

Postpartum Depression in Adolescent Mothers and the  
Developmental Impact on Their Babies

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**ABSTRACT**

Postpartum depression in adolescent mothers is a serious health crisis. The detrimental effects are not only limited to the mother; her child is at risk of this disorder interfering with normal development. Medical personnel must routinely screen all young mothers to assess their risk of developing postpartum depression. With early interventions, utilizing both medical and non-medical strategies, postpartum depression can be diagnosed and treated. As a result, the negative effects to both mother and child can be minimized or eliminated completely. As long as there are teenagers, society will have to deal with unplanned pregnancies. However, current trends suggest that there is progress with regard to preventing teen pregnancy.

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## **Postpartum Depression in Adolescent Mothers and the Developmental Impact on Their Babies**

Adolescence, for some, is the carefree stage in life before adulthood. However, it is viewed by most as a time of rapid change, instability, and confusion. With the inception of puberty, which can begin as early as 8 years old for some girls, hormones signal changes in the body including breast development and menstruation (Planned Parenthood, 2010). Sexual feelings are awakened and the adolescent can find herself in great biological and psychological turmoil. While the body is quickly maturing physically and sexually, achieving emotional maturity is a longer process (Planned Parenthood, 2010). This disparity is why teen behavior often results in unplanned pregnancy. The body is saying “yes” I am ready but the mind is far from prepared to handle the complications associated with adolescent sexual activity. Consequently, it is no surprise that these ill-equipped young girls develop serious problems as a result of their poor choices. Sadly, the young mothers are not the only ones to be negatively affected; their babies suffer as well (APA, 2010).

### **Prevalence of Teen Pregnancy**

Adolescent mothers between the ages of 15-19 account for almost 750,000 pregnancies each year in the United States (Guttmacher Institute, 2010). Depressive symptoms are present in as many as 48% of adolescent mothers compared to only 13% in adult mothers (Clemmens, 2002). On the basis of these grim statistics, adolescent mothers are at high-risk category for postpartum depression (CDC, 2008).

### **The Effects of PPD on Young Mothers**

It is fairly common for a new mother to experience the “baby blues”. Feeling stressed, sad, anxious, lonely, tired, or weepy are all emotions associated with the “baby blues”. A few new mothers, however, suffer from a very rare disorder known as postpartum psychosis. A mother suffering from postpartum psychosis may experience delusions or hallucinations (APA, 2010). The focus of this literature review is postpartum depression, described as moderate in severity falling between these two extremes (APA, 2010).

The American Psychological Association (2010) defines postpartum depression (PPD) as “a serious mental health problem characterized by a prolonged period of emotional disturbance, occurring at a time of major life change and increased responsibilities in the care of a newborn infant”. This is an acute disorder and should not be taken lightly by medical professionals or the patients they treat.

Some of the risk factors for PPD are physiological as well as psychological in nature. A fluctuation in hormone levels, a personal history of depression or

anxiety, and family history of depression or mental illness can all contribute to PPD. However, many of the risk factors fall into the purely psychological or social domains. Stress as a result of caring for a newborn, major life changes, and the infant's disposition and/or health issues are all factors that can increase the likelihood a young mother may experience postpartum depression (APA, 2010). There are unique challenges that an adolescent mother must handle. Low socioeconomic status, family conflict, fewer social supports, low self-esteem, isolation, and lack of interest from the baby's father all can play a role in making this life transition a difficult one for an adolescent mother (Reid & Meadows-Oliver, 2007). Additionally, these young girls are thrust into the adult world without many of the tools to succeed. One of the most important is education. Parenthood is a leading cause of school drop out among teen girls (The National Campaign to Prevent Teen Pregnancy, 2010). Without so much as a high school education, many of these young mothers and their babies are condemned to a life of poverty. These serious issues converge to make the adolescent mother vulnerable to stress-related problems, anxiety, and depression.

Teen pregnancy and postpartum depression represent a genuine health crisis. Symptoms of postpartum depression can be debilitating. Although individual warning signs vary, many new mothers experience loss of interest, changes in eating habits, anxiety, racing thoughts, guilt, feelings of worthlessness, mood swings, sadness, sleep disturbances, difficulty concentrating, self blame, and fear (APA, 2010). To illustrate how pervasive postpartum depression can be, one study reported that 59% of the young mothers still struggled with depressive symptoms when their child was three years old. Another study found that adolescent mothers experienced frequent bouts of sadness up until their child went to first grade (Troutman & Cutrona, 1990). Without question, the decision to become sexually active for the adolescent mother carries quite a heavy burden.

