social-emotional growth under risk conditions for parent-infant bonding.


Paternal competence was compared for 79 experienced fathers (one or more children) and 93 inexperienced (first-time) fathers at early postpartum, 1, 4, and 8 months following birth. No differences in paternal competence by previous experience in the father role were found at any test period, nor did the trajectories of change differ between the two groups. Paternal competence means at 4 and 8 months did not differ, but were significantly higher than 1-month means. During the 8-month period, 30% to 61% of the variance in experienced men's paternal competence was explained; the range for inexperienced men was 31% to 49%. Depression was a major predictor for experienced fathers at 1, 4, and 8 months; partner relationships were predictive at 1 and 4 months. Sense of mastery and family functioning were consistent predictors for inexperienced fathers, who also reported greater anxiety and depression than experienced fathers at 4 and 8 months after birth.


Seventy-nine experienced fathers (with one or more previous children) and 93 inexperienced (first-time) fathers were studied for differences in paternal-infant attachment at postpartal hospitalization and at 1, 4, and 8 months following birth. No significant differences were observed between the groups for reported attachment to their infants; scores varied little. Over the 8-month period, from 27% to 47% and from 9% to 22% of the variance in attachment was explained for experienced fathers and inexperienced fathers, respectively. Fetal attachment was a major predictor for attachment for experienced fathers at the first three test periods, explaining 19% of the variance at early postpartal hospitalization, 16% at 1 month, and 9% at 4 months. It was a major predictor for inexperienced fathers the first month only, explaining 13% of the variance at early postpartal hospitalization and 15% at 1 month. Depression was the second most important predictor. For experienced fathers, it explained 8% of attachment at early postpartum and 22% at 8 months; for inexperienced fathers, it explained 7% at 1 month and 9% at 4 months. Environmental factors such as social support and stress had no effects on fathers' attachment to their infants.

Gagnon, A. J. and J. Sandall (2009). Individual or group antenatal education for childbirth or parenthood, or both.


Goodman, J. H. (2008). Influences of maternal postpartum depression on fathers and
Maternal postpartum depression (PPD) has been shown to negatively influence mother-infant interaction; however, little research has explored how fathers and father-infant interaction are affected when a mother is depressed. This study examined the influence of maternal PPD on fathers and identified maternal and paternal factors associated with father-infant interaction in families with depressed as compared with non-depressed mothers. A convenience sample of 128 mother-father-infant triads, approximately half of which included women with significant symptoms of PPD at screening, were recruited from a screening sample of 790 postpartum women. Mothers and fathers completed measures of depression, marital satisfaction, and parenting stress at 2 to 3 months' postpartum and were each videotaped interacting with their infants. Results indicate that maternal PPD is associated with increased paternal depression and higher paternal parenting stress. Partners of depressed women demonstrated less optimal interaction with their infants, indicating that fathers do not compensate for the negative effects of maternal depression on the child. Although mother-infant interaction did not influence father-infant interaction, how the mother felt about her relationship with the infant did, even more so than maternal depression. The links between maternal PPD, fathers, and father-infant interaction indicate a need for further understanding of the reciprocal influences between mothers, fathers, and infants. (PsycINFO Database Record (c) 2010 APA, all rights reserved)


BACKGROUND: In recent years the trend for fathers in Western postindustrial countries to attend childbirth has increased. This study examined the interaction between fathers' information-seeking coping predispositions and their level of attendance at antenatal classes with respect to their experiences of attending childbirth. Associations between fathers' childbirth experiences, their relationship with their baby, and level of depressive symptomatology at 6 weeks postpartum were also examined. METHODS: A quantitative methodology was employed in which 78 fathers completed several questionnaires, some within 6 days of childbirth and others at 6 weeks postpartum. RESULTS: Fathers who were characterized as high blunters (avoiders) of threat information, from antenatal classes reported that experiencing childbirth was less fulfilling than fathers with similar coping styles who did not attend classes. Fathers' reports of fulfillment and delight while attending childbirth were negatively related to their level of depressive symptomatology at 6 weeks postpartum. Levels of distress were associated with subsequent depressive symptoms, but their effect was removed when preexisting depressive symptoms were partialled out. Fathers whose children were born by cesarean delivery used significantly more negative adjectives to
describe their baby at 6 weeks postpartum compared with those born by vaginal delivery. More married fathers attended antenatal classes and reported lower levels of depressive symptomatology than unmarried fathers. CONCLUSIONS: Although fathers' attendance at antenatal classes may have positive consequences for them and their partner, for some fathers, attendance at classes may be associated with less positive reports of experiencing childbirth. The way in which men experience childbirth may have some influence on their subsequent emotional well-being.


