



## Research article

# Maternal history of child maltreatment and maternal depression risk in the perinatal period: A longitudinal study



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## ABSTRACT

Existing research is limited, with only a few studies considering each single type and multiple types of child maltreatment (CM) as well as multiple assessments of maternal depression throughout the perinatal period. The purpose of the study was to assess each type and accumulative types of CM in relation to the risk of maternal depression throughout the perinatal period. In total, 276 pregnant women were recruited from the prenatal clinic at a general hospital in China. Maternal CM history and depression risk were assessed at late pregnancy, postpartum week 1, and postpartum week 4 using the Childhood Trauma Questionnaire (CTQ) and Edinburgh Postnatal Depression Scale (EPDS). The GEE showed that physical and emotional neglect and multiple types of CM were associated with higher overall depression risk across the perinatal period. The multinomial regression models showed physical neglect and multiple types of CM predicted higher risk of both antepartum and postpartum depression. Emotional and sexual abuse and emotional neglect predicted antepartum depression risk, while none of the three types of CM predicted postpartum depression risk. Physical abuse did not predict antepartum and postpartum depression risk. The findings suggest that maternal history of child physical and emotional neglect play significant roles in perinatal depression risk with physical neglect as the most important predictor. Routine screening for maternal CM history and depression risk in prenatal clinics is needed to aid in the early detection and treatment of depression.

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## 1. Introduction

Perinatal depression is depression that occurs during pregnancy or within the first postpartum year. It is a common mental disorder that affects 6.5%–12.9% of women (Gavin et al., 2005). It has been well recognized that perinatal depression has significant consequences for maternal and child health. Maternal depression during pregnancy is associated with an increased risk of postpartum depression (Heron et al., 2004), preterm birth (Yonkers et al., 2014), and admission to neonatal intensive care units (Engelstad et al., 2014). Both antepartum and postpartum depression have an impact on the mother-child relationship (Field, 2010; Pearson et al., 2012), a child's emotional and behavioral problems (Betts, Williams, Najman, & Alati, 2015; Leis, Heron, Stuart, & Mendelson, 2014), and could lead to child abuse and neglect (Plant, Pariente, Sharp, & Pawlby, 2015).

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Child maltreatment (CM) is a severe public health and social welfare concern. A review of a series of meta-analyses including 244 publications revealed that the overall estimated prevalence rate across the globe from self-report studies was 22.6% for physical abuse, 16.3% for physical neglect, 36.3% for emotional abuse, 18.4% for emotional neglect, and 12.7% for sexual abuse (Stoltenborgh, Bakermans-Kranenburg, Alink, & van IJzendoorn, 2015). It has been well documented that CM could increase the risk of developing a psychopathology in adulthood, including depression (Herrenkohl, Hong, Klika, Herrenkohl, & Russo, 2013; MacMillan et al., 2001). These associations are more traditionally more strongly detected in women than men (MacMillan et al., 2001).

A large body of research has demonstrated the associations between maternal histories of CM, antepartum depression, and postpartum depression. Some studies emphasized only physical, emotional, or sexual abuse, and failed to address physical and emotional neglect. Other studies tested the relationship between maternal CM and antepartum or postpartum depression without considering the types of CM (Hayes, Campbell, Buckby, Geia, & Egan, 2010; Mezey, Bacchus, Bewley, & White, 2005). However, each type of maternal CM may have a distinct impact on maternal depression during the perinatal duration. For example, a follow-up study of 154 women in South Australia reported postpartum depression in relation to emotional abuse rather than physical or sexual abuse (Edwards, Galletly, Semmler-Booth, & Dekker, 2008). Another study assessing 374 women at 18 and 32 weeks of gestation and at 6 weeks and 6 months postpartum, found that sexual abuse predicted antepartum but not postpartum depression, while child physical abuse and neglect was not associated with an increased risk of either antepartum or postpartum depression (Robertson-Blackmore et al., 2013a). To our knowledge, less attention has been paid to physical and emotional neglect in relation to perinatal depression, although neglect may be at least as harmful as physical, emotional, or sexual abuse (Gilbert et al., 2009). In addition, evidence has documented that women exposed to multiple trauma had greater risk of developing antepartum or postpartum depression (Mezey et al., 2005; Robertson-Blackmore et al., 2013a). However, few studies have examined the accumulative effects of multiple CM types on maternal perinatal depression.

CM as a chronic stressor could lead to stress response dysregulation from multiple physiological systems including neuroendocrine and immune systems that have been found in relation to depression (Danese et al., 2008; Lu, Gao, Huang, Li, & Xu, 2016; Suzuki, Poon, Papadopoulos, Kumari, & Cleare, 2014). Great physiological changes in these systems during pregnancy may increase the dysregulation of CM-related stress reactivity that could eventually increase antepartum depression susceptibility (de Weerth and Buitelaar, 2005). The extent to which the multi-system stress reactivity changes may differ in CM types and multiple CM exposure (Frodl & O'keane, 2013; Kuhlman, Geiss, Vargas, & Lopez-Duran, 2015). The depression risk that is related with CM may differ during pregnancy and in the postpartum period.

In summary, existing research is limited, with only a few studies considering the types and accumulative types of CM women experienced as well as multiple assessments of maternal depression throughout the perinatal period. The effects of different CM types, multiple CM exposures, and whether the link from CM to depression is comparable in the antepartum and postpartum periods remain unclear. Exploring these research questions would assist in early detection of women at high risk and implementing effective trauma-specific intervention to reduce antepartum and postpartum depression. Therefore, this study aimed to examine the risk of depression throughout the perinatal period as a function of maternal CM history, considering the role of each type and accumulative types of CM. This study also aimed to test whether the link between maternal CM and depression vulnerability was different during pregnancy and the postpartum period. It was hypothesized that exposure to different types of CM would be associated with an increased risk of depression in the perinatal period, exposure to multiple types of CM would be associated with a greater risk of perinatal depression compared to a single type or no CM, and there would be a differential prediction from CM to antepartum or postpartum depression.

## 2. Method

### 2.1. Participants

Pregnant women attending a general hospital's prenatal clinic in Shandong Province, China between June and September 2013 were approached by research staff and informed about the study while waiting for routine prenatal care. The inclusion criteria included being aged 18 years or older and in gestational week 28 or later, and singleton pregnancy. Pregnant women with lifetime psychiatric disorders, multiple pregnancies, plans on delivering at another clinical setting, or language comprehension difficulties were excluded from the study.

Overall, 334 potentially eligible women were invited to participate in the study. Of these, 20 women refused to participate and 314 agreed to participate in the study. From these, 39 did not complete the initial depression assessment because they had other medical examinations. Therefore, 275 women completed the initial depression assessment. Out of these 314 women who initially agreed to participate, 41 women were not contactable or refused to continue their participation in this assessment; therefore, 273 women completed the second depression assessment within 1 week after delivery. Fifty-four women could not be contacted or refused to continue their participation after the second assessment; therefore, 260 women completed the third depression assessment at 4 weeks postpartum. The study was approved by the Institutional Review Board of both the recruitment site and School of Nursing, Shandong University. All participants provided informed consent.

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