Psychosocial status and quality of life in mothers of infants with colic

S. Songül Yalçın

Unit of Social Pediatrics, Department of Pediatrics, Hacettepe University Faculty of Medicine, Ankara, Turkey. E-mail: siyalcin@hacettepe.edu.tr

To the Editor,

We read with interest the recent publication by Abacı et al.¹ on the psychosocial status in mothers of infants with colic.

Soothing an inconsolable, crying infant while coping with their own tiredness and exhaustion is a significant struggle for many mothers. Therefore, the psychosocial status of mothers should be investigated more comprehensively. Kurth et al.² reviewed the vicious circle of infant crying and maternal fatigue. In this circle, an excessively crying infant prevents the mother from getting the necessary rest and causes maternal exhaustion. Exhausted mother may show less adequate parenting behaviors, enforcing the infant's arousal and perpetuating its crying. As a result, the imbalance in adaptive circularity between infant and maternal needs could increase the risk for adverse outcomes as postpartum depression or infant abuse.

The association between colic and maternal depression is consistent in published studies²⁻⁴. Radesky et al.³ revealed that this relationship remained strong after adjusting for preexisting depression symptoms in late pregnancy and the peripartum period, supporting the likelihood that this relationship was not simply due to the effect of existing depression symptoms on both infant irritability and development of postpartum depression. However, in our nested case-control study, infants from families with domestic violence had a higher risk for infantile colic⁴. In addition, the mean score for the hostility subscale of the maternal Brief Symptom Inventory, which was assessed within 72 hours' postpartum, was found to be higher in the colic group than noncolic group. The percentage of cases with pathological maternal Edinburgh Postnatal Depression Scale (EPDS) at 40-55 days' postpartum was higher in the colic group than non-colic group. Interestingly, the colic group had more cases with impaired bonding in the Postpartum Bonding Questionnaire than the non-colic group at 40–55 days' postpartum. Cases with pathological EPDS at 40–55 days' postpartum had higher hostility scores at 72 hours' postpartum than the others. When the infants were 7–8 months old and colic episodes had improved, the colic and non-colic groups had similar rates of maternal pathological EPDS⁴. Thus, living with a colicky infant might result in deterioration of the psychological status of mothers.

Inconsolable infant crying is particularly distressing to the mother, affecting her parenting self-confidence and her behavioral responses toward her child, and may have important effects on the parent-child relationship. Further, a relationship between bonding and maternal psychopathologies and postpartum depression was reported⁵. Given the high percentages of history of domestic violence and impaired bonding in the colic group, clinicians should be careful about the risk of child abuse and maternal depression, and provide guidance for coping strategies during child health supervision visits of cases with domestic violence and infantile colic.

REFERENCES

- Abacı FB, Gökçe S, Tuygun N, Karacan CD, Öner Ö. Psychosocial status and quality of life in mothers of infants with colic. Turk J Pediatr 2013; 55: 391-395.
- Kurth E, Kennedy HP, Spichiger E, Hösli I, Stutz EZ. Crying babies, tired mothers: what do we know? A systematic review. Midwifery 2011; 27: 187-194.
- Radesky JS, Zuckerman B, Silverstein M, et al. Inconsolable infant crying and maternal postpartum depressive symptoms. Pediatrics 2013; 131: e1857-1864.
- Yalçın SS, Orün E, Mutlu B, et al. Why are they having infant colic? A nested case-control study. Paediatr Perinat Epidemiol 2010; 24: 584-596.
- Orün E, Yalçın SS, Mutlu B. Relations of maternal psychopathologies, social-obstetrical factors and mother-infant bonding at 2-month postpartum: a sample of Turkish mothers. World J Pediatr 2013; 9: 350-355.