Update on Adolescent Motherhood and Postpartum Depression

ABSTRACT
Adolescent motherhood is a common and costly phenomenon, with almost a half million American girls becoming mothers every year in the United States. Postpartum depression is also common, with an estimated 53% to 61% of teen mothers affected. Psychiatric nurses can intervene by recognizing the high rate of postpartum depression among teen girls, screening, and referring to treatment when necessary.

Maria, a 17-year-old girl from an impoverished family, watches the MTV program Teen Mom along with millions of American viewers. The show contrasts the obligation of raising a child with the grossly irresponsible behavior of the teenage moms themselves. Like many viewers, Maria sees the show as entertainment, but it also delivers the message that life as a teen mom is not the end of the world. Indeed, Teen Mom distracts Maria from her own difficult circumstances, including the divorce of her parents several years ago; she now lives with her mother and stepfather. Unfortunately, Maria's biological father is not an active part of her life. Maria experienced an episode of depression when she was 13, related to her parents' divorce. Her mother attributed her depressive symptoms to "teenage hormones." Maria recently met a 17-year-old boy who made her feel wanted and important. Unfortunately, Maria succumbed to his pressure to become sexually active, and 3 months later she became pregnant. Her boyfriend was indifferent to the pregnancy and encouraged her to abort. Maria's future seemed bleak and hopeless, and her depressive symptoms returned as she faced the dilemma shared by approximately 1 million other American teen girls (National Campaign to Prevent Teen and Unplanned Pregnancy, 2011b). This article will discuss the relationship between teen pregnancy, mood symptoms, and the important interventions psychiatric nurses can offer.

Teena M. McGuinness, PhD, CRNP, FAAN; Bonnie Medrano, BSN, RN; and Ashley Hodges, PhD, CRNP
STATISTICS AND CONSEQUENCES OF ADOLESCENT MOTHERHOOD

The United States leads industrialized nations in the number of births by teen mothers; in fact, in 2009 (the most recent finalized data set available), 414,870 infants were born to mothers between the ages of 15 and 19 (Centers for Disease Control and Prevention [CDC], 2011). Although birth rates within this age range had dropped steadily in the United States beginning in 1991, an increase of 5% occurred from 2005-2006. Fortunately, between 2007 and 2009, birth rates started to decline again (CDC, 2011). Despite these promising downward trends, the United States still leads the world in births, with 34 per 1,000 teenagers giving birth each year compared with other developed countries (United Nations, 2011). Interestingly, whether these girls have steady partners is never mentioned in CDC (2011) or United Nations (2011) statistics. Additionally, no statistics describe whether teen moms finish high school before becoming pregnant.

Although the maternal age at birth is not the sole contributor to the negative trajectory of life events of adolescent mothers, simply becoming a teen mom is associated with tremendous challenges. Adolescent mothers are less likely to complete high school, have shorter periods between subsequent pregnancies, and their offspring are more likely to become adolescent parents themselves (Gavin, Lindhorst, & Lohr, 2011). Only half of teens who become pregnant will attain a high school–level education by age 22, compared with the 90% of young women who do not give birth as teens (Guttmacher Institute, 2012). Sadly, the mother’s lack of academic achievement ripples into the next generation as well; adult children of teen mothers have lower educational attainment, have lower income levels, and are more likely to be incarcerated (Jutte et al., 2010).

Adolescent childbearing only costs more if there is financial difficulty beforehand. However, for many families, adolescent childbearing results in large monetary expenditures. An estimate based on 2008 data showed that U.S. taxpayers paid $10.9 billion to address costs of teenage childbearing; these amounts are based on health care costs, public assistance, and incarceration (National Campaign to Prevent Teen and Unplanned Pregnancy, 2011). This estimate includes the additional costs related to decreased tax revenues based on lower rates of earnings and spending. Unfortunately, no dollar estimate depicts the emotional stress to mother, child, and parents caused by adolescent pregnancy.

Additionally, the children of teenage mothers face greater risks to their development; they are more likely to experience physical neglect and abuse, mental illness, and substance abuse (Ruedinger & Cox, 2012). They also demonstrate delayed language skills and score lower on assessments of cognitive skills (Rafferty, Griffin, & Lodise, 2011). These delays and deficits extend throughout childhood and adolescence and lead to higher rates of school failure and lower rates of employment.

ADOLESCENT POSTPARTUM DEPRESSION

Teenage mothers experience yet another emotional burden: postpartum depression (PPD). Mood symptoms appear on a continuum for most new mothers, and whereas 85% of new mothers experience mild mood symptoms, others are not as fortunate (Clare & Yeh, 2012). PPD is a mood disorder that occurs in the first year after delivery, and the rate of occurrence is disproportionately high for adolescent mothers. Women in general experience PPD at rates of approximately 20% to 28% (Hewitt et al., 2009); however, the rate of PPD in adolescent mothers is two to three times higher—53% to 61% (Clare & Yeh, 2012; Logsdon, Birkimer, Simpson, & Looney, 2005).

The symptoms of PPD include many of the same symptoms of major depressive disorder, including sleep disturbance, diminished appetite, feeling hopeless and helpless, and thoughts of wanting to harm oneself and the child (Reid & Meadows-Oliver, 2007). Adolescence is a period where identity takes shape and independence from family ties evolves. When these important and complicated processes are disrupted by pregnancy, adolescents experience difficulty in achieving these developmental tasks. Still, other factors make pregnancy and parenthood difficult for teen mothers: social isolation as well as high levels of parenting stress (Clare & Yeh, 2012). Even beyond these issues, new mothers experience weight and body shape alterations, diminished support networks, and higher rates of family conflict, all of which contribute to depression. Thus these challenges, combined with the task of integrating a new maternal role with an identity that is not yet fully established, lead to a greater likelihood for PPD to occur (Clare & Yeh, 2012).

