

The Impact of Maternal Depression on Children: A Call for Maternal Depression Screening

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Taylor M. Trussell, BS¹, Wendy L. Ward, PhD, ABPP¹,
and Nicola A. Conners Edge, PhD¹

Maternal depression is increasingly recognized as a major public health concern due to its widespread damaging consequences for both mother and child.¹ Women have a 2-fold increased lifetime risk of major depression (~14%) compared with men, and approximately 10% of mothers experience clinical depression each year while countless more present with depressive symptoms.^{2,4} Studies show high rates of depression in mothers who are white or Native American, represent low education and income levels, and are unemployed or unmarried.² Hispanic and black mothers have lower rates of depression but are less likely to receive care for depression and more likely to experience life adversities and to have worse functioning.²

Ultimately, 1 in 10 children are cared for by a depressed mother, which affects child outcomes in cognitive and emotional development, behavior, health practices, social adaptation, access to health care, and home safety risk.^{2,4} The research, particularly on postpartum depression, clarifies that child outcomes are affected by parental mood disorders.⁵ The American Academy of Pediatrics and the American Congress of Obstetricians and Gynecologists have called for postpartum depression screening of all mothers from birth through the first year of the child's life (noting the prevalence of postpartum depression and the deleterious impact on the baby's and then the child's development).⁶ Research indicates, however, that the risk of depression in mothers is not significantly correlated with the age of the child, and that chronic depression results in increased negative effects, emphasizing the importance of screening for maternal depression in older pediatric settings in addition to postpartum time periods.² The prevalence of maternal depression supports the need for further research to pinpoint the effects on child outcomes across all age groups, and it stresses the necessity of pediatric screening that incorporates a multidisciplinary model to reach mothers suffering from depressive symptoms. The

goals of this article are to (1) review the diverse impacts that maternal depression has on important parenting practices and the major domains of child development, (2) examine how this information could influence recommendations for screening of maternal depression in pediatric settings, (3) include a useful handout for mothers to raise awareness about maternal depression and steps mothers can take to care for themselves and support their children.

Overview

Maternal depression has widespread effects on maternal parenting behaviors that have significant consequences on child safety and health. These include (1) parent-child interactions, (2) safety risks, and (3) feeding practices.

Impact of Maternal Depression on Parenting Behaviors

Parent-Child Interactions

The quality of parent-child interactions has a substantial impact on how children learn to interact with and respond to the world. Child development theorists propose that the parental role involves cultivating an environment in which children can experience challenges and also serves as “scaffolding” through which the child may receive support in regulating their emotions.⁷ Ideal parenting behaviors employ techniques such as sensitive responsiveness, utilization of learning materials, and verbal and

¹University of Arkansas for Medical Sciences, Little Rock, AR, USA

Corresponding Author:

Taylor M. Trussell, 5400 Chenonceau Boulevard, Apartment 937,
Little Rock, AR 72223, USA.
Email: ttrussell@uams.edu

nonverbal stimulatory contact through reading, cognitive games, and shared experiences.⁸ Research consistently confirms that maternal depression has widespread detrimental impacts on parenting practices and that the relationship between parenting issues and depressive symptoms are associated, even in cases of mild maternal depressive symptoms.⁸ Maternal depression elicits symptoms such as withdrawal, irritability, and melancholy, which may disturb how sensitive and positively engaged the mother is with her child.⁹⁻¹¹ Mothers with depressed symptoms are less involved with their children and have difficulty expressing positive reactions to their child leading to more negativity and less interaction, touch, and vocalization.^{7,12} These mothers are more likely to ignore their child, becoming disengaged and flat, causing them to “gaze less at their infants, rock their infants less,”¹³ provide minimal comfort in response to their children’s distress, and even utilize “denial as a discipline strategy.”¹⁴

Mothers with depressive symptoms may also be more likely to hold a persistent negative view of their children.¹⁵ Overall, maternal depression is linked to more hostile parenting behaviors such as yelling or spanking.^{14,16} As an example, one study by Foster et al⁷ found that mothers with depression make more “guilt-inducing, critical, and harsh statements”⁷ to their pre-teen and teenage children during arguments. Not only does maternal depression impair the mothers’ caregiving behaviors, but also a study by Connors-Burrow et al⁸ indicated that the environment these mothers create is unfavorable for learning, because daily routines are highly variable and children are given excessive access to television.

