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Omtalelse av Anne Grete Hersoug

Depressive symptoms in the transition to parenthood: Patterns, processes and child outcomes

Post partum depression has traditionally been associated with the postnatal period. Therefore, the most surprising finding in this study was that so many became depressed already before the birth and during pregnancy. Studies have traditionally focused on postpartum women. More recently, as the pregnancy phase and fathers' mental health have been included in research, new findings have been made, and this dissertation is an important contribution.

What was investigated?

The main goal was to provide a more detailed understanding of how depressive symptoms unfold during the entire perinatal period for mothers and

fathers, and how this relates to child outcomes. We know that depressive states in the transition to parenthood is not only detrimental to the mental health of parents. It can also have profound effects on the caretaking environment for the newborn

child. Early parental depression adds to the child's risk of developing a wide range of social, emotional and cognitive problems. The study explored the heterogeneity of perinatal depressive symptoms among women; the dynamic transmission of depressive symptoms within parental couples throughout the perinatal events of pregnancy, childbirth and early parenthood; and how child outcomes are related to parental depressive symptoms while in the womb and the first 18 months of their lives.

Who participated

The data for the thesis were from the prospective, multisite study *Little in Norway* (LiN) and comprise nine data collection waves from before birth up to 18 months after the children were born. 1,036 families were recruited at nine different well-baby clinics located at geographically diverse sites across Norway.

How was the study carried out

The first study explored whether depressive symptoms in the perinatal period could be categorized into distinct developments of symptom among subgroups of women.

The second study explored the fathers' depressive symptoms throughout the perinatal period, and reciprocal relations in depressive symptomology between partners. It was expected that couples with insecure adult attachment styles would be more prone to transmission of negative mood states.

The third study investigated the children's social, emotional, cognitive and language outcomes of parental depressive symptoms. Parenting stress when the children were 12 months old was also explored as a mediator of adverse child outcomes at 18 months of age.

What were the findings

Approximately 4 % of the mothers had depressions during pregnancy, and 2 % had post partum depressions – which gradually got better during the child's first year of life. Most common were moderate depressions throughout the period, from preg-

nancy up to 18 months after birth (10 % of the mothers in the study). The study indicates that depression may be «transferred» between partners, from mothers to fathers, who are vulnerable: if the mother had depressive symptoms before the birth, the occurrence among fathers increased 6 weeks after birth, regardless of attachment status.

Partners who were not secure about their relationship, were more prone to develop post partum depression than partners with secure, stable relationships. Furthermore, parenting stress mediated most relations between parental depressive symptoms and child outcomes. The results indicated that parental perinatal depressive symptoms predicted child social-emotional functioning, particularly externalizing, internalizing, and dysregulation problems, and language developmental delay at 18 months.

Conclusions

The findings identified four distinct classes of depressive symptom courses and related these to specific predictors. The detailed investigation into patterns, processes and child outcomes related to depressive symptoms have provided useful knowledge; particularly regarding our understanding of how depressive symptoms unfold during pregnancy, childbirth and afterwards.

Implications

The findings have several clinical implications; the importance of including prevention, assessment and treatment efforts of depressive symptoms as early as the pregnancy phase.

Working to prevent symptom development in the initially unaffected parent is especially important considering newborns' need for emotional availability of their caretakers.

Clinicians need to be aware of new fathers' vulnerabilities and needs in instances of maternal depressive states in the time around birth, and direct preventive and treatment efforts to both parents. Specific attention should be directed to identify parents susceptible for the development of persisting depressive problems.

References

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Paper I

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Paper II

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Paper III

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