The Leading Causes and Long-Term Effects of Postpartum Depression

[Name]

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CAUSES AND EFFECTS OF POSTPARTUM DEPRESSION

Abstract

Postpartum depression is a condition which afflicts many mothers and has a complex set of causes and effects. The rate of postpartum depression, though minimal, might be reduced even further if these causes and effects were understood more carefully, and if specific treatments were developed accordingly. Postpartum depression is a serious disorder that women sometimes develop after giving birth. This disorder not only affects the mother, but her child and the people that surround them as well. Recent studies have proven that postpartum depression can be caused by cigarette smoking while pregnant, a lack in vitamin D during pregnancy, and having a baby with a very low birth weight. The research from these studies has helped medical professionals and new mothers better understand some of the major causes of postpartum depression and find new ways to decrease the chances of developing the disorder. Abraham Maslow’s Hierarchy of Needs connects with the research by showing how a person’s basic needs and drives are affected by postpartum depression. Maslow’s hierarchy also shows how postpartum depression can affect the rate at which a person meets those needs and drives. Jean Piaget’s theory of cognitive development is used to demonstrate how postpartum depression affects thoughts and how those thoughts influence negative conduct, attitude, and emotions. Piaget’s theory also demonstrates how postpartum depression in a mother can affect her infant’s cognitive development.
The Leading Causes and Long-term Effects of Postpartum Depression

The main focus of health care providers and pregnant mothers is adequate prenatal care. Efficient postnatal care is just as important for a mother’s health because of the risk of developing postpartum depression. Many adjustments are being made in the postnatal period because it is a time of adapting to a new lifestyle. The health of a new baby is the biggest concern for many people, but the health of a new mother is just as important for many reasons. A new mother who is not in a proper emotional state for more than two weeks after giving birth will most likely struggle in everyday life and develop hindered relationships with friends, family, and her new baby. Expectant mothers are encouraged to take cautious health measures before, during, and after pregnancy. Pregnant mothers are responsible for being steady with their prenatal vitamin intake, and avoiding as many teratogens as possible to ensure healthy physical development of their babies inside and outside of the womb. An expectant mother is also held accountable for doing those things to help preserve her own mental and physical health. The topic of postpartum depression has gained more attention over the last several years, which is important because it affects a variety of people and can have lifelong effects on anyone in its path. Throughout years of research, the leading causes of postpartum depression have been identified as smoking cigarettes before and/or during pregnancy, vitamin D deficiency during pregnancy, and giving birth to a very low birth weight infant which lead to negative cognitive, emotional, and physical development of the mother and baby.

Although many things can lead to postpartum depression symptoms, two researchers came together to investigate the relationship between cigarette smoking along with other prenatal health behaviors and postpartum depression symptoms. Dagher and Shenassa developed a three-year study that centered in on postpartum depression symptoms that were obvious in mothers two-
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932 months post-birth. Six hundred and sixty-two of nine hundred and thirty-two English-speaking women who were 18 years and older agreed to be interviewed 24 hours after delivering a baby at one of the two “birthing” hospitals in the state. The specific age and language characteristics, along with the smoking to nonsmoking status of the participants, was important for maximizing the statistical power of the study (Dagher & Shenassa, 2012). Another interview was conducted using 526 women out of the same group at their homes two-months after birth. The Edinburgh Postnatal Depression Scale (EPDS) was the main tool that was used to evaluate the data collected from the interviews.

Using this scale, the women answered nine of ten questions about how they had been feeling in the past week. The mothers’ responses could fall under four categories spanning from 0 to 3 (Dagher & Shenassa, 2012). This means that the results depicted by the EPDS depended on the mothers’ answers to the questions. The perinatal factors, stress-related factors, considerations of personal elements, and prenatal health behaviors were all recognized as controls and independent variables of the study. The results that were gathered from the two interviews displayed a positive correlation between prenatal smoking and symptoms of depression two months after birth. Scores on the EPDS were 2.34 points higher for the women who had smoked during pregnancy compared to the women who had not participated in smoking while pregnant (Dagher & Shenassa, 2012). The two researchers were content with the outcome of this study because it supported the notion that smoking while pregnant is a feasible cause of postpartum depression.