OBJECTIVE: To systematically review current research evidence of associations between improvement in parents' depression and their children's psychopathology. METHOD: Relevant studies were identified using PsycINFO (1806-2007) and Medline (1950-2007). The search terms used were "depression," "postpartum depression," "treatment," "mothers," "fathers," "parents," "offspring," "mother child relations," and "father child relations." The reference sections of identified articles were also examined for additional relevant articles. Open and controlled clinical trials and observational studies of depressed parents that also included psychological and behavioral assessments of offspring 18 years of age or younger were included in the review. RESULTS: Ten studies meeting broad criteria for inclusion were reviewed. These studies varied considerably in sample, treatment, assessment, and analysis. Based on the few studies, there is some evidence of associations between successful treatment of parents' depression and improvement in children's symptoms and functioning, but treatment of postpartum depression may not be sufficient for improving cognitive development, attachment, and temperament in infants and toddlers. CONCLUSIONS: Due to the public health implications of the findings, further study of the effects of improvement in parental depression on child psychopathology is warranted. These studies need to examine the precise relation between parental and child symptoms, the differential effect of parents' treatment with psychotherapy versus medication, the effect of fathers' as well as mothers' symptomatic improvement on children, and mediators and moderators of the relation between parental improvement and child psychopathology.


BACKGROUND: The register of risk factors which lead to disturbances of mood and cause a variable degree of depression of mothers after birth is extensive. One of these factors is lack or low support of husband and child's
father during the pregnancy and delivery. OBJECTIVES: The paper demonstrates an original and not met in the literature valuation of psychophysical mood of mothers during the first days after family and traditional birth. On the basis of questionnaire charts there was analyzed the degree of psychophysical mood of mothers which led to the answer of general question: does the family delivery compared with the traditional birth significantly improve the psychophysical mood of mothers? MATERIAL AND METHODS: The level of psychophysical mood of mothers was evaluated on the basis of questionnaire charts which were prepared after consultation with a clinical psychologist. There were analyzed 300 charts of mothers after a family delivery and 300 charts of mothers after traditional delivery. RESULTS: The moving ability was positively evaluated by 81.3% of mothers after family delivery and 86% of mothers after traditional delivery. 90.7% mothers of traditional birth and 94% of mothers of family birth had a normal relation to associates, "they talk with their child". The question "I am satisfied with my present situation" positively answered 81.3% mothers of familiar birth and 89.7% of traditional birth. Her self-confidence in the role of mother was confirmed only by 66% of mothers of family delivery and 75% of traditional delivery. The answers of questions concerning the child care and an excellent mood after delivery were very similar in both groups. CONCLUSIONS: A greater proportion of mothers of traditional delivery group as compared to mothers of family delivery show a better psychophysical condition in the first days after birth. The difference is not significant but appreciable. The difference may be a result of greater consciousness of themselves among the mothers of family delivery and also a result of their greater feelings. May be the mothers of this group have a bigger expectation to themselves and to near associates. The mothers of traditional deliveries show a greater self-dependence; in greater proportion they are more resistant to the confrontation of imagination to reality. In the group of family deliveries the greatest influence of lowering the psychophysical mood after the birth have had the lack of experience in the child care (71%), in the group of traditional deliveries only in 23% of mothers.


Post-partum depression is an important clinical phenomenon that has been neglected in psychoanalytic research. The author's approach to the problem proceeds on the basis of the postulation of a cross-generational constellation, a specific, pathological relation between the mother and the daughter who has herself become a mother. This relation is termed the "illusion of symbiosis". The central factor here is the mother's fantasy that her baby can fulfill for her all the desires that she herself was denied in childhood by her own mother. In order to sustain this illusion of symbiosis, frustration and anger
are split off and frequently projected onto the father, who thus becomes the object of those hostile fantasies. To elucidate this constellation, Halberstadt-Freud draws upon a highly suggestive and impressive case history.

An exploratory study of the transition to fatherhood for 50 first-time fathers is described. Subjects completed questionnaires within three weeks of their infant's birth and again three to five weeks postpartum on the topics of infant feeding, lifestyle changes, depression, fathering activities with their own father and those planned with their own child, marital adjustment, and infant feeding. Subjects showed no evidence of depression, were maritally well adjusted, were very involved in infant care, had experienced many lifestyle changes, and planned to continue to be very involved with their child.

Current research supports a link between maternal depression and difficult child temperament. The direction of effect is often assumed to be from parent to child, but few studies have addressed child to parent effects. In a large cohort study, the Avon Longitudinal Study of Parents and Children (ALSPAC) (N=14663), we aimed to further existing knowledge by investigating the relationship between maternal and paternal depressive symptoms and child temperament, and determining the direction of any effects found. Data was collected at 2 time-points (when the children were 6 and 24 months old), using the Edinburgh Postnatal Depression Scale and the Mood and Intensity subscales of the Carey Temperament Scales. Significant parent to child effects were seen, with maternal and paternal depressive symptoms at Time 1 leading to more difficult temperament at Time 2. Father to child effects were significant only in male children. Little evidence was found for child to parent effects.

