Does Marital Satisfaction Mediate the Relationship Between Maternal and Paternal Postpartum Depression (PPD)?

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ABSTRACT

Research suggests that the presence of maternal postpartum depression (PPD) increases the likelihood of experiencing paternal PPD. Low marital satisfaction is significantly related to paternal PPD. Using a sample of 372 heterosexual couples, data was gathered at 1 month and 9 months postpartum for both mothers and fathers to assess PPD and marital satisfaction. Using a multiple regression model, results suggest that marital satisfaction mediates the relationship between maternal and paternal PPD. We also found that the severity of paternal PPD symptoms were negatively correlated with marital satisfaction. This study highlights the importance of supporting the couple relationship as they transition to parenthood.

INTRODUCTION

- ❑ Paternal PPD is less researched than maternal PPD, yet prevalence has more than doubled from 2009 to 2016 (Cameron, Sedov, Tomfohr-Madsen, 2016)
- ❑ One meta-analysis found Paternal PPD prevalence to be 8.4%, though it may range from 4 to 25%, with variance being attributed to study location and cultural bias in regard to depression (Albicker et al., 2019).
- ❑ PPD is characterized as a depressive state that can span from pregnancy to a year after childbirth (Kleinman & Reizer,2018)
- ❑ PPD can have serious consequences for both the parent and child, such as maladaptive parenting and poor health and behavioral outcomes among offspring (Kleinman & Reizer, 2018; Melrose, 2010)
- ❑ Maternal PPD is associated with low marital satisfaction and a lack of perceived spousal support, along with new challenges of parenthood (Don & Mickelson, 2012; Kleinman & Reizer, 2018; Nishimura et al. 2015)
- ❑ Paternal PPD is significantly associated with low marital satisfaction and low spousal support (Don & Mickelson, 2012; Nishimura et al. 2015)
- ❑ Paternal PPD is associated with mild and moderate to severe maternal PPD. Severity of maternal PPD is positively related to paternal PPD (Pinheiro et al., 2006)

PRIMARY AIM AND HYPOTHESES

- ❑ RQ1: Does marital satisfaction mediate the relationship between maternal PPD and paternal PPD?
- ❑ H1: Within couples in which a mother is experiencing PPD, increased marital satisfaction will be associated with fewer fathers meeting criteria for paternal PPD.
- ❑ H2: Within couples in which a mother is experiencing PPD, increased marital satisfaction will be associated with decreased severity of paternal PPD symptoms, among those fathers who meet criteria for PPD.

METHODS

Participants

- ❑ 372 heterosexual couples
- ❑ Flyers will be distributed and displayed at reception in various OBGYN and pediatrician offices in Washington, Alabama, New York, and Kansas.
- ❑ In order to participate in the study, couples have to be heterosexual and married.

Procedures

- ❑ Responses to all surveys completed by participants were collected online. The data were collected at baseline of 1 month postpartum (T1) and at follow-up 9 months later (T2).
- ❑ Participants will be compensated $25 after completing the 1-month check-in and will be compensated $35 for completing the 9-month check in. Both partners must participate to receive compensation.

MEASURES

- ❑ We measured postpartum depression in mothers and fathers and marital satisfaction within the couple.

Postpartum Depression

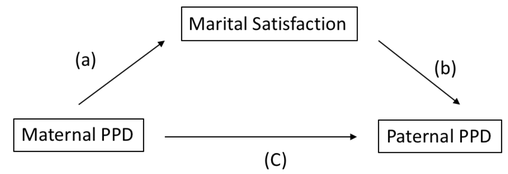
- ❑ Both maternal and paternal postpartum depression were assessed at both T1 and T2 using the shortened version of the Postpartum Depression Screening Scale. This 11-item Likert scale asks about postpartum mood states, with higher scores indicating greater incidence of PPD (Don & Mickelson, 2012).
- ❑ The mean scores at T1 and T2 were averaged to create a score. Mothers at 1 month: α = .85; fathers at 1 month: α = .88; mothers at 9 months: α = .88; fathers at 9 months: α = .82.

Marital Satisfaction

- ❑ Marital satisfaction was measured using the Marital Adjustment Test (MAT). This 15-item scale differentiates well-adjusted couples from distressed couples based on their agreeent in various domains of life and amount of leisure time spent together (Kleinman & Reizer, 2018).
- ❑ The MAT ranges in possible score from 2 to 158. A score of 100-158 indicates high acuity. A score of 85-99 indicates moderate acuity. A score of 2-84 indicates low acuity.
- ❑ At T1, couple marital satisfaction scores had a mean of 110. At T2, couple marital satisfaction scores had a mean of 116.

RESULTS

- ❑ RQ1: Yes; marital satisfaction mediates the relationship between maternal PPD and paternal PPD
- ❑ H1: Yes; Within couples in which a mother is experiencing PPD, increased marital satisfaction will be associated with fewer fathers meeting criteria for paternal PPD.
- ❑ H2: Yes; Within couples in which a mother is experiencing PPD, increased marital satisfaction will be associated with decreased severity of paternal PPD symptoms, among those fathers who meet criteria for PPD.
- ❑ We are proposing a mediation analysis model to test the indirect effect of marital satisfaction using 5,000 biased corrected bootstraps.



Discussion

Understanding the role that marital satisfaction plays in adjusting to parenthood can help prevent the onset of paternal postpartum depression. As marital satisfaction may be a protective factor against fathers developing postpartum depression, it is important for couples to increase their relationship satisfaction. Since there is a positive correlation between maternal postpartum depression and paternal postpartum depression, improving marital satisfaction is particularly important among couples in which the mother has more severe postpartum depression. This research can help normalize paternal postpartum depression and the often difficult transition into parenthood that both men and women experience. Hopefully more research focused on male postpartum depression will bring awareness to the existence and prevalence of paternal postpartum depression, thus reducing the stigma around both experiencing depressive symptoms and seeking help. Furthermore, if male postpartum depression is more widely acknowledged and accepted, both couples and individuals might be more likely to seek therapy to alleviate their symptoms. Clinicians should inquire about and normalize the impact of the postpartum transition on both mothers and fathers as part of their routine and ongoing assessment. Additionally, clinicians should ask about the couple's marital satisfaction and whether the client's partner is also experiencing depressive symptoms, regardless of the partner's participation in therapy. There may be more opportunity for systemic work between dyads as clinicians recommend couple's therapy to improve marital satisfaction and protect against the impact of postpartum depression. Further research in this area should consider other protective factors that might mediate the relationship between maternal and paternal postpartum depression.