In response to Dagher and Shenassa’s article “Health behaviors and postpartum depression: is there an association?”, Abraham Maslow’s theory of humanism shows how smoking while pregnant can affect a fetus’s development in and outside of the womb and a mother’s
relationship with her infant after birth. Maslow’s five-stage hierarchy that organizes every human’s basic needs and drives is designed to show what needs must be met at the bottom of the pyramid in order for one to progress to the top. A mother who smokes while pregnant is causing a disruption in meeting her physiological needs found at the very base of the hierarchy, as well as, putting her and her child’s safety at risk found on level two of the pyramid (Berger, 2016). A growing fetus is not receiving proper oxygen supply if the mother smokes. Postpartum depression “affects the mother’s quality of life… and infant emotional and cognitive development” (Dagher & Shenassa, 2012, p. 31). Since this disorder affects the mother’s quality of life, it can create a barricade between the mother and her baby physically and emotionally. For instance, a “newborn’s cry may not compel the mother to carry and nurse her infant” (Berger, 2016, p. 68). Once the baby is born, if the mother continues to smoke the baby suddenly becomes a victim of second-hand smoke. Second-hand smoke is just as detrimental to the child’s health and development.

A second leading cause of postpartum depression has been linked to the increased stress levels a mother experiences from giving birth to a very low birth weight baby. In the beginning, the researchers’ goal was to compare the symptoms of depression detected in mothers that had low birth weight infants (LBW) with mothers that had very low birth weight infants (VLBW). Eventually, the goal of the research was changed to strictly focus on the association of depression symptom levels that mothers of VLBW infants portrayed. The researchers’ hypotheses that increased stress levels result from decreasing birth weight and depression during pregnancy can enhance the risk of a mother giving birth to a VLBW infant were both tested in the study they conducted (Herguner, Annagur, Cicek, Altunhan, & Ors, 2013).

The participants in this study were selected based on age, language, and the amount of times they had given birth. One hundred and five 18-35 year-old women that had only given birth
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to one child and were able to read and interpret the Turkish language were recruited from the Neonatology Outpatient Clinic of Meram Faculty of Medicine. Out of the one hundred and five moms in this study, a total of three groups were created. Each group consisted of 35 participants. Group one was moms with VLBW babies. Group two was moms with LBW babies. Group three consisted of moms with healthy infants. Each woman’s infant was approximately five months of age when the study began. A semi-structured interview was used to discover maternal depression symptoms and the amounts of social support the mothers were receiving. The EPDS, which was used in the previous study and the Multidimensional Scale of Perceived Social Support (MSPSS), were used to evaluate these demographic characteristics. VLBW infant mothers scored the highest on the EPDS and the lowest on the social support scale. These scores were associated with very low birth weight infants. The results that were gathered from the interviews displayed a positive relationship between intense symptoms of distress and mothers that had VLBW babies (Herguner et al., 2013). Prolonged hospital stays and scanty birth weight were the main causes of postnatal depression in mothers of VLBW babies.

