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RESEARCH

A Resilience Perspective of Postpartum Depressive Symptomatology in Military Wives

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ABSTRACT

Objective: To estimate the prevalence of postpartum depressive symptoms in a sample of military wives, and to provide a comparative descriptive analysis of demographic, risk and protective factors.

Design: A comparative descriptive design.

Setting: A large military base in southeastern United States.

Participants: Military wives ($N = 71$) who had given birth within the preceding 3 months.

Methods: Participants were recruited from a military immunization clinic during the infant's 8-week health maintenance visit. Assessments were conducted to screen mothers for symptoms of postpartum depression (PPD) and to measure risk and protective factors of PPD.

Results: More than one half of the participants (50.7%, $n = 36$) scored above the cutoff point for elevated depressive symptoms suggestive of PPD. Examination of the risk and protective factors showed that military wives with depressive symptoms had greater family changes and strains, lower self-reliance, and lower social support than those without depressive symptoms.

Conclusion: Examining postpartum depressive symptoms in military wives from a resilience perspective offers unique insights into risk and protective factors that may influence this population. Through better understanding, nurses can identify those most at risk for PPD and focus interventions on risk reduction while capitalizing on the new mothers' strengths and resources.

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The complex cognitive, affective, and behavioral changes required of all new mothers are compounded in women who make the transition to motherhood in the context of marriage to military service members. Since 2001, the U.S. military has increased its commitment to fighting protracted wars and to providing humanitarian aid and disaster relief across the globe. These repeated deployments are often unpredictable and extended and take a toll on the family (Darwin, 2009). Additional stressors inherent to military life include the social disruption and expense of frequent relocations, the threat of service member injury or death during combat or training, and residence in foreign countries (Booth, Segal, & Bell, 2007). The cumulative effect of maternal and military stressors places military wives at risk for experiencing difficulty during the transition to motherhood and may result in postpartum depression.

Postpartum depression (PPD) is a serious mental health condition characterized by symptoms such as despondency, excessive fatigue, appetite and sleep disturbances, anxiety, as well as feelings of guilt and inadequacy about the inability to cope with the care of the baby and performance as a mother (O'Hara & Swain, 1996; Ugarriza & Schmidt, 2006). Not only can PPD have deleterious effects on the mother, but it can also affect the mother/infant relationship and infant development. Children of mothers with PPD often experience delayed language development, depression, decreased cognitive and social skills, and other behavioral disturbances (Beck, 2008; Driscoll, 2006). The public health implications of PPD are well documented. Mothers with PPD are less likely to engage in preventive health measures such as well-child examinations and immunizations (Minkovitz et al., 2005) and are less likely

to breastfeed their infants (Dennis & McQueen, 2009) or use safety practices such as car seats and child-proof latches (McLennan & Kotelchuck, 2000).

As part of a literature review exploring PPD risk factors, Robertson, Celasun, and Stewart (2003) summarized the findings from meta-analyses of more than 14,000 participants. Some of the strongest predictors of PPD were found to be stressful life events during the early postpartum period and low levels of social support. The confluence of military and life stressors experienced by military wives place this population at risk of experiencing PPD. With nearly 100,000 babies born to military families each year (Defense Manpower Data Center, 2006), the potential magnitude of this public health concern in this vulnerable population is staggering.

Literature Review

Prevalence of Postpartum Depression and Depressive Symptoms

There is substantial variability in reported prevalence rates of PPD. Prevalence estimates are affected by the nature of the assessment method, the timing of the assessment, the length of the postpartum period under evaluation, and population characteristics (Gavin et al., 2005; O'Hara, 2009). A meta-analysis of 30 studies using the most rigorous assessment method (diagnostic confirmation of PPD based on clinical assessment or structured clinical interview) yielded a prevalence rate of 7.1% for major depression in the first 3 months postpartum (Gaynes et al., 2005). Assessment methods that rely solely on self-report are not diagnostic for PPD but rather are screening tools that provide information on depressive symptoms. Higher prevalence estimates tend to be found in studies that rely on self-report measures (O'Hara & Swain, 1996). In a large national cross-sectional sample of U.S. women, Mayberry, Horowitz, and Declecq (2007) found 23% of women experienced moderate-to-severe depressive symptoms in the first 6 months following childbirth. Elevated rates of postpartum depressive symptoms have been found in demographic groups that are thought to be at risk, including 53% of adolescents (Brown, Harris, Woods, Buman, & Cox, 2012), 56% in an urban minority population (Chaudron et al., 2010), and 54% of immigrant Hispanics (Lucero, Beckstrand, Callister, & Sanchez-Birkhead, 2012). Prevalence estimates within a military population are limited and inconsistent. Among active-duty military women, significant postpartum depressive symptoms were reported to be 19% by O'Boyle, Magaan, Ricks, Doyle, and Morrison (2005) and Appolonio (2008), whereas Rychnovsky and Beck (2006) found 44% to have elevated depressive symptoms at 6 weeks postpartum. A single study providing prevalence estimates among military wives found 47% to have elevated levels of depressive symptoms in the first postpartum year (Landsverk & Lindsay, 1995).

Resilience

Examining PPD from a resilience perspective may explain why some new mothers adapt positively to this normative developmental transition whereas others struggle. Resilience is a dynamic process that results in positive adaptation despite experiences of significant adversity or stress (Luthar, 2006). Factors that influence resilience include person-centered variables and sociocontextual factors (Bonanno & Mancini, 2008). Person-centered variables are individual attributes, some with a strong biological component such as gender and physical health, and others closely linked to experiences in the social environment, such as self-esteem and mastery beliefs (Gore & Eckenrode, 1996). Sociocontextual factors are those within the environment and consist of social support networks and relationships that encourage and reinforce adaptive efforts. Together, these person-centered and environmentally based factors contribute to resilience by modifying a person's response to the stressor and are frequently categorized as either "risk" or "protective" factors. Risk factors increase the likelihood that an individual will experience a poor overall adjustment or negative outcome (Rutter, 2012). Protective factors moderate the effects of the stressor and enhance adaptation; such factors interrupt, prevent, or cushion against risk (Masten, Monn, & Supkoff, 2011). The likelihood of positive or negative responses to a stressor is a function of the balance of risk and protective factors. Individuals with a preponderance of protective factors are more likely to adapt to the stressor, whereas those with few protective factors are predisposed to maladaptive outcomes (Rutter, 2012).

Resilience and Postpartum Depression

Much of what is known about PPD can be conceptualized within a resilience framework. Stressors associated with the transition to motherhood include cognitive, affective, and behavioral changes. These stressors require a response from the new mother that will either facilitate or hinder maternal role adaptation. Maladaptive outcomes