Lower Nurturing by Adolescent Mothers

Teen moms who develop PPD report less satisfaction and confidence in parenting and thereby place the child at risk for a less nurturing, responsive environment. Depressed adolescent mothers are more likely to have negative infant feeding interactions and may avoid unpleasant situations with their infants such as changing diapers, feeding during the middle of the night, and responding to colic (Gavin et al., 2011). These episodes of indifference, hostility, and rejection of infants are associated with later behavioral problems in children (Yozwiak, 2010).

The lack of maternal responsiveness and availability stemming from
PPD compromises the important process of mother-infant attachment. A depressed mother has limited skill in detecting the emotions and behaviors of her child, creating a disruption in mother-child interaction; this disruption, rather than the child’s exposure to the mother’s depressive symptoms, is considered the cause of adverse child outcomes (Beck, 1995).

Relationship Stress
The relationship between the teenage mother and the baby’s father is significant. Reid and Meadows-Oliver (2007) emphasized that those adolescent mothers who receive support (either emotional or material) from the infant’s fathers fare better with respect to depressive symptoms. However, supportive relationships between teen moms and their partners are difficult to establish because the “early onset of parenthood often inhibits the development of stable relationships” (Lanzi, Bert, & Jacobs, 2009, p. 195). If a negative perception develops within the relationship during early parenthood, the risk for maternal adolescent depression is increased (Figueiredo et al., 2008). The teen mother-father relationship is further complicated by the prospect of intimate partner violence (IPV), which is highest for those ages 14 to 19 as compared with any other age group (Gavin et al., 2011). In fact, Gavin et al. (2011) found that 67.6% of adolescent mothers reported IPV during the first 18 months after delivery. Violence experienced at any age may cause psychological trauma, but pregnant teens who are dealing with IPV with low social support and education are especially vulnerable. The unique effect of IPV early in the life course shapes life trajectories, especially for the new teen mom and her baby (Lindhorst & Oxford, 2008).

**PSYCHIATRIC NURSING INTERVENTIONS**

Clearly, an adolescent girl who is pregnant faces many risks to both her baby’s development and her own. There are several interventions that psychiatric nurses have within their skill set to improve outcomes.

**Screen for Depression**
Due to the high rates of PPD among adolescent mothers, nurses should screen for this condition (Clare & Yeh, 2012). The two most common screening tools for PPD—the Edinburgh Postnatal Depression Scale (Cox, Holden, & Sagovsky, 1987) and the Postpartum Depression Screening Scale (Beck & Gable, 2000)—have not been tested within adolescent populations; DeRosa and Logsdon (2006) concluded that no ideal instrument for detecting PPD in adolescents exists. However, psychiatric nurses should use their assessment skills to assess for PPD by asking two questions known to have sensitivity and specificity for detecting depression in pregnant women: Over the past 2 weeks, how often have you been bothered by any of the following problems? (a) Little interest or pleasure in doing things, and (b) feeling down, depressed, or hopeless. Both items should be rated from 0 (not at all) to 3 (nearly every day) (Smith, Gotman, Lin, & Yonkers, 2010). This screening tool, known as the Patient Health Questionnaire-2, can be found online at http://www.innovations.ahrq.gov/content.aspx?id=2280. Answering positively to both questions indicates depressive symptoms and warrants further assessment.

**Work with Families**
Often, teen mothers continue to live with their families after the birth of the baby. Adolescent moms who perceived supportive relationships with their families reported fewer symptoms of depression (Reid & Meadows-Oliver, 2007). However, some teens who considered their mothers as sources of support also named them as sources of conflict. Nurses should coach teens to discuss expectations and set goals. Teens want parents to be clear about their own sexual values and communicate to them about specifics. Parents should be open and respectful and avoid a one-way conversation (Yozwiak, 2010). Parents should discuss future options that are more attractive than having another baby, such as setting and completing educational goals (Reid & Meadows-Oliver, 2007). Refer to Counseling When Necessary

Several types of therapy have been shown to be helpful, including interpersonal therapy and cognitive-behavioral therapy (Yozwiak, 2010). Nondirective counseling and psychodynamic approaches have also been helpful (Yozwiak, 2010). This is a vulnerable time in an adolescent mother’s life, and counseling approaches (whether by telephone or in person) have been...
shown to make a significant improvement in depression scores (Yozwiak, 2010).

CONCLUSION
Although rates of teen pregnancy have declined from 20 years ago, too many girls still become pregnant, affecting the future opportunities of these young women. School completion is threatened by adolescent pregnancy, and it is important that non-judgmental adults mentor teen moms to complete school to have basic skills to support themselves. Teens report that when it comes to decisions about sex, their parents still have the most importance influence (National Campaign to Prevent Teen and Unplanned Pregnancy, 2011a). Yet, many adolescents find it hard to discuss these issues with parents. Psychiatric nurses have a role to play in persuading parents and teens about opening a dialogue regarding sexual decision making, as it may be the most important dialogue they will ever have.

REFERENCES

Dr. McGuinness is Professor, University of Alabama at Birmingham, School of Nursing, Birmingham; Ms. Medrano is RN, Huntsville Hospital, Huntsville; and Dr. Hodges is Assistant Professor, University of Alabama at Birmingham, Birmingham, Alabama.

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Address correspondence to Teena M. McGuinness, PhD, CRNP, FAAN, Professor, University of Alabama at Birmingham, School of Nursing, NB 205, 1530 3rd Avenue South, Birmingham, AL 35294-1210; e-mail: tmcg@uab.edu.

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