



Maternal Depression and Infant Mental Health

The Power of Home Visiting
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Connected Beginnings
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What Is Infant Mental Health?

- The developing capacity of a child from birth to three to:
 - Experience, regulate, express emotions;
 - Form close and secure interpersonal relationships;
 - Explore the environment and learn.
 - All of the above in the context of family, community and cultural expectations.

Zero To Three Infant Mental Health Task Force, 2001.



A Baby's First Focus: Other People

- Newborns come into the world showing a clear preference for the human face and are ready to communicate with adults. Clearly visible in:
 - Vocal turn taking
 - Imitating
- Video Clips



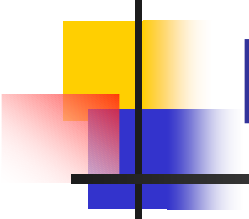
Babies Rely on Adults

- To help regulate feelings
- To support self-regulation
- To experience well-being
- Video NCAST AVENUW



Baby Cues

- Engaging
- Disengaging



Social Networks Influence A Baby's Mental Health

- Infants and toddlers exist within a network of relationships in the family and community guided by values and beliefs of the culture.
- The quality of relationships within the network and between each person and the baby influence development.



Relationships: Key to Well Being for Baby and Mother

- Home visitors are “therapeutic agents”.
 - Support parents’ competence.
 - Support pleasure in interaction.



Infants Develop “Working Models” of Relationships

- How do I understand myself?
- How do I understand others?
- How do I understand relationships?



Parents Bring their Own Unique Mix of Qualities

- A parent's behavior is influenced by:
 - Culture.
 - Experience within past relationships.
 - Emotional well being.
 - Available economic & social supports.
 - Substance use.
 - Environmental supports and/or challenges.



Babies Bring their Own Unique Mix of Qualities

- A baby's behavior is influenced by his or her unique:
 - Temperament
 - Health
 - Vulnerabilities & Strengths
 - Environmental supports and/or challenges



“Good Enough” Caregiving Promotes a Baby’s Well Being

- Sensitive
Key element=pleasure/joy
- Responsive
- Attuned to emotions
- Able to repair and re-establish connection after a missed opportunity or a rupture.



Does Depression Influence Mothers' Behavior?

- The “fact” that a mother is depressed does not tell us how she is caring for her baby. Wide range of possible responses:
 - Consistently sensitive and responsive.
 - Withdrawn: responsive to fussing, tugging, crying generally unresponsive to positive bids for attention.
 - Intrusive: interacting with agitated energy without attention to babies' cues.



How Babies Cope with Maternal Depression

- Research* suggests:
 - New born infants display dysregulation in behavior, physiology, and biochemistry.
 - At two months babies look at mother less often, engage with objects less, show less positive and more negative affect, lower activity levels, higher physiological reactivity e.g. higher heart rate and cortisol levels.

*Fields, 1998; Weinberg & Tronick, 1998.



Infants Response to Pattern of Withdrawal

- Babies (three to six months of age) with mothers with withdrawn patterns of interaction are more likely to:
 - Display low activity levels.
 - Be inattentive to people, activities, and objects.
 - Show low expressiveness in response to facial expressions of mother or other adults.



Infants' Response to Pattern of Agitation

- Babies (three to six months of age) with mothers with agitated patterns of interaction are more likely to:
 - Display higher activity levels.
 - Demonstrate a mix of positive and negative facial expressions.
 - Display high attentiveness to and expressiveness in response to facial expressions of adults.

Potentially “Sparkle-plenty babies”



The Importance of Other Significant Caregivers

- Babies at three months of age demonstrate more organized and positive interactions with their non-depressed fathers or infant childcare teachers.
- Experiences with other loving adults can buffer effects of a mother's depression and provide relief for both mother and baby.



Importance of Environmental Supports or Challenges

- When infants grow up in families experiencing a socially nurturing environment the risk of short and long term consequences of maternal depression are lessened.

Sameroff, A.J. (2005)



Interventions that Work for Mother and Baby

- Massage therapy (Fields, 1998) with mothers who were teens, suffering from depression and living in poverty, provided 15 minutes of massage or rocking 2 days a week for 6 weeks.
- Babies who received massages had more organized sleep patterns, positive interaction behaviors and greater weight gain, more time in active awake states, cried less, and lower salivary cortisol levels.
- Mothers symptoms of depression diminished.



Interventions that Work for Mother and Baby

- Observation and feedback.
 - Identifying and naming positive interactions e.g. looking at baby, effectively comforting the baby.
 - Providing mother an opportunity to talk about her experience relating to her baby.

Potential Pitfalls of Treating the Mother Alone



- Study by Weinberg & Tronick (1998) of infants 3 months of age and their mothers who received psychiatric treatment and reported feeling well on a questionnaire:
 - Talked to and touched infants less, and were less likely to share their infants' focus of interest (compared to a control group).
 - Were more likely to perceive interaction with infant negatively. "You don't like me."
 - Infants were less interested, expressed more anger and sadness and tended to fuss and cry more. Less likely to vocalize with a stranger.



Success & Next Steps : Early Head Start

- Success: Mothers' suffering from depression showed more positive behavior in interactions and their babies showed more positive interactive behavior, better physical growth, fewer pediatric complications, positive cognitive development even though the mothers depression scores were still high.
- Next steps: Decrease maternal depression and further enhance child outcomes.

Early Head Start Research and Evaluation Project (2002)



Success & Next Steps: Healthy Families MA

- Success: Even with a high rate of maternal depression (45%), children were doing well developmentally.
- Next steps: decrease maternal depression and further improve outcomes for children.

Jacobs, F. & Easterbrooks, M.A. (2005).



Healthy Families Key Ingredient: Home Visitors

- Evaluation findings:
 - *Most clients felt their home visitors were family centered, respectful, and caring.*
 - *The relationship between the home visitor and her client appears critical to keeping mother's enrolled.*

Jacobs, F. & Easterbrooks, M.A. (2005).



Embracing Mothers and Babies and You

How do you currently engage mothers and babies?

How do you care for you?

What might be some next steps?