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Prevention of Depression in Postpartum Adolescents

Bridget A. Baginsky

University of Pennsylvania, baginsky@nursing.upenn.edu

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Postpartum depression is a national health priority. It affects nearly half of all adolescent mothers. Postpartum depression can lead to developmental and psychological disabilities in both mother and child. This article reviews three previously completed studies to gather information about various risk factors for the development of postpartum depression. The article also proposes solutions to prevent depression that can be put into action by nurses across the United States. Risk factors identified from the studies include ethnicity, socioeconomic background, adolescent self-esteem and adolescent's feeling of competency in child care. In order to prevent postpartum depression, nurses must screen for risk factors and provide continuing education and about child care, self image, and available support and social services.

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Postpartum depression is a national health priority. It affects nearly half of all adolescent mothers. Postpartum depression can lead to developmental and psychological disabilities in both mother and child. This article reviews three previously completed studies to gather information about various risk factors for the development of postpartum depression. The article also proposes solutions to prevent depression that can be put into action by nurses across the United States. Risk factors identified from the studies include ethnicity, socioeconomic background, adolescent self-esteem and adolescent's feeling of competency in child care. In order to prevent postpartum depression, nurses must screen for risk factors and provide continuing education and about child care, self image, and available support and social services.

Postpartum depression is a growing concern for all women in the United States. However, for adolescents, the development of postpartum depression is particularly devastating. Depressed adolescent mothers may not notice or pay attention to infant behaviors such as crying (Secco, et al., 2007), a desire to feed, or boredom (Logsdon, et al., 2005). They may respond to their child in abusive ways like hitting or shaking. Adolescents that suffer from postpartum depression are at a greater risk of having recurrent depressive episodes as adults (Schmidt, et al., 2006). They are also at a greater risk for suffering psychosocial and self-maturation problems throughout the rest of their teenage years (Secco, et al., 2007). Currently, it is estimated that postpartum depression affects 47% of adolescents, which includes mothers younger than eighteen years old, as compared to only 13% of adults, which includes mothers over twenty years old (Logsdon et al., 2005). The United States is attempting to reduce the overall occurrence of postpartum depression by making it a national health priority (United States Department of Health and Human Services, Healthy People 2010). Nurses can play an important role in reducing the occurrence of postpartum depression since they often have multiple interactions with adolescents and their infants. In order to lower the prevalence of postpartum depression in adolescent mothers, nurses must learn to identify risk factors in adolescents and institute general services during prenatal and postpartum visits to prevent the

development of depression.

Adolescents have the ability to satisfactorily care for their child if they are provided with education about transitioning into motherhood and their child's needs. However, postpartum depression can make adolescent mothers feel even less competent and unable to care for their child than they did prior to developing depression (Secco, et al., 2007). By preventing postpartum depression, nurses will provide mothers with a better ability to create strong relationships with their children that are healthy for both mother and child. With over 415,000 babies born to adolescents each year (Center for Disease Control, 2004), prevention of depression in adolescent mothers is a major health care issue due to the detrimental psychological, social and physical issues that can affect both the adolescent mother and her child. The purpose of this paper is to provide information about various risk factors for the development of depression in postpartum adolescents and propose solutions to prevent depression that can be put into action by nurses across the United States.

Review of Research

To determine various risk factors of postpartum adolescent girls and the development of depression, a study was conducted by Eshbaugh in 2006. The author considered ethnicity, level of mastery, which is defined as "the extent to which one regards one's life-chances as being under one's own control," and knowledge of infant development (2006). The study

originally began with 1,140 mothers under the age of 20; 606 of those mothers participated through completion of the study. Eshbaugh specifically interviewed 378 African-American mothers, 206 European-American mothers and 122 Hispanic mothers. At 14 months and 36 months postpartum the study participants completed the Pearlin Mastery Scale, the Knowledge of Infant Development Inventory, the Center for Epidemiological Studies Depression Scale, and the Parenting Stress Index-Short Form.

At 14 months postpartum there were no significant differences in depression between ethnic groups; however, at 36 months, the Hispanic adolescents were less depressed while the European-American adolescents became more depressed (Eshbaugh, 2006). Not surprisingly, adolescents suffering from depression at 14 months postpartum were more likely to suffer from depression at 36 months. Eshbaugh also found that adolescents with lower mastery scores according to the Pearlin Mastery Scale at 36 months had a higher prevalence of depression. The Pearlin Mastery Scale measures perceived self-competence and perceived control of life stressors (Eshbaugh, 2006). Adolescents from all ethnic groups who were highly stressed about parenting at 36 months also had a higher prevalence of depression. From the data, Eshbaugh concluded that European-American adolescents have a higher risk of developing long-term depression postpartum than certain other ethnic groups. Eshbaugh also concluded that if adolescents are only depressed and not stressed at 14 months, they are less likely to be depressed at 36 months than if they are depressed and distressed about parenting as well at 14 months (2006).