The psychological functioning of fathers with children born after in vitro fertilization (IVF) has received little attention. Among men in general, little is known about predictors of early father-infant relationship (here also defined as attachment). The first aim was to compare IVF fathers and control fathers regarding personality traits, state anxiety, depressive symptoms and early father-infant attachment. The second aim was to assess whether early father-infant relationship is explained by the father's prenatal relationship with the
unborn infant, his personality traits, state anxiety and symptoms of depression. Fifty-three IVF fathers and 36 controls filled in self-rating scales measuring father-infant attachment, personality, anxiety and symptoms of depression at 2 months postpartum. At gestational week 26 their prenatal relationship to the unborn infant was assessed. It was found that IVF fathers rated more somatic and psychic anxiety, indirect aggression and less assertiveness. They were as strongly attached to their infant as the controls. Fathers, who had rated higher attachment to their unborn infant during pregnancy, who were less anxious, more assertive and less irritable, were more attached to their infants than men who had been less attached to their unborn infants and who were more anxious, less assertive and more irritable. In conclusion, although IVF fathers are as strongly attached to their infants as other fathers, they may benefit from emotional support as they have elevated levels of anxiety proneness and indirect aggression. It is important to pay attention during pregnancy to fathers who have a less optimal attachment to their unborn infant and who have high levels of anxiety and irritability, as those three factors are related to a weak emotional father-infant relationship.

Hung, C. H., H. H. Chung, et al. (1996). "The effect of child-birth class on first-time fathers' psychological responses." Kaohsiung J Med Sci 12(4): 248-255. The purpose of this study was to examine fathers' psychological responses to labor/delivery over time and to evaluate the effect of child-birth class on the father. A quasi-experimental and exploratory study was conducted with data collected at the 36th and the 39th weeks of pregnancy, and the first day of the postpartum period. 100 married, first-time expectant fathers in both the experimental and control groups were drawn from one medical center in southern Taiwan as a convenient sample. Three two-hour sessions of childbirth class, each lasting for one day, were conducted consecutively following the first data point for the experimental group. The "Chinese Health Questionnaire" and Zung's Self-rating Anxiety and Self-rating Depression Scales were used to obtain the first-time fathers' health status, anxiety, and depression scores at each data point. The two-way ANOVA with repeated measures was used to compare the means of psychological responses between experimental and control groups at each point in time. The main effect of classes on paternal health status, anxiety, and depression of the experimental group was not found and the limitations of the study were discussed.

Jane, C. (2005). A Lonely lesson I Father works through anger, grief and guilt to make dangers of postpartum depression known. Johnathan Spangler toddled around at Torrey Pines State Beach. At 15 months, he's curious about everything. Someday, he will be curious about his mother. A year ago this month, Annie Imlay Spangler died, leaving her

One of the dramatic recent changes in family life in Western nations has been the rise in non-marital childbearing. Much of this increase is attributable to the growth in cohabitation. But in some countries, notably the UK (and the USA) this is much less the case with significant proportions of children being born to parents who are not living together. This study uses data from the Millennium Cohort Study, a British birth cohort established in 2001, to examine whether the closeness of the tie between parents, as assessed by their partnership status at birth, is related to smoking during pregnancy, breastfeeding and maternal depression. Four sets of parents are distinguished representing a hierarchy of bonding or connectedness: married and cohabiting parents, and two groups of solo mothers, those closely involved with the father at the time of the birth and those not in a relationship. Smoking in pregnancy, breastfeeding and maternal depression tests for trend, adjusted for socio-demographic factors, showed that there was a statistically increased risk of adverse health and health behaviours by degree of parental connectedness. There were also consistent and statistically significant differences between married and non-married mothers. Particularly noteworthy was the finding that cohabiting mothers have greater risk of adverse outcomes than married women. Among the non-married set, there were also differences in risk of adverse outcomes. For smoking in pregnancy, the key difference for continuing to smoke throughout the pregnancy lay between mothers involved with partners and those lacking an intimate relationship. For breastfeeding, stronger parental bonds were associated with initiation of breastfeeding, with a clear difference between cohabiting mothers compared to solo mothers. There was also an increased risk of maternal depression with looser parental bonding, and among non-married groups this increased risk was most noticeable among cohabiting mothers when compared with solo mothers.


