

Parents at highest risk for depression in the first year after child's birth

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More than one-third of mothers and about one-fifth of fathers in the United Kingdom appear to experience an episode of depression between their child's birth and 12th year of age, with the highest rates in the first year after birth, according to a report posted online today that will appear in the November print issue of *Archives of Pediatrics & Adolescent Medicine*.

"Depression in parents is associated with adverse behavioral, developmental and cognitive outcomes in their children," the authors write as background information in the article. "While the maternal depression and child outcome literature is well established, there are fewer studies on paternal depression. There is evidence that paternal depression is not uncommon, with rates higher than those in the general adult male population; however, a wide range of prevalence rates for paternal depression have been reported."

Shreya Davé, Ph.D., M.Sc., B.Sc., of the Medical Research Council, London, England, and colleagues examined incidence, trends and correlates of parental depression in 86,957 families seen in U.K. primary care facilities between 1993 and 2007. Mothers and fathers with depression were identified using diagnostic codes and pharmacy records.

Overall, between their children's birth and age 12, 19,286 mothers had a total of 25,176 episodes of depression and 8,012 fathers had a total of 9,683 episodes of depression. The depression rate was 7.53 per 100 mothers per year and 2.69 per 100 fathers per year. The highest rates



were observed in the first year after the birth of a child, with 13.93 per 100 mothers and 3.56 per 100 fathers experiencing depression in that period.

"These high rates of depression in the postpartum period are not surprising owing to the potential stress associated with the birth of a baby, e.g., poor parental sleep, the demands made on parents and the change in their responsibilities, and the pressure this could place on the couple's relationship," the authors write. "The high rate of parental depression in the first year after delivery may also be partly due to a resumption of antidepressant use following a break during pregnancy and breastfeeding."

Parents who had a history of depression, who were younger (age 15 to 24, compared with 25 and older) when their child was born and who were more socially deprived were more likely to develop depression. "There is a well-established link between depression and social and economic deprivation both in the general population and among parents. This finding may reflect the stresses of poverty, unemployment, low employment grade and lower social support among people of lower socioeconomic status," the authors write. In addition, "younger parents may be less prepared for parenthood with more unplanned pregnancies and may be less able to deal with the stresses of parenthood compared with older parents."

The findings suggest that there is a need for appropriate detection of depression among mothers and fathers, and that clinicians should be aware of the risk factors for depression in parents and assess individuals who possess those characteristics. In addition, the authors note, future research should examine other factors associated with parental depression, such as the couple's relationship quality and stressful life events, as well as the separate and cumulative effects of maternal and paternal depression on children's health and development.



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