



# The Importance of a Mother's Perceived Ability to Regulate Emotions in Postpartum Maternal Quality of Life and Parenting Distress



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## Background

- The postpartum period is marked by new demands of an infant, physiological and psychological changes, mental and physical exhaustion, which heightens risk for postpartum adjustment difficulties (Koshchavtsev et al., 2008).
- Postpartum anxiety/depression has been associated with increased parenting stress and emotion dysregulation between mothers and their infants (Crugnola et al., 2016).
- Decreased maternal postpartum quality of life as defined by an increase in depressive and anxiety symptoms is associated with increased emotional/behavioral difficulties for children in postpartum period (Woolhouse et al., 2016).
- Research on the role psychological factors that affect negative postpartum negative outcomes is limited.
- However, one study found that expectations of parenting skills and mother's perceived ability to cope with postpartum period was associated with negative mental health outcomes (Henshaw et al., 2014).

### PURPOSE & HYPOTHESIS

This study examined the role of perceived ability to use emotion regulation (ER) strategies in maternal postpartum quality of life (QOL) and parenting distress. It was hypothesized that lower perceived ER abilities would be associated with increased parenting distress and decreased maternal postpartum quality of life, above and beyond symptoms of anxiety, depression, and stress.

## Method

### PARTICIPANTS & PROCEDURE:

The current study included a community sample of 28 postpartum women ( $N = 28$ ) in Central Mississippi. Women came in for a study session at approximately one-month postpartum and completed a series of self-report questionnaires.

*Participant Characteristics.* Participants were between the ages of 23-36 years old ( $M = 30.9$  years;  $SD = 1.4$ ) and 39.3% reported this was their first pregnancy. Participants self-identified as 60.7% White and 39.3 % Black. The majority of women were married (85.7%) and had a graduate/professional degree (57.1 %).

### MEASURES

*Difficulties in Emotion Regulation Strategies (DERS;* Gratz & Roemer, 2004). The Strategies subscale was used to measure access to ER strategies.

*Depression, Anxiety, and Stress Scale- 21 (DASS-21;* Lovibond & Lovibond, 1995). Participants rated past two week depressive, stress, and anxiety symptoms on a 21-item Likert-type scale.

*Parenting Stress Index-4<sup>th</sup> Edition Short Form (PSI-4-SF;* Abidin, 1995). Participants rated parent distress; scores were covered to  $t$ -scores.

*Maternal Postpartum Quality of Life Scale (MAPP-QoL;* Hill et al., 2008). The importance and satisfaction of five quality of life subscales pertinent to QOL during the postpartum period, relationships (kinship/family/friend), socioeconomic, spouse relationship, health, and psychological/infant.

## Results

- In this sample, 35.7% reported significant symptoms of distress (21.4% anxiety; 32.1% stress; 28% depression) on the DASS-21.
- A series of Pearson's bivariate correlations were conducted (Table 1), and then two hierarchical linear regression models were computed to test the study hypotheses (Tables 2 and 3).

**Table 1. Bivariate correlations among ER, Anxiety, Depression, Stress, and Outcome variables**

Measures	<i>M</i>	<i>SD</i>	1	2	3	4	5
1. Depression	6.2	8.7	-				
2. Anxiety	4.5	8.9	.82**	-			
3. Stress	12.0	11.2	.87**	.75**	-		
4. ER Strategies	12.2	5.3	.84**	.80**	.71**	-	
5. Maternal Postpartum QOL	38.4	7.0	-.65**	-.55**	-.59**	-.79**	-
6. Parenting Distress	27.8	7.6	.71**	.59**	.58**	.79**	-.79**

\* $p < .05$  \*\* $p < .001$

**Table 2. Results of the Hierarchical Regression Examining Maternal Postpartum QOL**

	$\Delta R^2$	<i>B</i>	<i>p</i>
<b>Step 1</b>	<b>.42</b>		<b>&lt;.05</b>
Anxiety		-.07	>.05
Depression		-.55	>.05
Stress		-.10	>.05
<b>Step 2</b>	<b>.24</b>		<b>&lt;.001</b>
ER Strategies		-1.25	<.001

**Table 3. Results of the Hierarchical Regression Examining Parenting Distress**

	$\Delta R^2$	<i>B</i>	<i>p</i>
<b>Step 1</b>	<b>.51</b>		<b>&lt;.001</b>
Anxiety		.04	>.05
Depression		.827	<.05
Stress		-.18	>.05
<b>Step 2</b>	<b>.13</b>		<b>&lt;.001</b>
ER Strategies		1.02	<.05

## Conclusions

- This pilot study provides preliminary evidence that a mother's perceived ability to effectively respond to postpartum-related negative distress by using ER strategies may be more important than the severity of anxiety, depression, and stress symptoms.
- The treatment implications of the findings support that addressing mothers' lack of access to ER strategies in treatment could be more effective in treating postpartum distress and QOL.
- Future studies should continue to explore the perceived deficits in ER strategies as they could be essential to understanding the development of maladaptive postpartum symptoms.

### LIMITATIONS

- The study used a cross-sectional design; therefore, the directionality of the relationships between ER difficulties and maternal postpartum QOL and parenting distress cannot be determined.
- The methodology relied on self-report measures of postpartum symptoms and ER difficulties; thus, clinical interviews and mother-infant dyad data would strengthen the impact of the current study's findings.