Women and Birth 27 (2014) 68–71

Contents lists available at ScienceDirect

Women and Birth

journal homepage: www.elsevier.com/locate/wombi

DISCUSSION

The transition to motherhood: Towards a broader understanding of perinatal distress

Sofia Rallis [a,*], Helen Skouteris [a,**], Marita McCabe [a], Jeannette Milgrom [b]

[a] School of Psychology, Deakin University, Victoria, Australia
[b] Melbourne School of Psychological Sciences, The University of Melbourne, Victoria, Australia

ARTICLE INFO

Article history:
Received 30 July 2013
Received in revised form 16 December 2013
Accepted 16 December 2013

Keywords:
Postpartum
Perinatal
Depression
Anxiety
Stress

ABSTRACT

Background: A substantial body of research has focused on maternal perinatal mood and wellbeing, with the focus predominantly being on depression, and to a lesser extent, anxiety. Perinatal maternal stress has also been investigated recently, but to a far lesser extent. The present paper questions whether the term 'perinatal distress' accurately captures the range of challenges experienced by women during the perinatal period, when the scope of 'distress' is limited to the experience of depression and anxiety alone.
Method: A review of the perinatal literature was conducted using several databases, to identify studies that have focused on the experience of stress as a distinct affective state in the perinatal period.
Findings: The findings of two recent studies which have employed a broader conceptualisation of perinatal distress to encompass the experience of stress as well as depression and anxiety are outlined. These recent studies have identified the experience of stress both in conjunction with and independent of depression and anxiety.
Conclusion: It is argued that future studies should investigate the concept of stress as a separate affective state throughout the perinatal period, in order to further assess how it differs from depression and/or anxiety. A more comprehensive understanding of women's experiences during their transition to motherhood, and whether 'stress' plays a critical role in the development and maintenance of perinatal anxiety and/or depression is needed.

1. Introduction

The perinatal period, which includes pregnancy and the first year post birth, is recognised as a period of major transition that can be exceedingly emotional,[1] and associated with considerable distress.[2,3] Consequently, elevated symptoms of depression and anxiety are experienced by a substantial number of women during this time, with prevalence studies suggesting that perinatal depression affects approximately 10–25% of women,[4–6] and perinatal anxiety affecting approximately 25–45% of women.[4–7] Research has also demonstrated that depressive and anxiety symptoms are often co-morbid throughout the perinatal period[3,8,9] and that an inter-relationship exists between the two. Furthermore, the negative consequences of depression and anxiety extend not only to the woman herself, but also to her foetus, and baby.[10–15] Given these consequences, theoretical advances that will inform intervention strategies designed to prevent perinatal depression and anxiety are warranted.

Researchers to date have predominantly defined perinatal distress as the psychological disorders of depression and anxiety that occur both during pregnancy and post birth.[1] However, it is unclear if these two affective states alone comprehensively describe the broad range of negative emotional experiences that can occur during the transition to motherhood. In this paper we argue that stress should be included in the definition of perinatal distress as a distinct affective state. The existing literature, albeit limited, that supports this premise is outlined. We also argue that further research is needed in order to assess whether maternal stress is part of a normal continuum associated with the range of physical, social, and emotional changes that accompany the transition to parenthood, or whether it is linked to a depressed mood state, or a precursor to clinical presentations. Fig. 1 depicts a proposed continuum model whereby emotional health and

* Corresponding author at: School of Psychology, Deakin University, Victoria 3122, Australia. Tel.: +61 3 9244 6538.
E-mail addresses: sofia.rallis@deakin.edu.au, sofia.rallis@austin.org.au (S. Rallis), helen.skouteris@deakin.edu.au (H. Skouteris).
** Corresponding author at: School of Psychology, Deakin University, Victoria 3122, Australia. Tel.: +61 3 9251 7699.
E-mail addresses: sofia.rallis@deakin.edu.au, sofia.rallis@austin.org.au (S. Rallis), helen.skouteris@deakin.edu.au (H. Skouteris).

1871-5192/$ – see front matter
http://dx.doi.org/10.1016/j.wombi.2013.12.004

adjustment during the perinatal period is conceptualised as ranging from 'Excellent Adjustment' characterised by the presence of minimal depression and anxiety symptoms, to 'Poor Adjustment', characterised by clinical levels of depression and anxiety symptoms, and clear impairment in functioning. Our aim is to provide new insights to inform the design of future perinatal distress research, in order to best guide primary prevention efforts in this area.

2. Is the experience of perinatal distress limited to depression and anxiety alone?

Postnatal depression is by far the most prevalent and researched postpartum mood disorder,[16,17] and was arguably the sole point of research focus for many years. More recently, prenatal depression has also been of particular interest, given that it has repeatedly been identified as a strong predictor of postnatal depression and appears to be more prevalent than depression post birth.[11,18] A further shift has also occurred in recent years, whereby pre- and postnatal anxiety have been of considerable interest, with prevalence rates surpassing those of depression.[4,5,7]

The findings of recent studies suggest that a cycle of co-morbidity may exist between depression and anxiety, whereby initial levels of depressive symptoms in pregnancy lead to higher levels of anxiety in late pregnancy, which in turn predict higher depressive symptoms in the postnatal period.[8,9] Given these findings, it is crucial to keep working towards a better understanding of the mechanisms that underpin depression and anxiety in the context of the perinatal period, with the aim of reducing their incidence and subsequent effects.