The postpartum period is associated with many adjustments to fathers that pose risks for depression. Estimates of the prevalence of paternal postpartum depression (PPD) in the first two months postpartum vary in the postpartum period from 4 to 25 percent. Paternal PPD has high comorbidity with maternal PPD and might also be associated with other postpartum psychiatric disorders. Studies so far have only used diagnostic criteria for maternal PPD to investigate paternal PPD, so there is an urgent need to study the validity of these scales for men and develop accurate diagnostic tools for paternal PPD.
Paternal PPD has negative impacts on family, including increasing emotional and behavioral problems among their children (either directly or through the mother) and increasing conflicts in the marital relationship. Changes in hormones, including testosterone, estrogen, cortisol, vasopressin, and prolactin, during the postpartum period in fathers may be biological risk factors in paternal PPD. Fathers who have ecological risk factors, such as excessive stress from becoming a parent, lack of social supports for parenting, and feeling excluded from mother-infant bonding, may be more likely to develop paternal PPD. Support from their partner, educational programs, policy for paid paternal leave, as well as consideration of psychiatric care may help fathers cope with stressful experiences during the postpartum period. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Laraia, B. A., J. B. Borja, et al. (2009). "Grandmothers, fathers, and depressive symptoms are associated with food insecurity among low-income first-time African-American mothers in North Carolina." J Am Diet Assoc 109(6): 1042-1047. African Americans experience household food insecurity, ie, the limited availability of nutritionally adequate and safe food, or ability to acquire acceptable foods in socially acceptable ways, at three times the rate of non-Hispanic whites. Thirty percent of all African-American children live in food-insecure households. The purpose of this study was to identify characteristics associated with household food insecurity among a high-risk postpartum population. Two-hundred six low-income, African-American mother-infant dyads were recruited through the Special Supplemental Nutrition Program for Women, Infants, and Children clinics. The six-item US Department of Agriculture food security scale was used to classify households as food secure, marginally food secure, or food insecure. Multinomial logistic regression was used to estimate the association between selected maternal/household characteristics and household food-security status. Fifty-three percent of households were food secure, 34% were marginally food secure, and 13% were food insecure. Maternal education less than college (relative risk ratio [RRR]=0.46; 95% confidence interval [CI]: 0.22 to 0.98) was inversely associated with marginal food security. Depressive symptoms (RRR=1.09; 95% CI: 1.02 to 1.16) and having the baby's father in the household (RRR=3.46; 95% CI: 1.22 to 9.82) were associated with household food insecurity, while having a grandmother in the household (RRR=0.15; 95% CI: 0.03 to 0.80) was inversely associated with experiencing household food insecurity. Findings from this study suggest that young, low-income, African-American families with only one child are particularly susceptible to experiencing household food insecurity. Intergenerational support and transfer of knowledge can be a key protective attribute among low-income African-American households.

PURPOSE: To investigate the role of social support (direct, moderating, and/or mediating effects) in mitigating the stressors (marital conflicts and/or conflicts with parents-in-law) that are associated with perinatal depressive symptoms. DESIGN: A 3 stage (second trimester, third trimester and postpartum), prospective, longitudinal study. PARTICIPANTS: A total of 2,365 women were recruited with systematic sampling from 6 regional public hospitals in Hong Kong. OUTCOME MEASURES: The Interpersonal Support Evaluation List was used to measure the functional aspects of the perceived availability of social support. The women were identified as having depressive symptoms using the Edinburgh Postnatal Depression Scale. Marital conflict and conflict with parents-in-law were investigated using the Dyadic Adjustment Scale and the Stryker Adjustment Checklist, respectively. RESULTS: Social support was consistently found to have direct effects in the 3 stages of the perinatal period. It was also found to have a moderating effect on the relationship between antenatal depressive symptoms and marital and mother-in-law conflicts and on postnatal depressive symptoms in conflicts with father-in-law and to play a mediating role in the relationship between marital and mother-in-law conflicts and postnatal depressive symptoms. CONCLUSIONS: These findings provide important information about the role of social support related to antenatal and postnatal depressive symptoms among the Hong Kong Chinese population.


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 children's developmental success.


Certain aspects of the communication between mother (and father) and baby are of major influence on the developmental outcome of the child. Mentally ill mothers in psychiatric day care are considerably limited in their communicative abilities, especially in themes of developmental relevance. As a consequence of their inherent ego weakness the mothers' flexible adaption to the babies' needs is impaired. Because of their own emotional neediness mothers are not sufficiently sensible and responsive to the babies' signals. Almost all of the mothers feel aggressive impulses towards their babies.

Indication for day care depends to an essential part on the mothers' reflective function concerning aggression. Although there is some danger of child abuse, the joint treatment is considered to prevent early attachment disorders and/or a pathologic developmental outcome in the child. In addition, mother-baby-therapy is indicated in cases of severe regulation disorders. The specific models of our therapy are illustrated in two case examples.


