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# Maternal Postnatal Depressive Symptoms and Its Effects on Infant Bonding

Tammy Nguyen



## Abstract

**Objective:** To gain insight on precipitating factors that increase postpartum (PP) mother's depressive symptoms, including stress and anxiety, and how attachment is influenced.

**Background:** Maternal-infant bonding is defined as the emotional relationship and interaction between mother and infant. Postnatal depressive symptoms typically are under-diagnosed due to a lack of education and the stigma of believing that the effects are "normal" consequences of motherhood. High expectations of needing to be a perfect mother or not meeting certain goals for their child's care can make mothers feel unaccomplished, increase stress and frustration, lead to parental burnout, and in severe cases, resentment towards their infant. Mothers who struggle to meet their infant's needs, such as feeding, diaper changes, or sleeping arrangements may encounter negative infant reactivity emotions, which only deepens their depression.

## Literature Review

### Category 1: Maternal Risk Factors for Impaired Maternal-Infant Bonding and Attachment

Motherhood can influence emotional, social, and physical outcomes. Mothers with expectations of maternal-infant bonding and attachment before birth have reported unmet expectations during the postpartum period. At risk are mothers with postpartum depressive symptoms include unplanned pregnancy, young maternal age, low education, low income, ethnic minorities, and history of psychopathology.

*(Biaggi et al, 2021 & Rizzo et al, 2020)*

### Category 2: Impact of Infant's Temperament and Maternal Postpartum Experience

Temperaments are influenced by sought, self-regulation, and how their situations affect one's reactivity. Lower bonding quality is related to maternal depressive or anxiety symptoms. Infants who are frequently irritable and inconsolable have decreased opportunities to enjoy bonding activities and interactions in early bonding.

*(Bridgett et al, 2016 & Tolvanen et al, 2016)*

### Category 3: Interventions to Improve Mother-Infant Dyad

The major findings were that nurse-led home visits have more positive effects than the control group that only had video recordings of maternal-infant interactions. Mothers from the treatment group reported feeling the study was a source of support and benefitted from the nurse home visits. While providing care to any mother, the most important is to use one's active listening skills and show empathy, which this study provided to their participants ensuring that they were heard and cared for in a safe environment.

*(Desai et al, 2016 & Gregory et al, 2013)*

## Research Question

**In women's experience of motherhood, what effects do maternal postnatal depressive symptoms, including stress and anxiety, have on infant bonding within the first year of life compared to mothers that do not report any symptoms?**

## Proposal for Further Research

### Participants

n=200, pregnant women in the United States

### Materials

- Perinatal Anxiety Screening Scale (PASS)
- Edinburgh Postnatal Depression Scale (EPDS)
- Infant Behavior Questionnaire-Revised (IBQ-R)
- Postpartum Bonding Questionnaire (PBQ)

### Procedure

1. Experimental group will include 100 mother-infant dyads who participate in home visits and are provided education on ways to manage maternal depressive symptoms and infant emotional reactivity.
2. The control group of 100 mother-infant dyads will participate in home visits but no education provided.

### Design

Prospective longitudinal mixed methods

### Methods

- 2<sup>nd</sup> and 3<sup>rd</sup> trimester — participating mothers will be asked to complete a survey to score their emotional status by filling out the Perinatal Anxiety Screening Scale (PASS). Questions cover acute anxiety and adjustment, general worry and specific fears, and control of trauma.
- 3 and 6 months PP— mothers are asked to answer the PASS and Edinburgh Postnatal Depression Scale (EPDS), which will identify mothers who are at risk for postpartum depression. The questions focus on emotional status.
- 3 and 6 months PP — mothers will complete the Infant Behavior Questionnaire-Revised (IBQ-R) to evaluate infant's behaviors. Mothers will complete the Postpartum Bonding Questionnaire (PBQ) at 3 and 6 months postpartum.

### Hypotheses

1. The experimental group compared to the control group will have better understanding of how to manage depressive symptoms, including stress and anxiety.
2. The experimental group compared to the control group will more positive maternal-infant bonding experiences and improved understanding of infant's cues.

## Conclusion

Overall, the studies included in the literature review included insight into risk factors that influences maternal-infant bonding and ways to improve their attachment. Most of the studies included a large sample size, but not large enough to generalize the effects and causes to all mothers and babies. Some of the results may have been altered or inaccurate due to self report and inaccurate recall. It needs to be kept in mind that not all mothers and infants have the same cultural influence. There is a need to take into consideration the participants' backgrounds and cultures.

Study finding shows that nurse-led home visits and behavioral education and incorporating changes can improve postpartum depression and infant emotional reactivity. When infants' needs are met, such as diaper changes, feedings, and a sense of security, they can become easily consolable and decrease fuss and crying occurrences. Mothers who can control their depressive symptoms, including stress and anxiety, had an impact on the decrease of their infant's fusses and cries. With awareness and willingness to seek help, despite the stigma about mental health disorders, mothers can seek out support for themselves and their infants. It is important for mothers to set realistic expectations for themselves and their infants in the perinatal and postnatal periods. Setting high expectations and not meeting them can lead to feeling a sense of failure and becoming discouraged.

**Important Takeaway:** To provide frequent screenings of PPD universally and provide support to mothers and infants during and post-pregnancy to ensure the best outcomes. Risk for postpartum depression (PPD) are being a single parent, young maternal age, minority groups, unplanned pregnancies, unemployed, marital issues, and history of depression, anxiety, or stress.

**Implications for Nursing:** Home visits should be encouraged to provide a support system to both mother and baby. It provides an outlet for mothers to share their concerns and seek help. Education on pregnancy and infant's behavior is important in supporting motherhood expectations. Mothers who have a sense of control and understanding infant's cues have shown a more positive mother-infant relationship and an attachment improvement. The proposal for further study will encourage healthcare professionals to share information to support mothers in their journey of motherhood. With this study, mothers can gain a sense of which parenting style works for them and establish a safe and loving environment.