Safety Risks

Maternal depression’s influence on parenting behaviors has consequences for both parental awareness and the attention placed on child safety. Depressive symptoms such as irritability, difficulty concentrating, fatigue, impatience, hostility, and a lack of interest play a role in these mothers’ unreliable methods of child supervision, poor implementation of rules related to safety, and overall maltreatment of the child.¹⁷⁻²⁰

Unintentional injury and accidents are major contributors to mortality in young children.^{17,21} Findings from multiple research studies indicate that chronic severe maternal depression and child injury risk are closely related.^{17,18,21} Proposed mechanisms for this link are that mothers experiencing depressive symptoms are less likely to appropriately supervise their

children’s interaction with the environment and are not as likely to engage in basic safety and injury prevention practices.^{17-19,22} In one study, mothers with depressive symptoms were found to spend more time monitoring their children’s whereabouts, but less of this time was spent in close supervision and active observation of their child’s actions.¹⁷ Numerous studies show that these mothers are less likely to use basic safety practices including using proper car restraints or seats, covering electrical outlets, properly storing chemicals, vaccinating their children, gun safety and storage, having working smoke detectors, and using safe sleep methods.^{5,18,19,21-23} In addition, several studies demonstrated that maternal depression negatively affects health care utilization. Children of depressed mothers were at a higher risk for inadequate preventive services, and during certain times, these same children showed increased acute health care use, such as emergency department visits.^{5,19,23}

Maltreatment is also a significant risk in young children of depressed mothers.²⁰ Thoughts of infant harm are more common among mothers with depression, and these mothers also often use harsh forms of punishment like slapping or spanking.⁵ Depressed mothers have difficulty coping with stress and caring for their infant, which can lead to irritability and even abuse or neglect.²⁰ Child Welfare Services receives a high number of reports that involve depression in caregivers of young children, illustrating its importance in pediatric health care.²⁰ Maternal depression also has significant effects on family living conditions.²³ Studies have shown that maternal depression increases the risk for environmental hardships such as “homelessness, housing instability, and food insecurity”²³ for the family, and it is a risk factor for unsatisfactory housing conditions and energy insecurity.

Although research is inconsistent concerning the relationship between child sleep and maternal depression, sleep is critical for child development, and if hindered, it results in physical and emotional problems.²⁴ Other studies have found that maternal depression negatively affects the use of safe sleep positions and contributes to problems such as more frequent and longer awakenings and taking more time to fall asleep.^{5,24} A study by Caldwell and Redeker²⁴ failed to find a significant relation between preschool-aged children’s sleep and maternal depression; however, they did show that when maternal depression is combined with adverse life situations, such as poverty, there is a risk for upheaval in the mother-child interaction and consequently unstable child sleep patterns.

Feeding Practices

Studies also suggest that maternal depressive symptoms and resulting negative parenting behaviors contribute to unhealthy feeding practices and activity levels that have long-lasting effects on child weight and physical development.²⁵⁻²⁸ During infancy, mothers with severe postpartum depression are less likely to breastfeed and are more likely to report dissatisfaction or significant problems if they are breastfeeding.^{5,28} Difficulties with breastfeeding can lead to use of water, juice, or cereal earlier than recommended or substitution with formula or cow's milk, which may lead to increased risk of weight gain during infancy and at later ages.^{5,28}

Being overweight or obese during childhood is a significant global problem, and there is mounting support that through a variety of mechanisms, including maternal depression, parents play a major role in this issue.²⁵ It is also important to mention that some studies link maternal depression with increased childhood underweight rates, but these studies often involve developing countries.^{25,27} Maternal depressive symptoms are associated with numerous obesity-promoting behaviors that place children at risk, including low amounts of physical activity, less nutritious food, inconsistent mealtimes, less maternal authority over meals and snacking, low maternal presence during meals, TV use while eating, and nonresponsive, controlling, and indulgent feeding styles.²⁵⁻³¹ Conversely, one study shows that maternal depressive symptoms were associated with a slight decrease in obesity risk but a higher consumption of unhealthy food, while another did not find any association with current depressive symptoms.^{28,31} However, this does not disprove the evidence that many behaviors in mothers with depression have negative impacts on child health, or that chronic depression may have more detrimental effects.