The assumption, however, that perinatal distress is limited to the experience of depression and anxiety alone may be impeding a more comprehensive and arguably more accurate understanding of the range of negative emotional experiences and challenges associated with the transition to motherhood. It is possible that, just as anxiety was largely overlooked until recently, other affective states or factors may be critical in the experience of perinatal distress. The experience of significant emotional stress for instance, over and above that of depression or anxiety, may help practitioners and clinicians to better understand what a mother means when she states she "does not feel like herself" or is "struggling to cope", particularly in the presence of known psychosocial risk factors, such as a lack of social support.[18] It also seems possible that a persistent feeling of being unable to cope may contribute to the development of depression and/or anxiety and may thus be just as clinically significant as depression and anxiety. Therefore, the inter-relationship between anxiety and depression noted above, as two psychological mood states, may also involve a third partner–maternal stress.

3. Maternal stress as a discrete affective state

The term stress refers to a distinct negative emotional state that involves chronic arousal and impaired function,[19] and is thus differentiated from the experience of depressed or anxious mood and affect. A review of the perinatal literature however, reveals that the terms stress, distress and anxiety have often been used inter-changeably and with varying definitions. The terms stress and distress have been used to describe a range of experiences, including the presence of mood disturbances,[20] state anxiety,[21–23] general health,[22,24] and has even been operationalised as difficult infant temperament,[25] and marital dissatisfaction.[26,27]

This inconsistent use of terminology was also highlighted by Emmanuel and St John (2010),[28] who argued that there is a need to better understand the concept of maternal distress and the broader range of experiences relevant to the perinatal period. Emmanuel and St John proposed that 'maternal distress' is comprised by a cluster of key attributes. Specifically, maternal distress was conceptualised as a woman's response to the transition to motherhood which includes changes to one's body, role, relationships and social circumstances; the birth experience itself, as well as the demands, losses and gains associated with being a new parent. Maternal distress was proposed to occur on a continua across four domains: stress responses, adaptation responses, function and control responses and connecting responses.[28] This concept analysis provides a useful theoretical framework as it encompasses the women's psycho-social context and as well as consequences that may be associated with high maternal distress (e.g., poor mental health). However, it does not address the issue of how to best assess and treat key distress symptoms. In turn, Lovibond and Lovibond's[19] definition of stress, as a separate affective state, still warrants further investigation given that it not only provides a specific definition, but can also be specifically measured. Such an investigation will allow one to assess whether incorporating emotional stress into an even broader definition of perinatal distress (i.e., conceptualised as the presence of depression and/or anxiety and/or stress) differs substantially from the experience of perinatal depression and anxiety alone.[3] In turn, this will also allow researchers and clinicians to evaluate whether this broader conceptualization offers a more accurate representation of women's experiences during the transition to parenthood.

3.1. Search method

The search was conducted with the aim of identifying empirical studies which have investigated stress as a discrete affective state in the perinatal period. A search of the databases: PsychInfo, Medline, and Science Direct was conducted to identify studies published in English between 1998 and 2013. Results were limited to human studies with adult women (18 years+) with full-text access. The search terms used were: *perinatal*, *antenatal*, *prenatal*, *postnatal*, *postpartum*, *maternal*, *pregnancy*, *stress*, *distress*.

This initial search generated 326 papers. Studies were then excluded if women were not recruited during the perinatal period; if they focused on particular sub-groups of women (e.g., those with a specific medical or mental illness, or who had experienced a traumatic event such as a natural disaster); or if they focused specifically on post-traumatic stress disorder. This resulted in 59 papers. If the papers were review papers or related solely to the validation of a scale, or if they did not assess stress as an outcome variable they were then also excluded. Papers were then further excluded if they only explored maternal stress in the context of physical health, social factors or parenting stress alone (i.e., mental health was not explored).

This search revealed that only one paper (Miller et al., 2006)[3] operationalised stress as a distinct affective state as per Lovibond and Lovibond's definition, separate from the presentation of depression and/or anxiety. The authors are aware of one other relevant study that was not identified in the search above (Rallis, 2008).[29] To our knowledge, the affective state of stress as defined earlier, has only been investigated in these two recent investigations.[3,29] These studies explored the trajectory of stress symptoms during the postpartum period as part of a broader definition of distress.

4. Previous research investigating perinatal stress and perinatal distress

Miller et al.[3] proposed a classification for postnatal distress, which included symptoms of anxiety, stress, as well as depression. Symptom levels were assessed in first-time mothers by the Edinburgh Postnatal Depression Scale and the 21-item Depression