

Stress and Depression in Parents of Preterm Infants: Literature Review

Destiny Bell

Lakeview College of Nursing

Dr. Ariel Wright

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Stress and depression are just two things commonly found among parents following the birth of a new child. It is crucial to conduct screenings on the mothers of newborn infants to assess their well-being and check for post-partum depression. However, we need to start including the fathers of new infants in the depression questionnaires as well. Studies conducted have shown an increase in the number of parents screening positive for post-traumatic stress and depression symptoms following the preterm birth of their child. The purpose of this literature review is to bring attention to the rising prevalence of depression in parents and to shed light on how the nursing community can assist them in the prevention or management of their stress.

Maternal Post-Traumatic Stress and Depression Symptoms and Outcomes After A NICU

Discharge in A Low-Income Sample: A Cross-Sectional Study

Preterm birth is one of the leading factors contributing to infant morbidity and mortality around the world. The parents of preterm babies face many economic, psychosocial, and emotional impacts alongside the morbidities their infant faces. Many studies have been conducted on the mothers of newborns born preterm and full-term, evaluating the mental and emotional health challenges that can present from birth up to the first years following discharge from the neonatal intensive care unit. One study found that nearly 19% of women have depression symptoms with around 7.1% of mothers have a major depressive episode. The prevalence rate of depression in mothers of nicu babies ranges from 28% to 40% (Gateau et al., 2021). In this study they included one caregiver of an infant born prematurely to answer a 150-

item questionnaire asking them about life after their discharge from the NICU (Gateau et al., 2021).

Key Points

The study conducted by Gateau et al. consisted of one hundred and sixty-nine participants. However, only 150 recruited parents, with only 9 participants being fathers, completed the Perinatal Posttraumatic Stress Disorder Questionnaire (PPQ) and the Patient Health Questionnaire 2 (PHQ-2). The results of the screenings shown that nearly 34% screened positive for the PHQ-2 and 33% for the PPQ (Gateau et al., 2021). The positive PPQ and PHQ-2 screenings were found to contribute to an individual's quality of life. Studies show that Hispanic and African American women have higher chances of postpartum depression due to having little support at home (Gateau et al., 2021). It was also found that nearly a third of the participants had positive screenings for post-traumatic stress disorder (Gateau et al., 2021).

Assumptions

Gateau et al. state, "this study reinforces the need to screen NICU mothers for PTSD and depression." In addition, the authors stress the importance of creating new evaluations to target the population that is the most vulnerable and could possibly benefit from targeting resources and interventions, such as cognitive-behavioral therapy (Gateau et al., 2021). Some treatment interventions have been found to reduce an individual's trauma symptoms and depression, stating that nursing institutions should implement screening programs for maternal stress and depression (Gateau et al., 2021).

Deficit/Conclusion

In conclusion, I would have to agree with the authors' statement that nursing institutions need to implement screening programs for maternal stress and depression. By implementing these screenings, we could create a care plan to assist the mother with her mental health and depression. One example Gateau et al. gave of care a nurse could provide to NICU mothers is telehealth mental health care services. However, implications that could arise are adverse changes in infant development scores and maternal quality of life scores (Gateau et al., 2021). If nursing fails to accept this line of reasoning, we should expect the number of mothers with depression to keep rising.

Postpartum Depression on the Neonatal Intensive Care Unit: Current Perspectives

Postpartum depression (PPD) is one of the most common health problems affecting women after childbirth. The Centers for Disease Control and Prevention has estimated that nearly 15% of mothers meet the criteria for a diagnosis of PPD in the United States. PPD often goes undiagnosed and untreated posing risks of increased morbidity. The population of individuals experiencing or diagnosed with PPD requires specific attention to help address and improve the identification of individuals with PPD and how to better improve treatments available for postpartum depression (Tahirkheli et al., 2014).

Key Points

Tahirkheli et al. conducted a literature search to identify articles on PPD prevalence in the NICU setting. Thirty-eight studies were included in their literature review, with most of the studies focusing on PPD in mothers of infants in the NICU for reasons including preterm birth and low birth weight. The mothers of NICU babies are at a higher risk for relationship difficulties and financial and family stress. It has been estimated that nearly 40% of mothers of

preterm infants are more likely to develop PPD. However, mothers are not alone, as fathers tend to have the same experiences. A study was conducted with 35 fathers of infants in the NICU, and it was found that nearly 60% shown depression symptoms (Tahirkheli et al., 2014).

