BRIEF COMMUNICATION

Becoming a Mother and the Impact of Ill Health on Children

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“Hold me tight, and love me mama
Cos all I have is you”

Depression is usually discussed as an adult problem; however there is a need to recognize it being a significant problem for children. Rarely is depression focused on how it affects parenting and child outcomes, particularly for young children. Often women are victims of violence, and the devastating effects of depression are significant in such households. However one must not ignore, the effect depression has on parenting, where in these contexts, women themselves, become the perpetrators of violence.

When mothers are not well, central parental functions are threatened: the ability to foster healthy relationships and to carry out the practical functions of parenting. When this is not carried out, one sees obvious reductions in young children’s behavioral, cognitive, and social and emotional functioning. Neuroscience is clearly evident that the primary ingredient for healthy early brain development is the quality of the earliest relationships from a baby’s primary caregiver.

Women, at risk of depression are those with a personal history of depression or bipolar disorder, family history of depression, bipolar disorder or suicide, and history of childhood sexual abuse. Lack of a safe environment at home where there is domestic violence, hardship due to financial difficulties, substance abuse (including smoking, drugs etc), recent stressful life events i.e. divorce, etc are additional risk factors.

When a mother is depressed, this poses a great impact on the interaction between mother and child, the attachment, the mother’s perception of her child’s behavior, and also the way she deals with social factors, and stressful life events. Depressed mothers lack the energy to carry out consistent routines, to read to their children, or even have fun with them, singing and playing with them. The impact of depression in mothers has also been associated with impairments in the health, and safety concerns of their children. They are less likely to breastfeed, and if breastfed, they do so for shorter periods of time than non-depressed mothers.

Unwell mothers are less attuned; they give less positive affirmation, have increased irritability towards their children, and have less positive play. Maternal depression affects maternal behavior, where there is an increased negative, increased punitive attitude towards child rearing, a lack of warmth, and lack of response to their child’s cues. Often the parenting styles are affected,
where the mothers’ interaction becomes withdrawn or intrusive with over stimulation, and inconsistent. At times they avoid conflict and give in to child’s demands, or either respond forcefully and not compromise. 

The negative effects of maternal depression, on the child’s health and development, start as early as during pregnancy. Research finds links to poor birth outcomes, including low birth weight, prematurely, and obstetric complications. Maternal depression during infancy predicts a child’s increased cortisol levels at preschool age, which is linked with internalizing problems such as anxiety, social wariness and withdrawal. The study also found that maternal depression and anxiety is associated with a stronger risk of child behavior problems. The child develops a disturbed parent-child relationship, infants have a sad, flat affect, difficulties in regulating their emotions, poor attention and eye contact, less vocalization, and reduced exploration of their environment. Toddlers often have severe temper tantrums, breath holding, limited vocalization and delay in attaining their gross motor skills.

Additionally, these children develop increased risk of psychiatric disorders, depression/affective disorders, anxiety, ADHD, substance abuse, conduct disorder, poor emotional regulation and lower self esteem. The long term effects are poorer problem solving skills, social skills deficits, decreased social competence, and school problems.

Generally, women value their children and realize the impact of depression on them; and are afraid of losing their children. Most women need and want support for their mothering role, and value support when they receive it. Screening and follow up of women, typically in obstetrics/gynecology or pediatric practices, with targeted interventions to detect and reduce maternal depression, are essential. Referrals to psychiatric services, and improvement in early parenting in early childhood programs, such as in home-visits, are essential. Promoting awareness about the impact of maternal depression and what to do about it, for the general public has to be emphasized.

Women’s mental health is closely linked with Child mental health. One cannot discuss Women’s mental health without incorporating the latter. We as clinicians, daily see the emotional impact children suffer when mothers are unwell. It is heart breaking. Most interventions for depression address only the adult; they do not address the adult as a parent, and they do not actively include strategies to prevent or repair damage to the early parent-child relationship. It is hoped that health care providers, are able to reach out to women, to educate and therefore empower women on mental health difficulties, in order to identify, and seek help early and appropriately. Therefore, a better life can be provided for themselves, and their tender children.

References


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