Objective
To study the associations between trajectories of maternal depressive symptoms and adolescent emotional and behavioural problems at the age of 16-17 years evaluated by the mothers, fathers and adolescents' themselves.

Methods
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). One hundred and ninety one mothers, 127 fathers and 192 adolescents responded.

Maternal depressive symptoms were examined by the Edinburgh Postnatal Depression Scale (EPDS; Cox et al., 1987) during pregnancy, two and six months postpartum and when the children were 4-5, 8-9 and 16-17 years old. Internalising and Externalising problems of the adolescents were assessed with the Child Behavior Checklist (CBCL; Achenbach 1991) completed by the mothers and fathers and the Youth Self Reports (YSRs; Achenbach, 1991) completed by the adolescents. The cut-points ≥ 64 were used to identify adolescents with clinical level problems.

Internalising Externalising
(maternal depressive symptoms and adolescent well-being problems. The model chosen to describe trajectories of maternal depressive symptoms from pregnancy to adolescence of the child included four groups: “very-low”, “low-stable”, “high-stable” and “intermittent”. The proportion of mothers in each group was 18 %, 53%, 27% and 3% (Figure 1.).

The overall proportions of the adolescents scoring over the cut-point in Internalizing Problems were 13 % in self-reports, 11 % in mothers reports and 10 % in fathers reports. The respective proportions for Externalizing problems were 10 %, 6 % and 7 %.

There were statistically significant associations between the trajectory of maternal depressive symptoms and adolescent Internalizing Problems. The proportions of the adolescents scoring over the cut-point in Internalizing Problems according to all informants were highest in the intermittent trajectory group. The proportions in the high-stable group were smaller, yet considerably higher than those in the low-stable or very-low group. (Figure 2.).

Conclusions
Child development is modified by multiple positive and negative experiences. The trajectory of maternal depressive symptoms throughout development may be a more important explanatory risk factor affecting child emotional problems than individual depressive episodes. The results also suggest that it is perhaps easier for the child to adjust to stable rather than fluctuating maternal stress and depressive symptoms.

References

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