Low-income mothers have a much higher likelihood of depression than middle-income mothers, leading to harmful consequences in feeding and child development in an already vulnerable population.^{29,31,32} Maternal depression has significant impacts on food insecurity, and studies show that the two are closely associated especially in low-income families.^{32,33} Depressive symptoms may result in food insecurity through a variety of mechanisms, including hindering the mother's decision-making capabilities, affecting her motivation to cook or work, and affecting the use of public nutrition programs like WIC, the Special Supplemental Nutrition Program for Women, Infants, and Children.^{32,33} One study shows that infants of

low-income families who did not utilize WIC had more health problems and a higher risk of being underweight compared with those who did utilize WIC.³² A low socioeconomic status means that the caregiver must engage more intensely to provide appropriate nutrition at a reasonable cost, and this can be difficult for mothers with depressive symptoms.²⁹ In conclusion, the feeding and health-related practices of mothers with depressive symptoms can have substantial impacts on child weight and developmental outcomes.²⁷

Summary

Maternal depression has significant effects on parent-child interactions, child safety practices, and feeding practices, which have important consequences on child health and development. When it comes to parenting, mothers with depressive symptoms engage less with their children and do so with more negativity. These mothers also place their children at a higher risk for unintentional injury, are less likely to use basic safety practices, promote healthy sleep patterns, and protect children from maltreatment. Last, maternal depression can lead to abnormal feeding behaviors that result in high risk for child obesity and is associated with food insecurity in low-income families. The numerous impacts maternal depression has on maternal behaviors affect child development across all domains and has significant effects on child health and safety, reinforcing the need for maternal depression screening in pediatric settings as well as adult settings.

Overview

As evidenced, maternal depression has broad and long-term impacts on child socioemotional development and cognitive learning. A review of the literature designated several important domains in which maternal depression has the most detrimental outcomes on children. These findings include effects on (1) emotional impact, (2) social impact, (3) developmental/cognitive impact, and (4) behavioral impact.

Impact of Maternal Depression on Children

Emotional Impact

A healthy parent-child relationship consists of robust expression of positive and negative emotion, and it is an important component of child emotional development that, in turn, has long-term effects on other domains

such as social and behavioral development.³⁴ As early as 7 months, children seem able to correctly recognize emotions and discriminate expressions and understanding of “emotion knowledge” continues to deepen throughout adolescence.³⁵ Evidence seems to indicate that parenting plays an important role in a child’s development of “emotion knowledge.”³⁵ The ability to effectively use and recognize emotion influences how children use a coping method referred to as “emotion regulation,” which is defined as “the ability to initiate, maintain, and modulate emotional arousal in order to accomplish individual goals and facilitate the adaptation to the social environment.”⁹ Mothers with high levels of symptoms of depression serve as “maladaptive models of emotion expression and regulation”³⁶ for their children.

Negative verbal and nonverbal impacts that infants and toddlers receive from depressed mothers could hinder healthy emotional development and control.¹⁰ Children tend to internalize a depressed mother’s sadness and irritability, resulting in lower utilization of facial emotion communication, negative reactivity to stressful situations, and a failure to acquire and practice complex emotion regulation strategies.^{9,11,34,36} One study by Feng et al⁹ found that when children of depressed mothers were presented with a disappointing experience, the mothers tended to be less positive and their children exhibited a more negative mood and lower levels of active emotion regulation. Studies have also shown that a depressed mother’s tendency to neglect a child’s needs and provide less expression stimulation contributes to a greater difficulty in differentiating emotional faces.³⁵ In addition to the deficits in emotion recognition and regulation, research indicates that the negative emotional bias in children of depressed mother’s increases their risk for experiencing depressive feelings and increases their risk of developing a mood disorder as well.^{10,37} Remitted and mild levels of maternal depression also have notable impacts on affect recognition and emotional development; however, it is important to mention that not all depressed mothers show meaningful impairments in child interaction; in fact, some engage in positive communication.^{10,35,37}

Social Impact

Maternal depression heavily impairs children’s “emotion knowledge,” which in turn contributes to deficits in social competence and results in numerous social functioning issues.^{15,35} Mothers with depressive symptoms are less sensitive to their children’s needs, have more difficulty adapting to their child’s signals, and engage in

more negative communication—promoting an environment that is hostile to evolving social engagement skills.¹² In addition, appropriate parental stimulation and maternal sensitivity through tactile, vocal, and emotional communication are vital to a child’s developing social competence and are significantly hindered when maternal depression is present.¹² A study by Moszkowski et al³⁸ observed the touching behavior of infants with depressed mothers, an important social communication and self-identification strategy, which found that these infants exhibit greater distress and are more negatively reactive to touch. When important social engagement goals are disturbed by maternal depression and maladaptive sensitivity styles, children experience low social competence and develop dysfunctional social cognition processing such as a sense of social inadequacy, aggressive communication, and tendency to attribute blame on others.^{12,15} Consequently, in comparison to those with nondepressed mothers, these children are less socially involved, frequently excluded by peers, engage in minimal prosocial conduct, and have greater difficulty forming and maintaining relationships.¹⁵

