Literature Review

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One crucial and well-researched topic in academia is the effect of maternal depression on children's emotional and social growth. Particularly concerning are the impacts of paternal depression on the social and emotional growth of children. Postpartum depression is a disorder that affects women after labor and can last up to a year. The influence of maternal depression on the development of young children has not received as much attention, despite several research focusing on the consequences of parental stress on disruptive behavior in school-aged children. To close this gap, research by many authors, including Junge et al. (2017), looked into the relationship between perinatal mother depression and young children's social-emotional development. To comprehend the impacts of prenatal stress on children's social-emotional development, this literature review will critically assess several pieces of literature. The study will finally present proof of the significance of a mother's psychological well-being in the growth of preschoolers and the necessity of care for mothers who experience prenatal depression.

In a two-year study, Junge et al. (2017) evaluated the consequences of prenatal anxiety on a child’s social-emotional growth. The authors' longitudinal population research subject was one thousand two hundred thirty-five females that delivered at the Norwegian hospital Akershus University Hospital. The EPDS was employed in the research to evaluate maternal depressed symptoms at three intervals: 32 weeks of pregnancy, eight weeks after delivery, and two years afterward (Junge et al., 2017). The child's social-emotional growth was evaluated at age two utilizing the Ages and Stages Questionnaire: Social-Emotional (ASQ: SE). According to the study's findings, maternal depression at 32 weeks gestation and eight weeks after delivery was significantly correlated with social-emotional issues in the child at age 2 (Junge et al., 2017). The scientists concluded that prenatal and postnatal depression have separate, detrimental effects on children's social and emotional development. The research has significant restrictions, though,

which should be considered. First, the study's minimal sample size may have limited how far the findings may be applied. Also, the study did not consider other elements like parental practices, which might affect how children develop socially and emotionally. Future studies should consider these elements to build a more thorough knowledge of how maternal depression affects children's development.

By examining the effects of untreated mother psychological distress throughout the postnatal period on a child's language and behavioral maturation till age 7, Bell et al. (2019) present a significant addition to Junge et al.'s (2017) research. According to the study, children of mothers who received depression treatment up until age five fared better than those whose offspring did not, with clinically symptomatic and treated distress and self-reported prenatal emotional stress negatively affecting child behavioral development. However, the children's linguistic development had little or no differences.

Bell et al.'s (2019) findings confirm and add to those of Junge et al.'s (2017) research, offering more proof of the long-term impacts of untreated mother psychological distress on a child's development. It recommends implementing therapy for mother as soon as possible to prevent long-term consequences on children. The results of Bell et al. (2019) also imply that current therapies for postpartum depressive symptoms may not be beneficial in symptom relief for women over the long run or in enhancing child outcomes.

In the UK, Netsi et al. (2018) conducted an observational study to evaluate the association between various levels of PND intensity and persistence and long-term child outcomes. According to the findings, women with chronic PND had higher emotional symptoms up to 11 years after giving birth than women whose PND was not persistent or did not score over the EPDS cutoff. The probability of child behavior disruption was also increased for all three

severity levels of PND. Mothers with recurrent severe PND had odds ratios of 4.84, 2.65, and 7.44 for behavioral issues at age 3.5, worse maths test scores at age 16, and a greater frequency of depression at age 18 (Netsi et al., 2018). The outcomes of the assessment are in accordance with those of Junge et al. (2017), who conducted a longitudinal population study in Norway to determine if mother depression at various stages throughout the perinatal period influences children's social-emotional development at age 2. Both studies show that prolonged, severe PND harms a child's social-emotional growth.

Although both studies show how mother depression during pregnancy harms a child's results, they are not identical. For instance the follow-up time by Netsi et al. was longer (up to 11 years) than that used by Junge et al. (until 2 years). Although Junge et al. only examined social-emotional issues, Netsi et al. assessed the impacts of PND. This research critically implies that maternal depression has a detrimental influence on kids' development. The results of Netsi et al. also indicate that PND severity and persistence are linked to a higher likelihood of unfavorable outcomes, notably in behavioral issues and depression. The findings from both studies highlight the significance of detecting and treating maternal depression during the prenatal period to lower the likelihood of negative consequences in offspring.