Counseling is a great thing for mothers of VLBW infants to consider. Like postpartum depression that is caused from prenatal smoking, depression that develops because of the stress a mother experiences by having a very low birth weight child also causes bonding complications. Unlike healthy babies, these VLBW infants are at a high risk for complications later in life. Two developmental psychologists outline the social and emotional consequences of being stressed from giving birth to an underweight infant. Jean Piaget’s cognitive theory explains how a person’s thoughts can affect beliefs, attitudes, and behaviors over time (Berger, 2016, p. 28). Health status has a big influence on thoughts, and these thoughts influence a person’s actions and emotions. A mother that is depressed because she has given birth to an unhealthy infant can cause major
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interaction issues between the mother and her baby, which results in “insecure attachment...and
lower cognitive scores in healthy term infants” (Herguner et al., 2013, p. 31). Mothers that give
birth to VLBW infants are also affected on three levels of Maslow’s hierarchy. A mother’s natural
need to satisfy her desires and drives are disrupted by an excessive concern for her infant’s ability
to reach these levels as well. This situation comprises stages 2-4 of Maslow’s hierarchy of needs.
Safety and security [level 2] is a mother’s biggest concern for her infant if it has a VLBW. The
postpartum depression that the mother develops from having a VLBW baby makes her feel unable
to give her infant the proper attention it needs, which falls under [level 3] love and belonging.
Lastly, [level 4] esteem, can be hard for a mother to reach if she feels like she is ineffective at
being a new mother (Berger, 2016, p. 33).

Vitamin D deficiency during pregnancy has also intrigued researchers studying postpartum
depression. This curiosity led them to coordinate a study in which tested their hypothesis that
postpartum depression was more likely to be evident in mothers lacking vitamin D during
pregnancy. Vitamin D deficiency during pregnancy is not a rare occurrence (Robinson,
participants that were selected for the two-year study took part in a clinical examination and
questionnaire at approximately 3 days post-delivery. The 796 of 2,900 Caucasian women that
participated in the study were also evaluated by the EPDS just like the participants in the two
previous studies. The women were only asked six questions from the questionnaire and the higher
the scores were, a more negative mood was detected. The questions were mainly about mood and
appetite changes (Robinson et al., 2014). These women also had blood tests done to determine the
concentrations of the vitamin supplement in their bodies. Robinson and fellow researchers found
that low levels of vitamin D had an association with postpartum depression symptoms in the
women three days after giving birth. Through this study, new information was uncovered about vitamin D’s link to depression.

The results of this study proved that the proper consumption of prenatal vitamins, particularly vitamin D, is important for pregnant mothers. Once again, Piaget’s theory on cognitive development coincides with the results of this study. A lack in vitamin D during gestation has been connected to complications in development for offspring. Researchers stated that “...language delay and severe mental illness...” were the most common developmental problems in offspring that were born of mothers that lacked vitamin D (Robinson et al., 2014, p. 217). This information shows how vitamin D sufficiency is important in order for a child to successfully go through Piaget’s preoperational stage of development; the time where using language is crucial (Berger, 2016). While studying this supplement’s effect on the brain, researchers also concluded that a sufficient amount of vitamin D can shape neurotransmitter function in the brain to protect against the development of postpartum depression or any other form of depression (Robinson et al., 2014). The first level of meeting physiological needs on Maslow’s hierarchy also relates to the research conducted in this study (Berger, 2016). Although vitamin D is “…found naturally in foods...,” the main source comes from being exposed to the sun (Robinson et al., 2014, p. 213). Mothers that live in the colder regions of the world are not subjected to a proper amount of sunlight like mothers who live in warmer regions of the world. The need for vitamin D rich foods and sunlight exposure is important for the mental health of pregnant mothers and the growth and development of fetuses.

Ultimately, postpartum depression is linked to smoking cigarettes while pregnant, giving birth to a very low birth weight infant, and lacking in the important prenatal supplement, vitamin D. Both Maslow and Piaget’s theories illuminate the effects postpartum depression directly has on a mother, her infant, and potentially the people around them. Postpartum depression can develop
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if a mother does not meet her basic needs and drives. Once the disorder has developed, it can prevent a mother and her infant from meeting their basic needs and drives. Postpartum depression also negatively affects certain aspects of cognition in both mother and child. Women who are pregnant or plan to become pregnant should be encouraged to take health precautions, establish a stable social support system, and seek appropriate medical care in order to minimize the chances of developing postpartum depression.
References


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**A/E**

Affect/Effect:
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