Cognitive/Developmental Delays Impact

Cognition is another important domain that begins to rapidly develop in infancy and involves skills such as imitation, memory, language, joint attention, exploration, and reading ability.³⁹⁻⁴² Evidence shows that depression in mothers puts stress on an infant’s learning environment by disturbing the interaction strategies between mother and child, specifically by decreasing cognitive stimulation, which results in poor cognitive performance.^{39,40} In addition, the tendency for children to “mirror negative cognitions of their depressed mothers”³⁷ like self-doubt and criticism influences their ability to attend and respond to cognitive stimuli.⁴¹

During early childhood, one important, complex cognitive milestone is the development of language.^{42,43} Evidence indicates that the poor quality of early maternal cognitive stimulation such as low responsiveness, negativity, and minimal play that is present in mothers with depression affects language acquisition.^{42,43} These mothers lack sensitivity and provide less vocal questioning and explanation, use longer statements, repeat less, and refer less to their offspring, all of which cause disruptions in understanding, cognitive maturity, and verbal expression.^{8,41} A study by Letourneau et al⁴⁴ suggests that maternal depression places children at a high risk of acquiring a lower vocabulary repertoire. Depression also hinders a mother’s ability to provide beneficial

reading opportunities that are essential to the development of a child's cognitive and language skills.⁴¹ Research shows that mothers with depression read less to their children, read for shorter periods, ask fewer engaging questions, and fail to alter their speech in an age-appropriate manner, resulting in children entering school with minimal exposure to reading and deficits in language comprehension.⁴¹

Not only does maternal depression influence cognitive development, but also there is evidence of a possible correlation between maternal depression and suboptimal growth or developmental delays. One study by Surkan et al⁴⁵ found that depressive symptoms in mothers played a role in inadequate child growth. It is suggested that depressed maternal behaviors such as insufficient feeding may contribute to the presence of shorter stature during the early years in offspring.^{45,46} As such, maternal depression screening is important, because impaired growth and its resulting cognitive implications are modifiable through rapid assessment and treatment.^{45,46}

The early years in a child's life are also important for gross and fine motor development such as rolling over, sitting, walking, and grasping.⁴⁷ Research that considers the association between maternal depression, postnatal stress, and the home environment has found that strain in these domains has negative effects on motor development.⁴⁷⁻⁴⁹ Interestingly, several studies found that higher depressive symptoms in mothers were associated with better motor skills in their children, gross or fine motor depending on the study.^{39,48} A study by Keim et al³⁹ specifically found that high depressive symptoms in mothers during the prenatal and postnatal periods were positively correlated with fine motor abilities; however, postnatal depressive symptoms were nonlinearly correlated with gross motor development with low and high symptom levels, indicating superior abilities compared with the median. More research is needed to better understand the relationship between maternal depression and gross/fine motor skill development.

Behavioral Impact

Child behavior is the final major developmental domain addressed in this article, and evidence suggests that maternal depression has significant effects in both the short and long terms.⁵⁰ Research indicates that children with early exposure to depressed mothers who engage in negative parenting practices are more likely to experience internalizing and externalizing problems.^{7,14,16,51} In particular, externalizing behaviors include actions

that involve outward expression such as aggression and other impulsive behaviors.^{14,51} In addition, studies have found that exposure to maternal depression is linked to the presence of "children's observed oppositional behavior" and chronic conduct issues.^{16,51,52} A specific study by Woolhouse et al⁵³ found that children exposed to maternal depression symptoms 4 years after birth had increased risk of behavior problems; furthermore, a study by Conners-Burrow et al¹⁴ showed that behavioral problems were significant even in offspring of mothers with minimal depressive symptoms during the child's infancy. Another study attributed the low levels of positivity in mother-child interactions with the correlation in externalizing problems in children with depressed mothers.⁷ Broadly, the research shows that maternal depression has the ability to produce significant problems in multiple behavioral areas throughout childhood and adolescence.¹⁶

Summary

Our review of the research found that maternal depression hinders child development across important emotional, social, cognitive/developmental, and behavioral domains through a variety of mechanisms. Emotionally, children with depressed mothers have more trouble regulating emotions, and they are at greater risk for developing a mood disorder themselves. Socially, these children have low social competence and experience challenges when engaging in social situations and relationships. Cognitively and developmentally, language acquisition and reading comprehension are considerably delayed, and growth is also stunted. Behaviorally, these children experience more externalizing and conduct problems. The resulting widespread deficits in child development supports the need for maternal depression screening in the pediatric setting.