BACKGROUND: The course of postnatal depression was examined in first-time mothers and fathers with emphasis on the role of personality and parental relationships as risk factors. METHOD: 157 couples were assessed at four points: antenatally and at 6, 12 and 52 weeks postnatally. Various measures of mood and personality were administered at each of these assessment points. RESULTS: Examination of the factors associated with depressed mood suggested that a woman's relationship with her own mother was important in the early postpartum stage, and also her level of interpersonal sensitivity and neuroticism. For the father, his relationship with either his mother or father and his level of neuroticism were associated with his mood level early on. By the end of the first year couple morbidity increased, with rates of distress being at their highest for both parents, and factors associated with depressed mood being linked to partner relationship variables, at least for mothers. At most time points, antenatal mood and partner relationship were significant predictor variables for the postnatal mood of both mothers and fathers. Limitations: The sample had a relatively high level of education and this should be taken into account when considering the generalisation of findings to less educated populations. At the time of
conducting this study, the Edinburgh Postnatal Depression Scale (EPDS) had only been validated for use in the first few months postpartum, and thus we used another scale to measure the mother's mood at the other assessment points (the Beck Depression Inventory). Current research would suggest that the EPDS is valid both antenatally and at other times in the first year postpartum. CONCLUSION: Whilst there was some consistency for mothers and fathers in the variables that predict their postpartum adjustment, these being antenatal mood and partner relationship, there is also evidence that adjustment to parenthood was related to different variables at different times. Early adjustment was related to the couple's relationship with their own parents, as well as their own personality. Later adjustment was related to the couple's functioning and relationship.


OBJECTIVE: To explore and understand women's experiences and accounts of postnatal depression. DESIGN: A qualitative approach. Participants were accessed through community sources. Data were collected through semi-structured, in-depth interviews, lasting on average three and a half hours. Interviews were taped, transcribed verbatim and analysed using a range of methods which sought to ground theoretical insights in the data. SETTING: England. PARTICIPANTS: Forty primiparous and multiparous mothers of young children, living with the father of their child(ren), with varying experiences of motherhood. FINDINGS: Eighteen of the 40 women experienced postnatal depression. The depression centered around the women's unwillingness or inability to disclose their feelings and difficulties to partners, family, friends or health professionals. IMPLICATIONS FOR PRACTICE: Implications for the potential role of midwives in helping women at risk of, or experiencing postnatal depression are discussed in terms of the following issues: training courses; antenatal classes; the birth experience; early identification of postnatal depression; talking and listening to women; referral to relevant health professionals or voluntary organisations; a continuum of support from pregnancy to the postnatal period; and cultural issues.


Association of a chromosome aberration and psychiatric disorder can be useful in highlighting a genomic region that can be profitably explored further using positional cloning. We report the case of a father and daughter both of whom have bipolar disorder II and a pericentric inversion of chromosome 9.

Examined prospectively the impact of postnatal depression (PND) on both women and their spouses, in terms of their feelings about themselves, each other and their infant. 38 19-39 yr old mothers with PND and their spouses were assessed 3, 6 and 12 mo after giving birth on the Parenting Stress Index and other depression scales. Compared to 46 non-depressed controls, PND mothers rated their child as less reinforcing, less acceptable, less adaptable, more moody and more demanding. They rated themselves as less competent, less emotionally attached to the child, less healthy, more depressed and more socially isolated, with a poor relationship with their spouse and a more restricted lifestyle. These persisted over the 3-12 mo period, even though depression decreased. Spouses of PND mothers also rated themselves, their marital relationship and their child more negatively than controls. Thus, the difficulties experienced are long lasting, with some deterioration over time.


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 hallmark of Kangaroo Mother Care (KMC) is the kangaroo position: the infant is cared for skin-to-skin vertically between the mother's breasts and
below her clothes, 24 h/day, with father/substitute(s) participating as KMC providers. Intermittent KMC (for short periods once or a few times per day, for a variable number of days) is commonly employed in high-tech neonatal intensive care units. These two modalities should be regarded as a progressive adaptation of the mother-infant dyad, ideally towards continuous KMC, starting gradually and progressively with intermittent KMC. The other components in KMC are exclusive breastfeeding (ideally) and early discharge in kangaroo position with strict follow-up. Current evidence allows the following general statements about KMC in affluent and low-income settings: KMC enhances bonding and attachment; reduces maternal postpartum depression symptoms; enhances infant physiologic stability and reduces pain, increases parental sensitivity to infant cues; contributes to the establishment and longer duration of breastfeeding and has positive effects on infant development and infant/parent interaction. Therefore, intrapartum and postnatal care in all types of settings should adhere to a paradigm of nonseparation of infants and their mothers/families. Preterm/low-birth-weight infants should be regarded as extero-gestational foetuses needing skin-to-skin contact to promote maturation. CONCLUSION: Kangaroo Mother Care should begin as soon as possible after birth, be applied as continuous skin-to-skin contact to the extent that this is possible and appropriate and continue for as long as appropriate.