If nurses work with adolescents that demonstrate a high level of stress related to their new roles as a mother, the risk of developing postpartum depression will decrease. Nurses can distribute multiple videos or pamphlets dealing with child developmental milestones and proper child care techniques to limit stress and feelings of maternal inadequacy. Nurses can also integrate information about infant development and

community parenting resources into clinic visits. Also if nurses are aware that European-American adolescents are at a higher risk for developing depression than other ethnic groups, that knowledge can help them to screen European-American adolescents and offer additional education and forms of support. However, it is important that nurses realize that postpartum depression occurs in all ethnicities, so all adolescents should be screened.

Another study, by Schmidt, et al. (2006), focused more in depth on ethnic differences in postpartum depression than Eshbaugh's study. Schmidt, et al. studied 1027 adolescent mothers who delivered their babies at the University of Texas Medical branch from December 1993 to February 1996. In total, 623 adolescents, including 182 Caucasians, 213 African-Americans, and 228 Mexican-Americans, accepted and completed all of the postpartum questionnaires. Surveys were administered at 3, 6, 12, 18, 24 and 48 months after delivery. The researchers used the Beck Depression Inventory-Short Form (2006), which includes twenty-one questions to determine the presence and severity of symptoms of depression.

The study predicted that most adolescents would show the worst symptoms of depression at three months postpartum with gradual alleviation of symptoms in subsequent months (Schmidt, 2006). The researchers also hypothesized that there would be no differences in ethnic groups when controlling for economic resources, and that those adolescents that had depression at three months were more likely to be depressed in future months. The study confirmed Schmidt, et al.'s hypothesis that depression symptoms would be the worst three months postpartum. Also, Schmidt found that Caucasians were at a higher risk of developing postpartum than African-Americans when certain variables were controlled. Not surprisingly, those depressed in previous surveys continued to show depressive symptoms in later surveys (Schmidt, et al., 2006). Most notably, the study demonstrated that depressive symptoms can exist for many years postpartum. Up to four years later, adolescent mothers still struggled to overcome the devastating

effects of depression.

By screening adolescent mothers with toddlers and not just infants for postpartum depression, nurses can work to find cases of depression previously missed by health care providers. Nurses should also offer support to adolescents with older infants and toddlers. As their infants grow into toddlers, adolescents grow into adults. As they become older, they begin to fulfill new roles in society and likely receive less support from family and community based groups because they are viewed as having more ability to care for their children without as much help. Therefore it is very important that nurses do not let these older adolescents and even younger adults slip between the health care cracks. Support groups for pertinent issues like getting a GED or dating could be initiated by nurses that deal specifically with teen parents who have toddlers or school-age children.

Social support is believed to be a large factor in determining rates of postpartum depression in adolescents. What happens if it actually has no role in preventing depression? A study done by Logsdon, et al., explored the influence of social support in the form of written, videotaped or written and videotaped interventional methods (2005). Logsdon, et al., questioned 700 students at an alternative school for pregnant and parenting teens. In the study, 128 chose to participate and 109 actually completed the study. Surveys were delivered between 32 and 36 weeks in the pregnancy and again at six weeks postpartum. The participants completed the Center for Epidemiological Studies of Depression tool, the Postpartum Support Questionnaire, and Rosenberg's Self-Esteem tool (Logsdon, et al., 2005).

The study compared a control to a treatment group (Logsdon, et al. 2005). The treatment arm was further divided into three groups: 1.) a group receiving written support, 2.) a group receiving video support and 3.) a group receiving both video and written support. Logsdon, et al., hypothesized that the lowest rates of depression would be found in those receiving both video and written social intervention. The researchers found no significant differences existed between groups that received

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intervention and those that did not. According to Logsdon, et al., a single intervention of support or education during pregnancy is not enough to prevent postpartum depression (2005). More long-term social and educational interventions are necessary to prevent or alleviate symptoms of depression in teens. Perhaps if nurses had shown adolescents multiple videos and given them multiple pamphlets over the length of their pregnancy and afterwards, the increased variety interventions would have been effective. More research on the effectiveness of educational and social support is definitely needed.

