Received: 4 January 2022 | Revised: 13 May 2022 | Accepted: 17 May 2022

DOI: 10.1111/apa.16414

ACTA PÆDIATRICA NURTURING THE CHILD WILEY

COMMENTARY

# EBNEO commentary: Elevated depression and anxiety symptoms in parents of very preterm infants while hospitalised and post-discharge

Sarah A. Swenson[1] | Megan E. Paulsen[2]

[1]Department of Pediatrics, University of Minnesota Medical School, Minneapolis, Minnesota, USA

[2]Department of Pediatrics, Division of Neonatology, University of Minnesota Medical School, Minneapolis, Minnesota, USA

**Correspondence**
Sarah A. Swenson, 2450 Riverside Avenue, Neonatology, AO-401. Minneapolis, MN 55454, USA.
Email: swens825@umn.edu

**Funding information**
Dr. Paulsen was supported by the National Institute of Health Building Interdisciplinary Research Careers in Women's Health (BIRCWH) grant HD055887.

## 1 | MANUSCRIPT CITATION

Pace CC, Spittle AJ, Molesworth CM, Lee KJ, Northam EA, Cheong JL, Davis PG, Doyle LW, Treyvaud K, Anderson PJ. Evolution of Depression and Anxiety Symptoms in Parents of Very Preterm Infants During the Newborn Period. JAMA Pediatr 2016;170:863-870. PMID 27428766.

## 2 | COMMENTARY

NICU parents have a higher prevalence of perinatal mood and anxiety disorders (PMADs).[1] Untreated PMADs have been associated with worse health outcomes for mothers and their children.[2] While this study focuses on parental symptoms of depression and anxiety, others have shown that efforts towards PMAD prevention, diagnosis and treatment improve health outcomes for preterm infants.[2] Here, we highlight three future directions in PMAD research with potential to improve health outcomes for families who are affected by preterm birth.

First, broadened PMAD screening may increase diagnosis and treatment rates in NICU parents. This study supports the American Academy of Paediatrics' recommendations for postpartum depression screening at well infant visits.[3] A strength of this study is its inclusion of NICU fathers who are often neglected in terms of mental health initiatives and research. Evidence outside of this study demonstrates that fathers' involvement in preterm care enhances both parents' engagement.[4] While both tools used in this study, the CES-D and HADS have been reported in parents of preterm infants, a limitation of this study, as well as current gap in the literature, is the absence of a validated screening tool specific to the NICU parent population. Current literature reports a myriad of assessment tools, yet there is no single comprehensive tool validated for NICU caregivers that screens for the most common PMAD diagnoses in this population: depression, anxiety and post-traumatic stress disorder.[2,5] The development of such a tool would aid screening efforts.

Second, Pace et al. emphasise the disproportionate number of families with high social risk affected by preterm birth. Not surprisingly, a higher social risk predicted depressive and anxiety symptoms. A limitation of this study is the exclusion of non-English speaking parents. Additionally, descriptive characteristics of the cohort, such as parental race, ethnicity, education and socioeconomic status, are not reported. Previous work has shown that PMAD prevalence is higher in parents of lower socioeconomic status.[6] This study may therefore underestimate the prevalence of PMADs, and these limitations hinder the generalizability of the study's findings. We echo current calls to action to eliminate PMAD outcome disparities and include representative and diverse populations in research and quality improvement initiatives.[7]

EBNEO commentaries on manuscripts relevant to evidence-based neonatal practice are welcomed and published after a formal peer-review process. To learn more visit https://ebneo.org/author-instructions/ and contact Dr. Amy Keir amy.keir@adelaide.edu.au or Dr. Clyde J. Wright clyde.wright@cuanschutz.edu with questions.

Last, Pace et al. report an interaction between maternal depressive symptoms and presence of siblings. Currently, there is a paucity of data regarding the impact of preterm birth on siblings. Adverse childhood experiences, such as significant disruption to the home environment, are associated with chronic health and behavioural problems.[8] While this was outside of the scope of this study, future research aimed to support siblings of preterm infants may improve family mental health and well-being.

In summary, inclusive NICU mental health initiatives will improve health outcomes for those affected by premature birth. Since this study in 2016, efforts towards these initiatives have gained traction.[2,9] Although there is much work to be done around PMADs and their impact on family well-being, we are encouraged by studies like Pace et al. that bring attention to its importance.

## 3 | URL LINK

https://ebneo.org/parental-depression-and-anxiety-nicu

## CONFLICT OF INTEREST

The authors have no conflicts of interest to disclose.

## ORCID

*Sarah A. Swenson* https://orcid.org/0000-0003-2353-5422

## REFERENCES

1. Hynan MT, Mounts KO, Vanderbilt DL. Screening parents of high-risk infants for emotional distress: rationale and recommendations. J Perinatol. 2013;33(10):748-753.
2. Johnson Rolfes J, Paulsen M. Protecting the infant-parent relationship: special emphasis on perinatal mood and anxiety disorder screening and treatment in neonatal intensive care unit parents. J Perinatol. 2021;1-4. doi:10.1038/s41372-021-01256-7
3. Earls MF, Yogman MW, Mattson G, Rafferty J, Committee on Psychosocial Aspects of Child and Family Health. Incorporating recognition and management of perinatal depression into pediatric practice. Pediatrics. 2019;143(1):e20183260.
4. Kim THM, Delahunty-Pike A, Campbell-Yeo M. Effect of Fathers' presence and involvement in newborn care in the NICU on Mothers' symptoms of postpartum depression. J Obstet Gynecol Neonatal Nurs. 2020;49(5):452-463.
5. Schecter R, Pham T, Hua A, et al. Prevalence and longevity of PTSD symptoms among parents of NICU infants analyzed across gestational age categories. Clin Pediatr (Phila). 2020;59(2):163-169.
6. Sidebottom A, Vacquier M, LaRusso E, Erickson D, Hardeman R. Perinatal depression screening practices in a large health system: identifying current state and assessing opportunities to provide more equitable care. Arch Womens Ment Health. 2020;24:133-144.
7. Rubin E. Striving for diversity in research studies. N Engl J Med. 2021;385(15):1429-1430.
8. Stephenson E, DeLongis A, Steele R, et alPlaceholder Text Siblings of children with a complex chronic health condition: maternal posttraumatic growth as a predictor of changes in child behavior problems. J Pediatr Psychol2017;42(1):104–13.
9. Murthy S, Haeusslein L, Bent S, Fitelson E, Franck LS, Mangurian C. Feasibility of universal screening for postpartum mood and anxiety disorders among caregivers of infants hospitalized in NICUs: a systematic review. J Perinatol. 2021;41(8):1811-1824.

**How to cite this article:** Swenson SA, Paulsen ME. EBNEO commentary: Elevated depression and anxiety symptoms in parents of very preterm infants while hospitalised and post-discharge. Acta Paediatr. 2022;111:1648–1649. https://doi.org/10.1111/apa.16414