Promoting First Relationships to Help with Postnatal Maternal Depression and Newborn Development

by Kate Forster

The arrival of a newborn infant brings with it great joy, and it also presents considerable challenges, even in the best of times. When a new mother suffers from depression, however, those challenges can seem insurmountable, and the vital mother-child relationship can become strained. A mother’s relationship with her newborn is particularly important in the first year of life because this is a critical time in socio-emotional and cognitive development. Through the mother-infant interaction, infants develop the foundation for all types of social cues, such as turn-taking. This interaction also provides the foundation for acquiring language, and it lays the groundwork for neuroregulation of brain functioning, which affects the development of complex cognitive processing used in such tasks as problem-solving, planning, and multitasking. Studies have shown that when a new mother is suffering from depression, the infant’s development of multiple abilities is impaired. Approximately 15% of women suffer postnatal depression in the United States. In low income families, that number can be as high as 40%.

“Fortunately, there are a lot of programs that support the mother when she suffers from postnatal depression,” said Susan Spieker, Ph.D. “But even if you treat a new mother for depression and she has a remission of symptoms, the mother-infant relationship will still suffer. It’s as if the mother and child have already learned a pattern of interaction based on the mother’s depression, and they don’t automatically adjust to a more positive interaction.” Spieker is a professor of family and child nursing and CHDD research affiliate, and she is studying the effects of combining a treatment for perinatal depression with a parenting program that can repair that very important mother-infant relationship. Spieker is also the Director of the Barnard Center for Infant Mental Health and Development, a collaboration between the CHDD and the School of Nursing. Her coinvestigators are Monica Oxford, Ph.D., research professor of family and child nursing and CHDD research affiliate, and Jurgen Unutzer, Ph.D., professor and chair, department of psychiatry and behavioral sciences.

They have found that King County is an ideal place for this type of research. For a number of years, Washington State has funded an enhancement to the Mental Health Integration Program (MHIP), which treats low income adults for mental health issues, such as depression, in primary care. The MHIP enhancement focuses specifically on depressed women with children. Spieker is collaborating with four community health centers in King County to provide a parenting intervention program called Promoting First Relationships (PFR) to newly delivered mothers who are being treated for depression through
MHIP. PFR is an early intervention program developed at the University of Washington by Jean Kelly, Ph.D., and colleagues at the UW Barnard Center for Infant Mental Health and Development, and it focuses on building a healthy, nurturing relationship between a caregiver and their child by promoting healthy social and emotional development in young children. Spiker and her team are adapting this program to focus on infants.

**Study population and methodology**

For this study, Spiker and her team will be recruiting 240 families over the course of three years. Unutzer leads the UW AIMS Center, an integrated behavioral health care center, which has a database that tracks MHIP-enrolled individuals. From this database, the research team will identify the pregnant women who are in treatment for depression at one of four community health centers in King County, and these women will begin the study when their babies are three months old. The study will start with a visit from a researcher to get a baseline assessment. The participants will then be randomly divided into either a group that will receive PFR or one that will receive usual care. The PFR group will receive 10 home visits. Five of these visits will involve video feedback in which the mother and provider review a videotaped segment of the mother-baby interaction and discuss parenting strategies using a strength-based approach. Participants receive another research visit immediately after the intervention and again six months later when the babies are about one year old. Spiker and her team will be looking at a number of indicators for maternal self-efficacy, such as the mother’s knowledge of infant development, the quality of the interaction in terms of both the mother’s sensitivity, responsiveness, and her ability to read her infant’s cues. They will look at the quality of the infant’s cues and its engagement with its mother.

What is unique about this study is that half of the participants will be Spanish-speaking, reflecting the population served by the community health centers. The intervention will be delivered by bilingual, bicultural PFR providers at Wellspring Family Services, a nonprofit multiservice agency and UW community partner that serves low-income families in King County.

**Looking forward**

Spiker and her team are currently at the beginning stages of this study, and they are in the process of adapting PFR for infants, writing the human subjects application, and working with community partners on recruitment. Spiker has high hopes for the ongoing application of this study. “What’s exciting is that the public health infrastructure already exists. So if this early intervention proves effective, it could be expanded and publicly funded,” she said. “For example, the Affordable Care Act has funds for home visiting. If this evidence-based program works for this population, it could be eligible for that funding—a sustainability point that is important for this research.”