



Full length article

Maternal self-confidence during the first four months postpartum and its association with anxiety and early infant regulatory problems



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ABSTRACT

Maternal self-confidence has become an essential concept in understanding early disturbances in the mother-child relationship. Recent research suggests that maternal self-confidence may be associated with maternal mental health and infant development. The current study investigated the dynamics of maternal self-confidence during the first four months postpartum and the predictive ability of maternal symptoms of depression, anxiety, and early regulatory problems in infants. Questionnaires assessing symptoms of depression (Edinburgh Postnatal Depression Scale), anxiety (State-Trait Anxiety Inventory), and early regulatory problems (Questionnaire for crying, sleeping and feeding) were completed in a sample of 130 women at three different time points (third trimester (T1), first week postpartum (T2), and 4 months postpartum (T3)). Maternal self-confidence increased significantly over time. High maternal trait anxiety and early infant regulatory problems negatively contributed to the prediction of maternal self-confidence, explaining 31.8% of the variance ($R = .583$, $F_{3,96} = 15.950$, $p < .001$).

Our results emphasize the transactional association between maternal self-confidence, regulatory problems in infants, and maternal mental distress. There is an urgent need for appropriate programs to reduce maternal anxiety and to promote maternal self-confidence in order to prevent early regulatory problems in infants.

1. Introduction

1.1. Definition

The early mother-infant relationship plays a crucial role in a child's development (Lomanowska, Boivin, Hertzman, & Fleming, 2015). In order to understand and to identify disturbances in the mother-child relationship, maternal self-confidence has become an important concept.

The concept of maternal self-confidence (Teti & Gelfand, 1991) is understood as a special aspect of self-efficacy (Jones & Prinz,

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2005). Maternal self-confidence is defined as a mother's confidence in her own abilities to successfully raise her child, to be able to handle aspects of daily parenting, and to correctly interpret her child's signals (Zahr, 1991), representing her ability to create an environment which positively influences the infant's development (Reck, Noe, Gerstenlauer, & Stehle, 2012; Zietlow, Schluter, Nonnenmacher, Muller, & Reck, 2014). In the literature, the terms “maternal self-efficacy” and “maternal self-confidence” are used as synonyms (Teti & Gelfand, 1991).

In the sense of a feedback mechanism, high maternal self-confidence supports feelings of success, which in turn perpetuates maternal self-confidence. The downside is that in mothers with low maternal self-confidence, problems in parenting will be expected and interpreted as failure, weakening maternal self-confidence in turn (Sanders & Woolley, 2005; Jones & Prinz, 2005). According to Bandura's theory of self-efficacy, women with high levels of maternal self-efficacy usually enjoy the new challenge of motherhood, while women with low maternal self-confidence tend to be afraid of the adjustments of motherhood and suffer mentally and physically (Bandura, 1977).

1.2. Impact on the child

Low maternal self-confidence can also cause long-term behavioral or affective disorders in children as it directly influences the parenting style: While, on the one hand, low maternal self-confidence is more often associated with a coercive parenting style with tough penalties (Bugental & Cortez, 1988), recent studies emphasized that the higher the levels of maternal self-confidence are, the more is warmth, sensitivity, and responsiveness shown towards the child (Stifter & Bono, 1998), (Teti & Gelfand, 1991), preventing the development of anxiety and depressive disorders or behavioral problems in children and adolescents in the long term and promoting social competence, self-confidence, and educational achievement (Sanders & Woolley, 2005; Tucker, Gross, Fogg, Delaney, & Lapporte, 1998; Reck et al., 2012).

1.3. Influencing variables

Maternal self-confidence itself is a dynamic, time-dependent process potentially influenced by different variables, including the mother's mental health. Although maternal self-confidence is known to affect mental and physical health of both mother and child, research concerning influencing variables, especially in the peripartum period, is rare among the current literature.

1.3.1. The influence of time

First of all, time itself seems to play an important role. As women established routine in everyday life with their child and got a sense for their specific needs, several authors registered an increase in maternal self-confidence during the first months postpartum (Porter & Hsu, 2003; Zietlow et al., 2014). Interestingly, this development failed to appear in women in whom current or remitted postpartum depression was diagnosed (Howell, Mora, DiBonaventura, & Leventhal, 2009; Logsdon, Wisner, & Hanusa, 2009).

1.3.2. Maternal mental illnesses

The perinatal period seems to increase a woman's vulnerability to psychiatric disorders due to increased physical and mental stress as well as hormonal changes (Goodman et al., 2014). Among all diseases, anxiety and depression are observed most frequently, with prevalence rates of approximately 18.4% pre- and 19.2% postnatally for depression (Babb, Deligiannidis, Murgatroyd, & Nephew, 2015) and 25% pre- and 11.1% postnatally for anxiety (Dubber, Reck, Muller, & Gawlik, 2015), respectively. Previous studies revealed that maternal anxiety and/or depression may have far-reaching detrimental effects on maternal self-confidence.

To date, only few studies have distinguished between anxiety and depression, which might be due to high comorbidity rates between the two entities that are estimated to be around 50% (Andrews, Sanderson, Slade, & Issakidis, 2000; Hendrick, Altschuler, Strouse, & Grosser, 2000; Masi et al., 2004).

Logsdon et al. (2009) demonstrated that maternal self-confidence rose in all mothers during the first weeks postpartum, except for mothers suffering from postpartum depressive disorders (Logsdon et al., 2009). This effect was observed even when depressed mothers were treated successfully, and it continued after remission. As a possible cause, Hopkins et al. discussed a more negative perception of oneself and the interaction with the child compared to nondepressed mothers, leading to the assumption of not being capable of fulfilling the parental role (Hopkins et al., 1987). In contrast, maternal self-confidence appears to be a protective factor for postpartum depressive disorders (Cutrona & Troutman, 1986; Howell et al., 2009; Sevigny & Loutzenhiser, 2010; Porter & Hsu, 2003).

In the area of anxiety research, only few studies focused on the effects of anxiety on maternal self-confidence. Hsu and Sung found a correlation between low maternal self-confidence and maternal separation anxiety in a sample of first-time mothers (Hsu & Sung, 2008). Reck et al. demonstrated that a currently existing anxiety or depressive disorder had a significant, negative impact on the development of maternal self-confidence, whereas a „remitted anxiety disorder“ proved to be the strongest predictor of low maternal self-confidence two weeks postpartum (Reck et al., 2012).

Zietlow et al. showed in a sample of women with postpartum depressive and/or anxiety disorders according to DSM-IV criteria that affective mental illnesses had a long-term negative impact on maternal self-confidence even up to 3–6 years later (Zietlow et al., 2014). This might be traced back to avoidance behavior, often accompanying anxiety disorders (Otto et al., 2016; Raymond, Steele, & Series, 2017). It is conceivable that anxious mothers tend to avoid anxiety-inducing situations with their child, potentially hindering them from acquiring positive experiences that could strengthen their self-confidence (Jones & Prinz, 2005; Kunseler, Oosterman, de Moor, Verhage, & Schuengel, 2016; Sanders & Woolley, 2005).

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