



Examination of Effects of Preterm Birth and Maternal Postpartum Depression on Mental and Behavioral Disorders in the Children

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ABOUT THE STUDY

Despite inconsistent and poor-quality evidence, preterm birth has been associated to Postpartum Depression (PPD) disorders and high symptom levels. It is still unknown if PPD symptoms were raised prior to pregnancy in moms of preterm infants and if PPD symptoms mitigate or exacerbate the negative effects of preterm birth on child mental problems. We looked at the relationship between preterm birth and maternal PPD symptoms and the progression of depression symptoms from the antenatal to postpartum stages. The main factor contributing to perinatal morbidity and mortality is preterm birth. Later on in life, it increases the chance of physical, mental, and behavioural illnesses as well as neurosensory deficits. Significant difficulties and distress are also brought on by preterm birth for the parents of the premature babies. As a result, premature birth has been linked to increased risk for maternal PPD [1].

There haven't been many high-quality research on the connection between maternal PPD and preterm birth, though. We thoroughly evaluated the strength of the evidence in earlier studies looking at the relationship between preterm birth and mother PPD using the Newcastle-Ottawa Scale (NOS). The inadequate quality of the available evidence was highlighted by the NOS assessment: of the 26 cohort and cross-sectional studies assessed, 61.5% were determined to be of low quality, 19.2% to be of moderate quality, and 19.2% to be of high quality. Three of the five high-quality studies focused on mother PPD disorder diagnoses up to 12 months after childbirth and were population-based register studies. One of the registry studies revealed no link, while two of them discovered one between premature birth and mother PPD. The other two high-quality studies were cohort studies with focus on maternal PPD symptoms [2].

The fact that maternal PPD has been connected to the child's greater risk for mental and behavioural problems in addition to the implicated association with preterm delivery shows that PPD may be on a pathway connecting preterm birth and mental and behavioural disorders in children. An earlier study found that

the relationship between shorter gestational age and the probability of preschool-aged children developing anxiety disorders was mediated by diagnoses of maternal mood disorders after childbirth. The association between preterm birth and child behavioural and mental issues has been linked to mother PPD symptoms, but we are not aware of any research that has explored this hypothesis. It is also unknown whether maternal PPD worsens the link between preterm birth and these effects for the mental health of children [3].

Preterm mothers experienced more PPD symptoms up to 12 months after giving birth. Only minor variations in the severity of depressed symptoms between mothers who gave birth to preterm and term kids were found to be linked with preterm birth and maternal probable clinical PPD. However, when we considered the persistence of maternal depressive symptoms from the antenatal to the postpartum periods, mothers who delivered preterm babies had over 2-fold higher odds of being in the group that consistently displayed high depressive symptoms, which were at or above the probable clinical cutoff between the antenatal and the postpartum stage [4].

The link between preterm birth and the likelihood of mental and behavioural issues in children is partially mediated by maternal PPD symptoms. However, because the fraction of the effect size that is mediated is less than 8%, it is possible that maternal PPD symptoms are only a minor mediating factor in this association. Preterm birth, mother PPD symptoms, and possible clinical PPD are all linked to an increased risk of mental and behavioural abnormalities in children, and their effects seem to stack on top of one another. We and others have demonstrated that maternal PPD and preterm birth are linked to increased risks for children's mental health, but we are not aware of any prior studies demonstrating the cumulative nature of these risks [5].

Preterm birth and symptoms of maternal PPD are allegedly linked, according to the study. Addressing depressed symptoms early in pregnancy may reduce the risk of preterm delivery, PPD, and ultimately child mental and behavioural issues. This is

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because depressive symptomatology persists from the antenatal to postpartum period and is associated with premature birth. Preventive measures should be taken to lessen PPD symptoms in women who had preterm births because of the mediating and cumulative effects of preterm birth and maternal PPD on a child's increased risk for mental and behavioural disorders [6].

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