Another study also dealt with the effects of social support on depression. The study took place in two western Canadian teaching hospitals (Secco, et al., 2007). Seventy-eight adolescent mothers, the majority of which were Caucasian, were interviewed to determine the effects of socioeconomic status, the mother's response to infant behavior and various forms of social support on the development of postpartum depression. Socioeconomic status was measured by the maternal grandmother's education level since many mothers of the adolescent mothers had not completed their schooling. An adapted version of the Infant Care Questionnaire measured knowledge about infant behavior. The level of social support each adolescent received was measured in three different ways: the Perceived Social Support from Family tool, the Perceived Social Support from Friends tool, and the Inventory of Socially Supportive Behaviors. To determine if the mothers suffered from depression, researchers used the Beck Depression Inventory. The mothers were originally interviewed in their third trimester of pregnancy. A home visit by researchers also occurred four weeks postpartum (Secco et al., 2007).

Secco et al., discovered that among adolescent mothers the strongest predictor for postpartum depression was the perceived inability to care for their infant's needs and to respond to the baby's emotions (2007). Lower socioeconomic status also contributed to depression. Interestingly, a lack of family support was also found to contribute to depression; however, a lack of friend support was not associated with depression. According to the

findings of the study, Secco et al., recommend that nurses assess the level of support that pregnant or postpartum adolescents receive, and encourage familial support whenever possible. Also, the researchers recommend that nurses provide prenatal and postpartum classes to educate adolescents about their infants and infants' emotions (Secco, et al. 2007). Educative classes could include topics like effective breastfeeding, bathing, and diapering care. Nurses should note that adolescents from lower socioeconomic backgrounds are at a higher risk for postpartum depression and possibly introduce and provide education on social services available to adolescent mothers.

Additionally, parental stress (including social isolation), maternal ability, and weight issues can contribute to the development of depression postpartum (Birkeland, et al., 2005). Birkeland, et al., questioned 149 adolescent mothers between the ages of 15 and 19 for a study. All of the adolescent mothers questioned participated in a teen program through their schools. The study used the Edinburgh Postnatal Depression Scale, the Parenting Stress Index-Third Edition, and the Eating Disorder Inventory: Body Dissatisfaction and Drive for Thinness subscales (Birkeland, et al., 2005).

Birkeland, et al. found that social isolation, weight issues and maternal ability all contributed significantly to the development of depression in adolescents (2005). Differences from their peers like weight gain and an inability to participate in the same social functions as they could prior to becoming mothers can cause feelings of isolation and depression. The findings suggest that nurses should provide body image interventions and encourage support from friends and family during and after pregnancy for adolescents. Again, education classes on topics relevant to child care and transitioning to motherhood would also be beneficial.

Review of Recommendations and Conclusions

In order to prevent or limit the severity of postpartum depression, nurses should educate adolescents continuously during and after pregnancy about the role and duties of a mother.

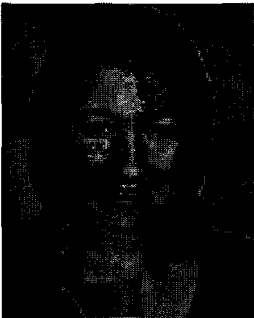
If adolescents feel more comfortable with their infants, the likelihood of developing depression decreases. Nurses could provide educational sessions for adolescent mothers and their parents or sessions to help adolescent mothers understand the tasks of motherhood. In addition, nurses should educate the families of pregnant and postpartum adolescents about how to offer support. A lack of support is believed to be a leading cause of postpartum depression. Also, support can not be limited to one or two isolated experiences. Support must be given over the length of the pregnancy and especially after birth. Isolated attempts at support are ineffective at decreasing depressive symptoms.

Nurses should be aware of the risk factors of certain adolescents. European-American adolescents are at a higher risk of developing post partum depression one year to three years after delivery. Knowing this, nurses should pay particular attention to this group of women and closely monitor them for depression. Also, adolescents that come from low socioeconomic backgrounds should be screened regularly for the development of postpartum depression. Essentially, all postpartum adolescents should be routinely screened. If screening of the mother for depression is done during infant visits, more adolescents could be diagnosed and subsequently treated as necessary.

Since depression is a serious medical disorder and can lead to lowered self esteem, social and psychological problems and even child abuse (Birkeland, et al., 2005), prevention is absolutely necessary. By knowing the risk factors associated with postpartum depression in adolescents and providing preventative services, nurses can limit the development of depression and help keep mothers and infants happy and healthy.

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***Author Highlight**
*Bridget A. Baginsky is
 a junior nursing student
 at the University of
 Pennsylvania.*