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.
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) "maternity blues," postpartum psychosis, and mild postpartum depression; follow-up observations of father-infant interaction at 1 year for men who evidenced contrasting affective reactions during the early months of parenthood; compensatory process at work in men who had initial adaptational difficulties (PsycINFO Database Record (c) 2010 APA, all rights reserved)


BACKGROUND: Mood disorders are common in Chile. Among these, postpartum depression (PPD) deranges the maternal and family relationships. AIM: To determine the prevalence and risk factors associated with PPD in puerperal women in Temuco, Chile. MATERIAL AND METHODS: The Edinburgh Postnatal Depression Scale was administered to 73 puerperal women aged 15 to 32 years, between 40 to 45 days after delivery. To detect risk factors, 20 women with and 20 women without postpartum depression (PPD) were interviewed and their clinical records were reviewed to assess their perinatal care. RESULTS: The prevalence of PPD in the whole sample was 50.7%. The individual psychological risk factors detected were a feeling of discomfort with their body after giving birth, a personal history of mental health problems and a high level of overload associated to child care. An individual physical risk factor was alcohol consumption during pregnancy. Family risk factors were a poor relationship with the father of the child during
pregnancy, a history of mental health problems in close family members, a history of family violence and a poor relationship with parents during puerperium. Having more children was a sociodemographic risk factor.

CONCLUSIONS: Post partum depression is common. The characterization of risk factors should lead to the implementation of preventive strategies.


Twenty-one married couples, recruited from childbirth classes (mean age 29.6 years), were administered questionnaires measuring 20 different moods during the third trimester of pregnancy (prepartum period), during the postpartum period, and at 6 months after birth (follow-up period). In each questionnaire period individual questionnaires were filled out daily by both the mother and father for 10 consecutive days. The results indicated that the postpartum period, compared with the prepartum and follow-up periods, is an emotionally unique time but not a period marked by depression. The moods that were rated as being experienced more strongly by men and women during the postpartum period were associated with anxiety and concern for one's ability to cope such as "nervousness," "worried," "helpless," and "anxious" or positive emotions such as "enthusiastic" and "happy." It is concluded that men and women in this sample tend to experience the postpartum period in an emotionally similar way.


Psychiatric disorders of parents are associated with an increased risk of psychological and developmental difficulties in their children. Most research has focused on mothers, neglecting psychiatric disorders affecting fathers. We review findings on paternal psychiatric disorders and their effect on children's psychosocial development. Most psychiatric disorders that affect fathers are associated with an increased risk of behavioural and emotional difficulties in their children, similar in magnitude to that due to maternal psychiatric disorders. Some findings indicate that boys are at greater risk than girls, and that paternal disorders, compared with maternal disorders, might be associated with an increased risk of behavioural rather than emotional problems. Improved paternal mental health is likely to improve children's wellbeing and life course.

BACKGROUND: Depression is common and frequently affects mothers and fathers of young children. Postnatal depression in mothers affects the quality of maternal care, and can lead to disturbances in their children's social, behavioural, cognitive, and physical development. However, the effect of depression in fathers during the early years of a child's life has received little attention. METHODS: As part of a large, population-based study of childhood, we assessed the presence of depressive symptoms in mothers (n=13,351) and fathers (n=12,884) 8 weeks after the birth of their child with the Edinburgh postnatal depression scale (EPDS). Fathers were reassessed at 21 months. We identified any subsequent development of behavioural and emotional problems in their children (n=10,024) at age 3.5 years with maternal reports on the Rutter revised preschool scales. FINDINGS: Information was available for 8431 fathers, 11,833 mothers, and 10,024 children. Depression in fathers during the postnatal period was associated with adverse emotional and behavioural outcomes in children aged 3.5 years (adjusted odds ratio 2.09, 95% CI 1.42-3.08), and an increased risk of conduct problems in boys (2.66, 1.67-4.25). These effects remained even after controlling for maternal postnatal depression and later paternal depression. INTERPRETATION: Our findings indicate that paternal depression has a specific and persisting detrimental effect on their children's early behavioural and emotional development.


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 can have a significant impact on both maternal and child health. There have been very few studies undertaken in the developing world to identify women at risk of postnatal depression. The present study aimed to investigate risk factors for the occurrence of postnatal depression in urban South African women. METHOD: A large prospective population cohort study identified antenatal risk factors for postnatal depression in Soweto, Johannesburg, South Africa. One thousand and thirty-five women were interviewed in the antenatal period and subsequently completed the Pitt Depression Questionnaire in the postnatal period.

RESULTS: 170/1035 (16.4%) women were probable cases of postnatal depression. The strongest independent predictors of postnatal depression were exposure to extreme societal stressors (witnessing a violent crime/danger of being killed) (adjusted Odds Ratio 2.468 (95% Confidence Interval 1.509, 4.037)) and reporting difficulties with their partner (adjusted OR 1.645 (1.088, 2.488)). LIMITATIONS: There was some loss of the sample during follow-up (35.1%), which was to be expected given the turbulent nature of the study setting. The measures were questionnaires administered by interview.

