

Title: Maternal depression: how long it lasts is more important than when it occurs

Audience:

Keywords:

Maternal depression; perinatal depression; pregnancy; child behaviour problems; child development.

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Lay summary

What you need to know:

- Up to 20% of mothers experience prenatal or postnatal depression, making it a major challenge for women, families and society.
- Children of depressed mothers have a higher risk of behaviour problems and poor development.
- We know from previous research that depression at key times (like pregnancy or early childhood) is linked to poor outcomes for children. What we don't know is whether effects are worse at particular times – does timing matter?

What this research is about:

We wanted to understand whether the timing or chronicity of maternal depression is more important when it comes to outcomes for children. If depression during a certain point in the life course is more harmful than another, we know we need to direct our screening and treatment resources there. For example, is depression during pregnancy worse than depression during early childhood? On the other hand, if it's the chronicity of depression that conveys the risk to the child, then we need to focus on detecting and treating depression as soon as possible, at any point in the life course.

What we did:

We used data from 892 mothers and 978 children from the Mothers and their Children's Health (MatCH) study, part of the Australian Longitudinal Study on Women's Health. We looked at maternal depression at three times (before pregnancy, during pregnancy and in early childhood) and child outcomes (behaviour problems, rated by mothers, and development, rated by teachers). We tested the effects of timing (when depression occurred) and chronicity (how long it lasted).

What we found:

Overall, 1 in 5 women reported depression at one time point, 7% reported depression at 2 time points and 4.2% reported depression at 3 time points. In terms of timing, depression was reported by 17% of mothers before pregnancy, 13% during pregnancy and 17% in early childhood.

Exposure at any of these single time points was related to poorer outcomes for children. However, exposure at two or three times was related to worse outcomes. Chronicity was more important than timing, showing longer exposure to maternal depression was more risky for children than shorter exposure. In other words, depression at any time was bad, but depression at more times was worse.

Take away message:

Mental health during and after pregnancy is important, but we also need to be looking after women at other key times in their life. Screening for depression could start when women begin to plan a pregnancy, and should continue throughout the perinatal period and into early childhood. The earlier we can effectively detect and treat maternal depression, the better the chance of improving outcomes for children.