Discussion

Depressive symptoms in mothers increase risk for maladaptive child-parent interactions, which contribute to negative child outcomes in behavior, health, safety, and development. As such, the health of the mother plays a vital role in the overall health and wellness of the child and should be considered an important factor in pediatric medicine. Maternal depression screening protocols are critical and have long-term benefits to child health.

Systematic screening for maternal depression in pediatric settings is an important step in pediatric care. The US Preventive Services Task Force, Bright Futures, and

the American Academy of Pediatrics all recommend screening for maternal depression during routine pediatric primary care visits,³³ especially given the fact that for many mothers, pediatric visits are the only consistent contact with health care professionals during their child's first years of life.⁵⁴ Therefore, pediatricians who screen for maternal depression provide an avenue to efficiently increase detection of a vulnerable population.^{22,27,32} Several screening options exist for maternal depression, including the Edinburgh Postnatal Depression Scale,⁵⁵ Beck Depression Inventory,⁵⁶ Patient Health Questionnaire,⁵⁷ and the Center for Epidemiologic Studies Depression Scale.⁵⁸ Each screening tool varies slightly in length, questions, and comprehensiveness, so that use of a particular tool depends on the resources and goals of the clinical practice.

Several potential barriers exist to the implementation of screening protocols for maternal depression in pediatric settings including time, appropriate protocols for serious issues such as suicidal ideation, access to mental health care, language barriers, and questions regarding storage of mother's data in the child's health record. Ideally, the chosen maternal depression screening tool should be brief and easy to score, possibly even incorporating the use of a tablet for patient completion and automatic scoring. A quick turnaround is important, because it allows for immediate discussion and plan for care. In the situation where there is a risk of direct harm to the child or parent, institutions would need an immediate interprofessional plan in place that consults social work or other mental health professionals and refers to emergency services. Another potential issue is adult access to mental health care services for continued support for mothers diagnosed with depression; however, many cases of depression can be managed through a primary care physician, with treatment options ranging from encouraging exercise and self-care to medication management. In addition, some women do not have insurance that covers mental health or the cost of copays and deductibles are prohibitive. Access to consistent health care in rural and underserved areas could also serve as a barrier to continued treatment for these mothers, as well as a persistent negative cultural stigma of mental illness. Lack of institutional translator resources and translated screening tools could also hinder screening for maternal depression in non-English-speaking populations. Finally, maintenance and organization of electronic health records regarding maternal depression in the child's chart versus a separate parent's chart is an ongoing legal and ethical issue of national importance.

Another important tool for use in primary care pediatric settings is education about depression and its impact on children and the family. Many mothers may not be aware that depression could negatively affect their child, or that there are steps they can take to help themselves and promote healthy development for their child. Physicians can share information with mothers and follow-up with an educational handout. Such a tool would provide succinct information that raises awareness of the effects of depression on children and brief suggestions on how to minimize these effects. An example was developed by an interprofessional team at the University of Arkansas for Medical Sciences for use in primary care situations (see Figure 1). This is free and may be photocopied and used for patient education purposes.

Future research should focus on filling gaps in each child outcome domain affected by maternal depression, specifically considering the mechanisms underlying the negative consequences on child development. Much of the current research on maternal depression focuses on its effects in early childhood; however, at least one study has found that adolescents are also affected by maternal depression.⁵⁹ Research with emphasis in older children and/or adolescents is important. Last, a significant portion of the research on maternal depression is based on subjective maternal self-reporting about their own and their child's behaviors. These methods lack the veracity and objective evidence needed to confirm depression and its unequivocal effects on child outcomes; therefore, more unbiased scientific methods should be employed to confirm subjective findings.

Conclusion

Maternal depression is a growing concern for both mother and child, with far-reaching effects on parenting practices, child development, and child safety. These impacts stress the need for multidisciplinary maternal depression screening in pediatric settings to reach mothers and children affected by depression in the most efficient manner. Several effective depression screening instruments currently exist for use in clinical practice, and educational handouts, such as the one included, provide important information for high-risk populations. As further research is performed and steps are taken to implement screening for maternal depression in pediatric settings, diagnosis and treatment of this widespread illness will be successfully improved.

