Objective
To examine the associations of maternal antenatal expectations and postnatal perceptions of the child, maternal depressive symptoms and child gender on adolescent outcome at the age of 16-17 years.

Material
The original sample of this longitudinal study was collected in 1989-90 from maternity clinics in the city of Tampere, Finland. It consisted of 349 consecutively selected first-time pregnant mothers (Tamminen 1990). Follow-ups took place when the children were two months, six months, 4-5 years, 8-9 years (Luoma 2004) and 16-17 years of age. When the children were 16-17 years old the follow-up questionnaires were sent to 327 mother (Korhonen et al. 2012), and 191 mothers and 192 adolescents responded. Of the adolescents 55% were girls.

Methods
Maternal expectations and perceptions of the child were examined using the Neonatal Perception Inventory (NPI; Broussard and Hartner 1971) at the third trimester of pregnancy and two months postpartum. In the NPI mother is asked to assess the behaviour of her own baby and that of an average baby. The difference of these sum scores is categorised into “better than average” and “not better than average”.

Maternal depressive symptoms were examined by the Edinburgh Postnatal Depression Scale (EPDS; Cox et al., 1987) during pregnancy, two months postpartum and when the children were 16-17 years old. The cut-point ≥ 13 was used to identify those with depressive symptoms.

Internalising and externalising problems of the adolescents were assessed with the Child Behavior Checklist (CBCL) completed by the mothers (n = 60) and the Youth Self Reports (YSRs; Achenbach, 1991) completed by the adolescents (n = 192). The cut-point ≥ 60 was used to identify adolescents with at least sub-clinical problem level.

Results
No associations were found between adolescent Internalizing and Externalizing problems and mother’s expectations or perceptions of her baby being “not better than average”. However, mother’s more negative perceptions of her own baby postnatally, used as a continuous variable, was associated with more Internalizing problems in the CBCL (p = 0.008) and YSR (p = 0.006). No associations between the continuous NPI variable and adolescent Externalizing problems were found.

Maternal depressive symptoms two months postnatally and explanatory variables indicating pairwise associations with Internalizing problems were entered into logistic regression: adolescent’s gender, maternal perception of her own child two months postnatally and maternal depressive symptoms concurrently.

Risk factors for CBCL Internalizing problems were female gender, maternal more negative perceptions of the child postnatally and maternal depressive symptoms concurrently. Risk factors for YSR Internalizing problems were female gender and maternal more negative perceptions of the child postnatally (Figure 1).

Conclusions
This study indicates that less positive maternal perceptions of the child two months postnatally may indicate a risk for internalising problems in adolescence. NPI used as originally suggested may not be sensitive enough to indicate maternal negative perceptions of the child.

References

Correspondence to marie-kaarin.korhonen@uta.fi