Cummings and Davies (1994) examined how maternal depression affected a child's development. The authors talk about how common maternal depression is, how it affects children’s emotional and cognitive growth, and what might affect how depression affects children. Data from both clinical and population-based research are used to examine how mother depression affects children. The authors begin by discussing maternal depression's prevalence and how it is commonly misdiagnosed since women are typically hesitant to seek care. They also talk about how different cultural perspectives on depression might make it difficult to identify

maternal depression. The authors go on to discuss the repercussions of maternal anxiety on children, learning that they may struggle with emotional and cognitive difficulties. Issues may arise such as increased anxiety, stress, psychosocial problems, and poor academic performance, than children of individuals who are not depressed. The topic of potential variables that might affect how maternal depression affects children is also covered. These factors include the mother's parenting style, the child's gender, age, and the degree and nature of the mother's depression. The authors point out that the child's age plays a significant role because younger children are more susceptible to the effects of distress than older children. Finally, the scholars discuss various treatments for maternal depression, such as family therapy, group therapy, and individual psychotherapy. They stress the value of early detection and intervention to lessen the effects of a mother's depression on children.

The authors offer a thorough analysis of the research on depressive symptomatology and its effects on a child's development. The article is well-cited, and the authors support their findings with empirical and clinical studies. They offer a fair analysis of maternal depression, its potential effects on children, and possible interventions that could lessen these effects. The article provides a significant starting point for future investigation into how maternal depression affects a child's development.

Closa-Monasterolo et al. (2017) investigated the effect of PPD and current mental health problems in the mother on the child's behavior at age eight using a supplemental data analysis from the EU-Childhood Obesity Study. They discovered that maternal postpartum depression and ongoing mental health issues significantly influence their children’s psychosocial development at age eight (Closa-Monasterolo et al., 2017). The researchers discovered that children with the most significant psychiatric problems were those whose parents had both PPD

and CMP, followed by mothers with either CMP or only PPD. The expanding amount of research on PPD's impact on infant development is augmented by this study. Prior studies have revealed that maternal PPD is linked to several adverse effects for the child, including a higher chance of enduring psychiatric and behavioral problems in the future. Furthermore, research has shown that PPD is linked to worse parenting behaviors, including less attentiveness, elevated detrimental effects, and inconsistent punishment.

In their 2013 study, Lucci and Otta wanted to determine how postpartum depression affects a child's first year. PPD, a prevalent mental health condition that affects women after giving birth, is characterized by emotions of melancholy, worry, and exhaustion (Lucci & Otta, 2013). According to the EPDS, the occurrence of PPD was reported to be 30.3% at four months, 26.4% at eight months, and 25.0% at twelve months. The study demonstrated that two interactional indicators at four months, two motor indicators at eight months, and one gross motor indication at twelve months all showed developmental abnormalities in newborns of women with PPD. After 12 months, however, the infants of women with PPD performed better on one fine motor and two verbal tasks. It implies that the repercussion of maternal depression on a child’s development may depend on both external and internal variables affecting the parent and offspring.

The study's results align with previously published research on how PPD affects a child's development. For instance, research by O'Hara et al. (2009) discovered a connection between maternal depression and newborn’s delayed mental and motor development and higher stress in the mother-infant interaction. The development of infants whose mothers had PPD was observed to be delayed in comparison to infants whose moms did not have PPD. The impacts of PPD on other aspects of toddler growth, such as cognitive or emotional development or neonatal growth

during the first year of life, were not examined in the research. The study looked at the effects of many factors on the growth of infants of PPD mothers, such as the involvement of the father in the child's life or the the home environment. An in-depth investigation is required to understand how PPD affects a child's development and to look at the impacts of other variables such as the participation of the child's father and the kind of family setting.

The literature review has demonstrated that postpartum depression has a significant impact on children's psychological and social growth. Studies by Junge et al. (2017) and Bell et al. (2019) found a difference between prenatal and postnatal anxiety's impact on children's social-emotional maturation. According to studies by Netsi et al., persistent and severe depression also raises the likelihood of childhood behavioral problems (2018). Similar studies by Cummings and Davies (1994) and Closa-Monasterolo et al. (2017) support the idea that maternal depression may have long-term effects on a child's development, leading to higher levels of anxiety, depression, and behavioral issues as well as lower academic achievement and postponed developmental milestones. Last but not least, Lucci and Otta (2013) discovered that infants of postpartum depressed mothers experienced cognitive deficits at four months, two motor indicators at eight months, and one gross motor indication at twelve months.

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