Assumptions

Multiple studies have been conducted focusing on the intervention and prevention of PPD in the NICU setting. Tahirkheli et al. state, "The optimal treatment plan for any mother with PPD involves a coordinated disciplinary team and a holistic, family-centered approach." Some evidence-based treatment options mentioned include the use of antidepressant medications and therapy or counseling. Tahirkheli et al. also state that it could be beneficial to provide teachings to the parents during a NICU admission to reduce stress levels and feelings of hopelessness. Another intervention for PPD that was mentioned was suggesting to the mothers to start writing in a journal. The mothers who participated in journal writing showed a decrease in their depression levels over time. Furthermore, the authors state that there is a great need for routine screening procedures in the Nicu setting and that the nursing staff needs to be educated on how to identify mothers at risk for PPD (Tahirkheli et al., 2014).

Deficit/Conclusion

In conclusion, I would have to agree with the authors that more routine screenings should be implemented in the NICU setting to assess for depressive symptoms. I would also have to agree with their statement that the nursing staff should be trained on adequately identifying and noticing depressive symptoms and those at risk of developing PPD. By implementing more routine screenings and identifying those at high risk for PPD, we could start taking action to

lessen their depressive symptoms, such as suggesting therapies and journal writing like Tahirkheli et al. suggests in the article.

Social Emotional Factors Increase Risk of Postpartum Depression in Mothers of Preterm Infants

Postpartum depression (PPD) is a common complication of childbirth, affecting nearly 15% of women within the first three months following delivery. However, mothers of preterm infants have nearly twice the PPD rates, with about 28% to 40% of women being affected. Postpartum depression tends to have adverse effects on maternal and infant relationships. Preterm babies are at an increased risk for developmental issues due to being born premature and being vulnerable to their mother's mental health (Hawes et al., 2016).

Key Points

Hawes et al. conducted a study on the mothers of preterm infants focusing on their mental health, perceptions of readiness at the time of discharge from the NICU, and social risk factors with depressive symptoms one month after being discharged. The participants in the study were part of a large support group or study known as the Transition Home Program [THP], and all preterm infants who were hospitalized in the Nicu for more than five days and were residents of Rhode Island were eligible for enrollment. Families in THP received additional educational handouts that provided information on infant safety, infection control, and resources available in the Community. Maternal depression risks were assessed one month after discharge from the NICU using the Edinburgh Postnatal Depression Scale (EPDS). It was found that one-hundred forty women (20%) had EPDS scores greater than 10, indicating possible depression with

varying severity, and 63 (9%) had scores greater than 14, indicating probable depression (Hawes et al., 2016).

Assumptions

Several risk factors for PPD have been identified and categorized as physical/biological, pediatric, obstetric, psychological, sociodemographic, and cultural. The findings in the study support that psychological factors and social risk factors contribute to the development of PPD. Hawes et al. state that family and partner factors play a crucial role in maternal mood states, going on to state that in a recent study, 58% of the women with EPDS ≥ 10 were not married. Hawes et al. suggest that we introduce comprehensive transition home assessments and interventions to reduce anxiety and bolster maternal mental health, confidence, and readiness, along with post discharge assessment are needed to identify, treat, and support mothers of preterm infants (Hawes et al., 2016).

Deficit/Conclusion

In conclusion, I agree with Hawes et al. that we need to implement assessments to help with the transition home from the NICU to help relieve any stress and anxiety around it. It is essential that we introduce new assessments to check maternal mental health to help prevent and treat PPD as soon as possible. However, we need to introduce assessments that also assess the father's mental health as it can also play a vital role in the infant's development.

Conclusion

The nursing community needs to introduce new assessments and teachings to assess for postpartum depression before discharge. By introducing teachings to the staff, we can quickly identify those at high risk for developing PPD and begin preventive measures to control their

depression symptoms. Each article stated that we need to introduce new assessments, and I would have to agree. Implementing new assessments would benefit the healthcare community by identifying those at risk and would also benefit maternal-infant relationships.

References

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