Postpartum Depression Moderates the Association between Infant Delivery Complications and Maternal Self-Esteem
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INTRODUCTION
Maternal self-esteem can influence the quality of a mother’s interactions with and attachment to her infant (McGrath, Boukydis, & Lester, 1993; Shea & Trionick, 1988; Yarcheski et al., 2009). Infant health status has been found to be a main predictor of maternal self-esteem (McGrath et al., 1993). However, it is not clear if factors that initially influence infant health status continue to impact maternal self-esteem months later. Furthermore, the co-occurrence of two risk factors, maternal depression and intense infant colic, has been found to be related to lower maternal self-esteem (Maxted et al., 2005). Postpartum depression, therefore, may help explain the relation between infant health status and maternal self-esteem.

AIM: To investigate the impact of factors that initially influence infant health status, such as infant complications at delivery as well as mothers’ health during pregnancy and delivery, on maternal self-esteem at 3 months postpartum. The influence of postpartum depression at 3 months was also examined.

METHOD
PARTICIPANTS: A community sample of primarily low-income women (N = 120) participated in a phone interview at 3 months postpartum as part of an ongoing study on women’s transition to motherhood. The phone interview lasted approximately 30–45 minutes, and interview questions focused on maternal and infant health and well-being during and shortly after birth as well as in the first 3 months. Participants were compensated with a $10 gift card.

• Age: Mean = 26 (Range = 18 – 42, SD = 6.7)
• Race/Ethnicity: 47% = African American, 13% = Biracial, 4% = Other Ethnic Groups
• Education: 20% = High School Diploma/GED or less, 36% = College Degree
• Monthly Income: Median = $1,500.
• Relationship Status: 64% = Single, 28% = Married
• Family Status: 30% = First Time Mothers

MEASURES:
1 – Maternal and infant health. The Pregnancy, Birth, and Post-Partum Health Questionnaire (Ting, 1998) is a 35-item questionnaire that assesses prenatal health, obstetric complications, delivery, and maternal and infant post-partum health status. It is possible within the questionnaire to create subscales based on the researcher’s interests. Subscales created for the present study included: maternal health during pregnancy, maternal health during delivery, infant complications at delivery, and infant health over the first 3 months postpartum.

2 – Postpartum depression. The Edinburgh Postpartum Depression Scale (EPDS; Cox, Holden & Sagovsky, 1987) is a widely-used, 10-item questionnaire assessing for prenatal and postpartum depressive symptoms. Items are rated on a 4-point scale ranging from 0 to 3, and 7 items are reverse-scored. Item responses are summed: a score of 10 or greater indicates possible depression. Previous studies have reported alphas ranging from .79 to .89.

3 – Maternal self-esteem. The Maternal Self-Report Inventory-Short Form (Shea & Trionick, 1988) is a 26-item questionnaire measuring maternal self-esteem in the areas of: caretaking ability, general ability and preparedness for mothering role, acceptance of baby, expected relationship with baby, and feelings concerning pregnancy, labor, and delivery. The scale has adequate internal consistency, with alpha coefficients ranging from .66–.89, and has been associated with other measures of general self-efficacy.

RESULTS
PEARSON correlations were conducted to look at initial relationships between variables.

• Mothers’ health during pregnancy and delivery was not related to maternal self-esteem at 3 months postpartum.
• Infant complications at delivery, such as difficulty breathing and infections, were found to be related to maternal self-esteem at 3 months, r (102) = -.31, p < .01. This finding highlights that difficulties surrounding the infant at delivery may continue to impact maternal self-esteem months later.

After controlling for general infant health over the first 3 months postpartum, regression analyses indicated that postpartum depression moderated the association between infant complications at delivery and maternal self-esteem at 3 months postpartum, β = -.22, p < .05. There was also a main effect for depression, β = -.38, p < .01.

Post-hoc analyses revealed that there was a significant negative slope for high postpartum depression, β = -.33, p < .01, but not for low postpartum depression, β = -.02, p = .88.

This finding suggests that fewer depressive symptoms served as a protective factor against the influence of infant complications on maternal self-esteem, whereas greater depressive symptoms exacerbated the effect of infant complications on maternal self-esteem.

DISCUSSION
These findings highlight the importance of regularly screening mothers for depression, as depression exacerbates the negative effect that infant complications at delivery have on feelings about one’s self as a mother, which may then negatively impact the quality of the mother-infant relationship. The ability to identify potentially salient combinations of risk factors that affect mothers can lead professionals to develop more specific prevention and intervention programs.

REFERENCES