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Helping your child when you are

DEPRESSED

Depression is a medical condition. Some of the symptoms include feeling sad, down or 'blue' and not enjoying things that used to be enjoyable. Someone who is depressed may feel easily annoyed or cranky. Depression can cause people to sleep a lot more than usual or to have trouble sleeping. Depression can cause people to eat a lot more than usual or to eat much less than usual. Depression can also make it hard to get things done. Everyday tasks, like chores, cooking, working or taking care of children can feel much harder.

The good news is that depression is a very treatable medical condition.

A good first step is to be aware of your signs and symptoms of depression and to ask for help. Your primary care doctor is a good place to start. They may recommend lifestyle changes (like exercise) or a prescription medication. They may also suggest talking with a counselor. Your doctor can work with you on a plan that is right for you.

Also, talk to your family or friends about how you are feeling. Let them know when you feel overwhelmed or need help. Ask for help with caring for your children if you need a break.

Take care of yourself, such as getting regular exercise, getting enough sleep, and eating well can all be helpful. You can also do things to reduce your stress and make time for yourself – take a bath, go to a movie, read a book, or do something that you find enjoyable.

Surprisingly common!

About one in five Americans will experience depression at some point in their life. It is also very common among parents with young children – including both mothers and fathers. Mothers and fathers in all walks of life can experience depression. It is even more common when parents are facing other challenges, such as financial difficulties or problems in their relationships.

How can your depression impact your child?

Parenting is a hard job! Depression can make it harder. Even mild symptoms of depression can impact the way mothers and father interact with their children.

CHILD SAFETY – Depression makes it hard to get things done. This can include things that parents do to keep their children safe. For example, parents experiencing depression are less likely to use car seats regularly and monitor their children closely.



SCHOOL READINESS – When you are depressed, it can be hard to have the energy to help your children prepare to be successful in school. Parents with depression are less likely to regularly read to their children and work with them to learn things like colors, numbers and shapes. Young children may fall behind in their learning and development.

EMOTIONS AND BEHAVIOR – Your children are more likely to be emotionally healthy when you are able to show warmth and affection and consistently respond to their needs – such as soothing them when they cry. Depression can make this harder. Parents who are depressed may feel easily annoyed by their child's behavior. Children, even babies, are very sensitive to parents' moods. Children whose parents are depressed may cry more or have problems sleeping and eating. Toddlers and preschoolers may have more tantrums, act out, or be aggressive with others. Some children may become withdrawn and show signs of depression themselves. A parents' depression can impact children of all ages – from infants to older children.

You Can Minimize the Effects of Depression on Your Child

Basic safety issues for your child also come first. Be aware if you are struggling to monitor your children closely, especially when they are young. Ask for help from family or friends if needed. There are several other things you can do to support your child:



PLAY – If you are depressed this may take a special effort. Set aside a special time each day for parent-child play. Even 10 or 15 minutes a day can have a positive impact on your relationship. Turn off the television and put your cell phone away. Let your child decide what they want to play. Ask if you can join in. Comment on what they are doing ('I see you are stacking red blocks on top of yellow blocks'). This lets them know you noticed them and they will feel important. It also teaches them many new words. Playtime will look different as children get older. They may want to play games or do a hobby together. The type of activity is not as important as the time together.



READING – Reading to children is one of the best ways to ensure children will be successful in school. It is less likely to happen when parents are depressed. Setting aside a few minutes a day for reading can be helpful for children of all ages. Bedtime is a good time to read as they settle down for sleep. Infants like to look at sturdy board books so they won't be ruined if they put them in their mouths. Even older school age children who can read on their own often enjoy family reading time. Your local library is a great source for books for children of all ages.



DAILY ROUTINES – Having the same schedule every day helps a child feel secure. While depression may make it difficult for a parent to function like normal, sticking to a daily routine is best. This means getting up at about the same time each day, eating meals at the same time, and going to bed at the same time. Be sure children go to their child care, preschool or school every day unless they are sick. Include time for play, inside and outside. Make a bedtime routine: bath, toothbrushing, drink, reading, and bedtime. When children know what to expect, they behave better!



Nicola Connors-Burrow
Wendy L. Ward
Patti A. Bokony



Figure 1. Maternal depression handout.

Author Contributions

TMT conducted literature review and drafted and revised the manuscript. WLW designed the project and assisted in drafting and review of the manuscript. NACE provided the educational handout and assisted in drafting and review of the manuscript.

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