CONCLUSION: Postnatal depression is common in women in developing world settings, such as this part of Southern Africa. Although some of the risk factors for postnatal depression were similar to those identified in studies in developed nations, some important differences exist, most notably antenatal exposure to extreme societal stressors. This study shows that it is possible to identify women at risk during pregnancy in a developing world setting.


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: Women's evaluation of hospital postpartum care has consistently been more negative than their assessment of other types of maternity care. The need to further explore what is wrong with postpartum care, in order to stimulate changes and improvements, has been stressed. The principal aim of this study was to describe women's negative experiences of hospital postpartum care, expressed in their own words. Characteristics of the women who spontaneously gave negative comments about postpartum care were compared with those who did not. METHODS: Data were taken from a population-based prospective longitudinal study of 2783 Swedish-speaking women surveyed at three time points: in early pregnancy, at two months, and at one year postpartum. At the end of the two follow-up questionnaires, women were asked to add any comment they wished. Content analysis of their statements was performed. RESULTS: Altogether 150 women gave negative comments about postpartum care, and this sample
was largely representative of the total population-based cohort. The women gave a diverse and detailed description of their experiences, for instance about lack of opportunity to rest and recover, difficulty in getting individualised information and breastfeeding support, and appropriate symptom management. The different statements were summarised in six categories: organisation and environment, staff attitudes and behaviour, breastfeeding support, information, the role of the father and attention to the mother.

CONCLUSION: The findings of this study underline the need to further discuss and specify the aims of postpartum care. The challenge of providing high-quality follow-up after childbirth is discussed in the light of a development characterised by a continuous reduction in the length of hospital stay, in combination with increasing public demands for information and individualised care.


The present study investigates if mothers and fathers have similar ways of thinking and feeling about their babies during late pregnancy and how aspects of parental-fetal attachment are related to maternal depressive mood. Two hundred and ninety-eight Swedish-speaking women at 30-32 weeks of gestation and partners (n = 274) participated in the study. Socio-demographic background data were collected. Prenatal attachment was assessed with the maternal/paternal-fetal attachment scale (MFA/PFA), and depressive symptoms were assessed by the Edinburgh postnatal depression scale (EPDS). MFA and PFA scores mirrored each other. After factor analysis, five different factors loaded somewhat differently for men were revealed as significant. These factors were (I) concerns about the fetus and health behavior, (II) mental preparation to take care of the unborn child, (III) experiences of pregnancy, (IV) experiences of fetal movements, and (V) naming of the baby. Factors III and IV were related to depressive symptoms. Mothers with slight depressive symptoms were somewhat less positive about the pregnancy but showed more attention to the fetal movements. Midwives should conduct interviews on the women's psychosocial history and use validated instruments, which may help them to identify problems with the psychosocial health of the mother and her partner as they journey through
pregnancy and transition to parenthood.


PURPOSE: This study examined the relationship between satisfaction with social support and postpartum depressive symptoms in Latinas. DESIGN: A secondary data analysis of 62 women at "high risk" or "low risk" for postpartum depression (PPD) was conducted during pregnancy and at 1 month postpartum. RESULTS: High-risk Latinas were less satisfied with perceived perinatal support from the baby's father and postnatal support from family and "others." Dissatisfaction with postpartum support from the baby's father was associated with higher depressive symptoms. Conclusion: Dissatisfaction with certain sources of support is related to high risk for PPD. Practice: Health care providers should assess levels and sources of social support as part of their PPD screening.


Although postpartum depression (PPD) is a common condition, it often goes undiagnosed and untreated, with devastating consequences for the woman's ability to perform daily activities, to bond with her infant and to relate to the infant's father. Leptin, a protein synthesised in the adipose tissue and involved in regulation of food intake and energy expenditure has been related to depressive disorders, but studies report conflicting results. The aim of this study was to evaluate the association between serum leptin levels at the time of delivery and the subsequent development of postpartum depression in women, using data from a population-based cohort of delivering women in Uppsala, Sweden. Three hundred and forty seven women from which serum was obtained at the time of delivery filled out at least one of three structured questionnaires containing the Edinburgh Scale for Postnatal Depression (EPDS) at five days, six weeks and six months after delivery. Mean leptin levels at delivery did not significantly differ between the 67 cases of PPD and the 280 controls. Using linear regression analysis and adjusting for maternal age, body-mass index, smoking, interleukin-6 levels, duration of gestation and gender of the newborn, the EPDS scores at six weeks and six months after delivery were found to be negatively associated with leptin levels at delivery (p<0.05). Serum leptin levels at delivery were found to be negatively associated with self-reported depression during the first six months after delivery. No such association was found concerning serum IL-6 levels at delivery. If these finding are replicated by other studies, leptin levels at delivery could eventually serve as a biological marker for the prediction of
postpartum depression.


