



## THE INFLUENCE OF POSTPARTUM DEPRESSION ON INFANT BEHAVIOR

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**Abstract:** Postpartum depression can reach up to 15% of pregnant women in developed countries, 25% in underdeveloped countries and up to 40% throughout the perinatal period. Depressive mothers interact less with their children, they show less love and affection, and this may have an impact on the lives of these infants in the future. Babies who lived in this context had problems with language acquisition, cognitive impairment, delay in achieving developmental milestones, attachment insecure, low self-esteem. It is essential that the diagnosis of depression be made as early as possible so that therapeutic and preventive measures are implemented in a timely manner in order to provide healthy child growth and ensure the good mental health of these mothers.

**Keywords:** Postpartum depression; childish behaviour; mother-child relationship; diagnosis; pharmacological treatment; combination therapy;

### Introduction

Postpartum depression is an emotional disorder that can affect up to 15% of women in developed countries and 25% in underdeveloped countries and can reach up to 40% throughout the perinatal period. Evidence shows that pathology affects not only the mother but also can bring suffering to all who is around her, especially in children, bringing immediate and future consequences (Lee et al., 2006, Guyon-Harris et al., 2016; et al., 2017).

Although the etiology of postpartum depression is uncertain, it is believed to be influenced by hormonal changes in the puerperium period, but there is evidence that it is of

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multifactorial origin. It can presents as risk factors: Conflicting conjugal relationship, abandonment by partner, low schooling and stressful life events, lack of help in baby care, unwanted pregnancy, teenage pregnancy, low socioeconomic level, low birth weight, lack of breast milk. The classification of postpartum depression (PPD) as the temporality of the onset of symptoms is still controversial. Some of them delimit the maximum period of up to 4 weeks after childbirth, and others until the end of the first year after the birth of the newborn (Guers et al., 2011; Kersten-Alvares et al., 2012; Guyon-Harris et al. ., 2016).

Maternal depression is characterized by the presence of at least 4 of the following criteria: Alteration of sleep pattern, weight loss, indisposition, agitation or slowing of attitudes, guilt, decreased concentration and low self-esteem (Rode and Kiel, 2016).

## **Debate**

The child suffers influence from the environment and the people around him, the mother being his great reference model of how to act and behave in the circumstances of life. It is through the way the mother relates to the child that the child learns to deal with the world and it is through interaction with the mother that the child develops his / her cognitive, linguistic and emotional skills (Carlesso; Souza; Morais, 2014).

Postpartum depression can result in children with emotional imbalance, difficulty in building affective bonds, aggression or shyness due to a relationship of insecurity, distant and not very affective. It also leads to a low self-esteem, thus developing a negative perception of self and love-deserving (Kersten-Alvarez et al., 2012).

Daughters of mothers with postpartum depression had lower cognitive performance at the end of a 2-year follow-up compared to the control population and greater behavioral-emotional difficulties (greater sadness, irritability, hyperactivity, inattention, less sociability) in the children of mothers young adults, who were dissatisfied with marriage and had less parental involvement in child care, as well as delayed developmental milestones (communicative, fine motor skills, social empathy, and overcoming obstacles) from 14 to 26 months of age, (Roth et al., 2005) and in the absence of other factors, such as the presence of maternal-fetal attachment during gestation, or of postpartum avoidant and / or depressive behavior (Suthier-Dallay et al., 2011; 2015).

The children of depressed mothers had a lower school adjustment, characterized by lower self-resilience and greater social isolation in both sexes, as well as a lower vocabulary wealth and lower externalization in the female children compared to the sample population (Kersten-Alvarez et al., 2012).

## **Treatment**

Most worrying is the fact that few women are diagnosed and treated, which is inconceivable, as it is not only a debilitating disease that can hardly be resolved without adequate therapeutic intervention, but such methods are readily available in society on today (Horwitz et al., 2009).

Among the main treatment options we have psychotherapy and physical activity practice, these being, low cost practices, without contraindications and therefore of greater adherence by the mothers affected by depression. Allied to this, and even more effective, we have pharmacological therapy with the use of oral antidepressives, but because it is not known the possible adverse effects that such medicines can bring to infants, this becomes a not very safe option and fearful by many mothers in breastfeeding and even by some professionals. Among the possible adverse effects of such drugs in infants we have: irritability, drowsiness and low weight gain in the baby, however through studies it has been seen that there are less harmful options such as sertraline, followed by paroxetine and nortriptyline, bringing an improvement of symptoms within of 12 weeks. Among the most harmful, we have citalopram and fluoxetine (Ibiapina et al., 2009).

It is important to emphasize the importance of the professionals to direct their attention to the complaints of these mothers, without trivializing them, involving them with positive thoughts in the attempt to reduce their anguish of childbirth, increasing maternal-fetal attachment and; when it deems necessary, to request support from specialized mental health professionals (Lima et al., 2017).

Family support, as well as being very welcome, serves as a real mitigating factor for the physical and emotional withdrawal of depressed mothers through the promotion of the care and cherishing needed at this early point in infants' lives. Sons of depressed mothers who spent more time in the care of other family members or in daycare had less internalization or

externalization behavioral problems, thus supporting parental and social support as protectors of the negative effects of maternal care (Lee et al. 2016).

## Final considerations

Consideration should be given to the importance of implementing preventive practices in the mother-child relationship, as it brings positive results: greater stability of maternal sensitivity and safe attachment, reflecting a healthy development of the child. For example, we have family psychotherapy, providing the monitoring of the mental health of parents and babies that are inserted in the context of postpartum depression (Stein et al., 2007).

More studies are needed to increase knowledge about the effects of depression-postpartum on the mother-child relationship by elucidating which behavioral changes are raised around the disease. Knowing that postpartum depression is a public health issue that needs to be investigated and known by society.

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