Postpartum depression steals the joy and much more from an experience that should be one of the best in a woman's life. However, we are not talking about women; these young girls are still children themselves and many are totally unprepared to meet their own needs or the needs of their newborn infant. When compared to older mothers, young mothers are more likely to experience PPD resulting in less maternal warmth, sensitivity, and responsiveness. In addition, adolescent mothers suffering from PPD are less verbal with their child, which can affect how young mothers relate to their infants (Lanzi, Bert, & Jacobs, 2009). The reality for these girls and their babies is far from the world of illusion outlined by D.W. Winnicott. It was his belief that the perfect state perceived by the child lays the foundation for a competent individual (Winnicott, 1995). A good start is critical; otherwise the chances of a child having a good and successful life are decreased considerably.

### **The Effects of PPD on Children**

Unfortunately, children whose mothers suffered from PPD endure many detrimental effects. They can be withdrawn, irritable, and inconsolable. They experience problems in cognitive, social, and emotional development. There is evidence of behavioral problems, anxiety disorders, and depression (APA, 2010). Researchers have also uncovered an association between postpartum depression and insecure mother-child attachment (McMahon, Barnett, & Kowalenko, 2006).

According to Bowlby and Ainsworth achieving secure attachment is vitally important for an infant at present because the child uses the attachment figure as a secure base from which he or she can explore, learn, and grow. Later, as a result of insecure attachment, it can be extremely disruptive to the child when dealing with intimacy and trying to establish lasting relationships. Consequently, this deficit in development can last throughout his or her lifetime (Bretherton, 1992).

### **Encouraging Facts Regarding PPD**

Although the statistics are distressing and the negative impact is devastating, all is not lost. The American Psychological Association clearly states that “postpartum depression is a real, but treatable, psychological disorder” (APA, 2010). Medical professionals must routinely screen pregnant adolescents in order to determine their risk for postpartum depression (Secco et al., 2007). There is an urgent need for early identification of PPD in adolescent mothers along with therapeutic and preventive interventions (Righetti-Veltima, Bousquet, & Manzano, 2003). To aid doctors in diagnosis of postpartum depression, researchers have reported that the Edinburgh Postnatal Depression Scale (EPDS) is the best screening tool for postpartum depression in adolescent mothers; nevertheless, this is a preliminary step and there is much more work that needs to be done (Logsdon & Myers, 2010). Awareness must be raised so medical professionals can recognize the risk factors and symptoms in order to take immediate action.

In addition to medical or psychological interventions, the American Psychological Association suggests some non-medical strategies that can help these young mothers cope on a day-to-day basis. Experts stress the importance of not trying to face PPD alone. Their suggestions include urging new mothers to talk to friends and family about their feelings, join a support group for mothers, or ask for help caring for the baby. Additional helpful hints that have proved to be beneficial consist of making sure to get adequate sleep, adding exercise to your daily routine, and eliminating many unimportant tasks and responsibilities (APA, 2010).

It is important to know that postpartum depression will not go away on its own. With so much at stake for both mother and child, it is imperative to get

an accurate diagnosis and treatment without delay. With early intervention, many of the detrimental effects can be minimized or even eliminated.

### **An Optimistic Future**

As long as there are teenagers with raging hormones, society will be dealing with this cycle of children having children. Although the overall rate of teen pregnancy is constantly fluctuating, in January 2010, statistical trends show a slight improvement with regard to teen pregnancy. Many teens are waiting longer to become sexually active than ever before. When teens do decide to engage in sexual activity, access to contraception and contraception use is increasing. Also, teen mothers are more likely to complete their high school education or obtain their GED than in the past (Guttmacher, 2010).

In the future, doctors, nurses, social workers, and parents hope that the positive progress will continue. For now, society must not be so quick to judge these young girls harshly for making a mistake. It is essential that personal feelings are put aside so families, communities, and society as a whole can provide the love and support these young girls so desperately need; their lives and the lives of their babies depend on it!

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