

# Depressed Moms May Downgrade Infants' Food

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HONOLULU — Depressed Hispanic mothers are more likely than are nondepressed Hispanic mothers to supplement breast-feeding with water and flavored teas as early as 4-6 weeks and to be giving their babies soda, chips, and syrup-flavored cow's milk by 6-12 months, according to a study of 201 women.

Interestingly, the primary hypothesis for the prospective study—that depressed Hispanic mothers would be more likely to have overweight babies—was not confirmed in the cohort of women recruited during pregnancy and followed for 24 months, Dr. Janet M. Wojcicki reported at the annual meeting of the Pediatric Academic Societies.

Nondepressed mothers were actually more likely to have overweight 6-month-old infants than were those who were de-

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pressed, 22% versus 9%, respectively, said Dr. Wojcicki, a fellow in pediatric gastroenterology at the University of California, San Francisco.

However, the feeding patterns established early by depressed mothers could have a later impact on their children's development, health, and body size, she said.

Dr. Wojcicki and associates found a high rate of depression among Hispanic mothers prenatally, when 29% reported depressive symptoms on instruments validated for Spanish-speaking subjects.

At 4-6 weeks post partum, 15% of mothers were depressed. By 6 months and 12 months post partum, rates of depression were 18% and 14%, respectively. A prior history of depression was reported by 11% of the cohort.

Of the total, 92% received assistance from the Women, Infants, and Children nutrition program.

Nearly all of the women (93%) spoke Spanish as a primary language. One-third were married and 40% were living with a partner. Three-quarters were employed and had a high school education or less.

Initially, rates of breast-feeding were very high: 91% at 4-6 weeks with 51% reporting exclusive breast-feeding. However, by that time, 24% were supplementing their infants with liquids other than formula, including water and Yerba Buena, chamomile, and manzanita teas.

Twice as many depressed mothers as their nondepressed peers were supplementing their infants with water and tea at 4-6 weeks, reported Dr. Wojcicki. Other factors associated with the practice were Central and South American ethnicity and mixed feeding practices.

In an interview at the meeting, Dr. Wojcicki said the reasons for early tea supplementation by depressed mothers

remain unclear and merit further study. One possibility is that these mothers have a lower tolerance for crying or fussiness in their babies and offer them a bottle as well as the breast to quiet them.

"They may be more desperate," she said. "We may be measuring some level of anxiety or uncertainty in these mothers."

A second finding, not fully analyzed, was that mothers who remain depressed demonstrate "important feeding differences" in the latter half of their infants'

first year. By the time their babies were 6 months old, 10% of mothers with depressive symptoms were giving them soda, compared with 2% of nondepressed mothers in the study.

That difference remained significant at 12 months, by which time the depressed mothers also were likely to be introducing chips and supplementing cow's milk with sugary flavored syrups.

Dr. Wojcicki said feeding practices among depressed mothers failed to corre-

late with rapid weight gain or obesity at the 6-month mark, when their infants were far less likely to be overweight than were nondepressed mothers.

She noted that previous research has linked maternal depression to failure to thrive and poor weight gain, suggesting that slow to average weight gain may be the rule in these babies.

Weight trends in the group as a whole were rather alarming, with 26% of infants overweight at 6 months. ■



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