The present study examined trajectories of paternal support and maternal depressive symptoms over the first two years after the birth of a child. First-time mothers (N = 582) were assessed 6 times during the first 24 months of their child's life. At each assessment they reported on a number of ways in which their child's father provided support, and at three of the assessments, their own depressive symptomatology was assessed. Latent growth curve models revealed that while higher support was related to lower depressive symptomatology, both paternal support and maternal depression tended to decrease over time. The relationships between paternal support and maternal depression are complex and suggest the importance of considering the multiple ways that parents influence one another over time.


BACKGROUND: This study tested the hypothesis that teenagers who have Norplant inserted during the puerperium report more depressive symptoms during the first postpartum year than their peers who do not receive Norplant.

METHODS: We studied the prevalence of depressive symptoms in a group of 212 mothers aged 19 years less, in relation to the timing of Norplant insertion. The participants were divided into 3 groups: 100 (47%) had Norplant inserted during the puerperium (early Norplant users); 72 (34%) had Norplant inserted during the next 10 months (late Norplant users); and 40 (19%) used other contraceptives (40% oral contraceptives; 17% condoms; 43% nothing).

Depressive symptoms were measured with the Center for Epidemiologic Studies - Depression Scale. Postpartum depression was defined as a scale score >/=16, 6-12 months after Norplant insertion or delivery. Variables examined as potential confounders were identified a priori from a review of the literature and controlled for in analysis of variance. RESULTS: At delivery, members of the 3 contraceptive groups did not differ significantly with regard to age, race, parity, educational, marital, or socioeconomic status. Late Norplant users were, however, more apt to have new boyfriends (p = .03), to rate the support they received from the baby's father as poor (p =.004), and experience depression prior to Norplant insertion (p =.02). Contrary to the study hypothesis, late rather than early Norplant insertion was associated with postpartum depression. Multivariate analyses identified 3 independent predictors of the severity of depressive symptoms at follow-up (depression prior to Norplant insertion, a new boyfriend at delivery, and late Norplant insertion); R(2) = 41.3%. CONCLUSIONS: Contrary to the study hypothesis, puerperal Norplant insertion did not exacerbate postpartum depression.
Delaying Norplant insertion may increase the risk of depression during the first postpartum year, particularly in teenagers with other psychosocial risk factors.


OBJECTIVE: To study how social support is associated with ensuing maternal depression following stillbirth. DESIGN: Data from a population-based national postal questionnaire. Setting. Sweden. POPULATION: A total of 314 (83%) of all 380 Swedish-speaking women who gave birth to singleton stillborn infants in Sweden during 1991, identified through the Swedish Medical Birth Register. METHODS: Postal questionnaires addressing maternal social support and demographics were completed three years following the stillbirth. The association between support-related factors and later maternal depression was assessed using multivariable regression models. MAIN OUTCOME MEASURE: The Center for Epidemiologic Studies Depression Scale. RESULTS: In adjusted analyses, a father's refusal to talk about a stillborn baby with the mother was associated with an almost five-fold risk of later maternal depressive symptoms [adjusted risk ratio (RR) 4.6, 95% confidence interval (CI) 1.5-14.5]. The mother's belief that she could talk with the infant's father about the child was associated with a reduced risk (adjusted RR 0.5, 95% CI 0.1-0.9). CONCLUSIONS: Unwillingness of the father to discuss a stillborn infant with the mother was related to subsequent maternal depressive symptomatology.


BACKGROUND: Postpartum psychiatric disorders in women have been discussed more often than postpartum psychiatric disorders in men. However, psychiatric disorders (especially depression) after birth are also experienced by men and may or may not be associated with a postpartum disorder of the mother. The aim of this study is to assess how distressed the partners of women with postpartum psychiatric disorders really are as well as associated factors and the degree of improvement of their emotional well-being after maternal treatment. MATERIALS AND METHODS: For this study, we assessed the psychological distress (SCL-90) in a group of partners of severely ill postpartum depressive and psychotic mothers (N=40), who were inpatients in a Mother-Baby Unit and participated in a longitudinal therapy study. RESULTS: Depression was the only dimension where the partners scored significantly higher than the norm. Between 7.5% and 35% of partners scored above the cut-off point for clinical relevance in the studied dimensions, with the highest figures for hostility (22.5%), interpersonal sensitivity (25%)
and depression (35%). Miscarriage, a low severity level of maternal disease and a high level of maternal symptoms were significant predictors for paternal depression. After treatment of the mothers, the levels of symptoms of the partners were reduced. CONCLUSIONS: A postpartum psychiatric disorder of the mother is a risk not only for the baby but also for the father. High levels of awareness for the early detection and early treatment of this condition is essential.
