Can Young Babies be Depressed?
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**Depression:** A mental state characterized by dejection, absence of cheerfulness, feelings of sadness, despair, discouragement, inactivity, and low vitality. Often accompanied by low self esteem, self reproach, and somatic symptoms such as eating, and sleep disturbances.

Scientific studies since the 1950s suggest that babies get depressed. The term “infant depression” recognizes the infant as a person, someone who can suffer psychic pain. It suggests the baby has exhausted all solutions for keep his psychological balance. Yet current discussion of depressed infants is limited to a small community of specialists in Infant Mental Health and we know relatively little about depression in very young children, especially before age 2. There is now a tendency to diagnose “Major Depressive Disorder” in children as young as 3; this may be reasonable, or over-diagnosing.

In the scientific literature, the focus is on mothers' depression during and after pregnancy. About 70% of women report negative moods during pregnancy; 10% to 15% are diagnosed with major depression, although most depression may go undetected. Several controlled studies report 12% to 16% of all women experience postpartum depression, up to 26% in teen mothers. Estimates of depression in low-income mothers of young children consistently run near 40% and higher.

**Effects of mothers' depression are well documented**

Bowlby first described a profound negative impact on the child's environmental and intellectual well-being over 55 years ago. Animal studies over many species consistently show that babies deprived of competent mothering suffer significant adverse effects through adulthood.

Research done in the 1990s strongly suggests that young babies do indeed get depressed themselves and might actually be born depressed. Brain studies of neonates whose mothers are depressed show reduced activity in the area of the brain that mediates social behaviors and positive expression. Neonates with this brain activity variation may be predisposed to affective disorders later in life. At 14-15 months, babies with similar brain activity variation show less affection and touching, higher levels of negative affect,
Another meta-analysis verified that maternal depression has a significant negative effect on infants' cognitive and emotional development. In one study, 6- and 12-month-olds of depressed mothers showed reduced attention span and persistence, lower frustration tolerance, and more fear of unfamiliar people and situations. Infants' and toddlers' whose mothers are depressed have more sleep problems than other infants.

**How is depression transferred from mother to baby**

Brain activity variations signaling depression in the first week of life suggest that depression may start in the womb. Some scientists believe that a mother communicates depression to her fetus biochemically. When she is distressed, her body produces cortisol and other hormones which cross the placenta. Cortisol – the stress hormone – has been shown to interfere with cognition in adults – it’s what makes it hard to think straight and concentrate under pressure. When a mother is distressed during pregnancy, her baby may be born with depression “in his blood”. Depression may lead mothers to smoke, drink alcohol and take recreational drugs during pregnancy. Findings also suggest that depression contributes to complications such as preterm birth and low birth weight.

After birth, the baby’s acquired depression may intensify if his mother’s depression prevents her from fully meeting his needs and makes their interactions unpredictable and disorganizing. One study showed that maternal depression adversely affects preterm newborns’ health status during the initial hospitalization. Other researchers found that depression interferes with preventive care. Depressed mothers were less likely to use an infant car seat or cover electrical outlets. Infants as young as three months old can detect depression in their mothers. They respond in kind. If the mother withdraws and becomes silent or easily upset; so does the baby.

Goodman and Gotlib (1999) suggest four pathways by which maternal depression might be passed on to babies:

- Depression or predisposition may be inherited
- Dysfunctional regulation, possibly due to a neurological deficiency or mother's stress-related hormones
- Exposure to mother's negative thoughts, behaviors, and affect
- Stressful life

Factors that might moderate the effects of maternal depression on the infant are:

- Father's health and involvement. Dads, grandparents and other caregivers can provide the very resilient and may bounce back quickly with timely ordinary care and attention the mother is temporarily unable to offer
- Course and timing of mothers' depression Child characteristics.
- Children are very resilient and may bounce back quickly with timely ordinary care and attention.
Latest Research

Although infant depression has been studied for decades, we still do not really know when infant depression begins or what its outcome is. Some scientists see depression in every kind of suffering in infancy. Some say it does not exist until much later. It could be an outcome of attachment disorganization in infancy, since depression and disorganization seem to share the same learned helplessness.

New research from France suggests that infant depression needs a certain amount of emotional and cognitive development to unfold, and that it might not exist before 18-20 months when major cognitive and emotional abilities emerge and the child is able to think of himself as responsible for loss within a relationship, and to feel hopeless, without a safe base. This may happen if the mother is depressed or with incoherent parenting in general. Infants’ reactions follow a path delineated by Bowlby in 1951: surprise, protest, withdrawal and despair. Before 18-20 months, Guedeney suggests that the concept of “relational withdrawal” maybe more applicable and useful than “depression”. It is difficult to find a clear definition of “withdrawal”, although it is recognized as an important part of normal parent-infant interaction and regulation. Withdrawal seems to be a key symptom of infant depression, but is seen with attachment disorders, pain, autism, PTSD, and anxiety. Sustained withdrawal is seen as a warning sign of relationship problems and depression. Infant depression is difficult to differentiate from attachment disorders and non-organic failure to thrive.

Implications for Practice

The literature shows that a mother's depression may be transferred biochemically to her baby in the womb or later through compromised bonding and care giving. Knowledge of the devastating effects of mothers' depression on babies presents an urgent need to incorporate into prenatal care and public health programs methods to identify women at risk for depression and intervene early. Beck's (1998) Postpartum Depression Predictors Inventory is a checklist to help maternity care providers identify women whose depression may interfere with mothering.

Healthy fathers and siblings can nurture the baby and support the mother emotionally. However, if a mother's depression is lasting or severe, the entire family may need support. Experts recommend music and massage therapy for both parents and children. These stress-relieving measures may enable mothers to be more receptive.
to parenting coaching and help babies respond to improved interactions. Drug therapies must consider effects on the breastfeeding infant. A trial of parent-toddler psychotherapy found that the intervention prevented an IQ decline exhibited by depressed 3 year olds who received no therapy. More research is needed to identify effective prevention, screening and treatment of depression in mothers and young babies.

For more information on infant mental health, visit www.zerotothree.org

Beginnings Parent's Guide offers practical advice for dealing with infant and toddler anxiety and stress including, baby massage, night terrors, separation anxiety and more. To view the Table of Contents for the Beginnings Parent's Guide, click here. You can preview the Beginnings Pregnancy and the Beginnings Parent's Guides online - click here to learn more.

References


Monterey County Office of Education Early Head Start is an established program with a well trained, educated and highly experienced team of educators who provide intensive, comprehensive, and flexible services that are designed to reinforce and respond to the unique strengths and needs of each individual child and family. The program services include quality early education both in and out of the home, parenting education, health, nutrition, social services, mental health, and an individualized curriculum for pregnant women and children 0-3, including children with significant disabilities.

We offer these services through two center-based, and six home-based options available in Monterey County. Children and families enrolled in our center-based option receive comprehensive child development services in a center-based setting, supplemented with home visits by the child’s educator. In the home-based setting children and their families are supported through weekly home visits and bi-monthly group socializations experiences.

Our program incorporates current research and best practice in providing services to low-income young children and families. Part of our commitment, early intervention and educational goal is provided and achieved through the use of Beginnings Guides curriculum for pregnant women and families. Beginnings Guides helps our program meet the Head Start Performance Standards that require us to provide children pre-birth to age 5 early childhood development, health, and family and community services. Beginnings Guides are used in our center-based and home-based options as part of our curriculum. Beginnings Guides assist us in providing an educational approach that nurtures secure relationships between parent and child, for positive educational outcomes.

Would you like to see your program profile here? Contact us.