



Traumatic Disorder during Pregnancy and their Lasting Effects on Mother's Physical Health

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DESCRIPTION

Maternal Childhood Trauma (MCT) refers to the exposure of a mother to adverse or traumatic events during her own childhood, such as abuse, neglect, violence, or loss. MCT can have lasting effects on the mother's mental and physical health, as well as her ability to cope with stress and bond with her child. MCT can also affect the development and well-being of the child, both before and after birth. One of the ways that MCT can impact the child is through prenatal stressors. Prenatal stressors are any factors that cause stress or anxiety to the mother during pregnancy, such as, relationship problems, health issues, or environmental hazards. Prenatal stressors can affect the mother's hormonal and immune system, which in turn can influence the placental function and fetal growth. Prenatal stressors can also alter the mother's gene expression and epigenetic regulation, which can affect the fetal brain development and behavior.

MCT is associated with higher levels of prenatal stressors, such as depression, anxiety, Post-Traumatic Stress Disorder (PTSD), and perceived stress. These prenatal stressors can increase the risk of adverse birth outcomes, such as preterm birth, low birth weight, small for gestational age, and neonatal complications. Moreover, prenatal stressors can have long-term effects on the child's physical and mental health, such as obesity, diabetes, cardiovascular disease, asthma, allergies, cognitive impairment, emotional problems, and behavioral disorders.

Another way that MCT can impact the child is through Postpartum Depression (PPD). PPD is a mood disorder that affects some women after giving birth. It is characterized by persistent feelings of sadness, hopelessness, guilt, worthlessness, or emptiness that interfere with daily functioning and caring for the baby. PPD can affect up to 15% of mothers worldwide, and it is more common among mothers who have experienced MCT.

PPD can negatively affect the mother-child relationship and the child's development. Mothers with PPD may have difficulty

bonding with their baby, responding to their cues, providing consistent and sensitive care, or stimulating their learning. These parenting difficulties can impair the child's attachment security, emotional regulation, social skills, language development, and cognitive abilities. Furthermore, PPD can affect the child's physical growth and health. Studies have found that mothers with PPD tend to breastfeed less or stop breastfeeding earlier than mothers without PPD. Breastfeeding has many benefits for the child's nutrition, immunity, and development. Additionally, studies have shown that children of mothers with PPD have lower weight and height than children of mothers without PPD at 6 months and 12 months of age.

MCT is a significant risk factor for both prenatal stressors and PPD. However, not all mothers who have experienced MCT develop these problems during pregnancy or after childbirth. There are some protective factors that can buffer the negative effects of MCT on the mother and the child. These include social support from family, friends, or professionals; coping skills such as problem-solving or emotion regulation; positive beliefs about oneself or others; resilience or optimism; and access to quality health care services. MCT can also affect the child's epigenetic regulation and gene expression. This means that MCT can alter the way the child's genes are turned on or off in response to environmental factors. This can influence the child's susceptibility to various diseases and disorders later in life.

MCT is a common and serious issue that can affect both the mother and the child in multiple ways. It can increase the exposure to prenatal stressors that can harm the fetal development and birth outcomes. It can also increase the likelihood of developing PPD that can impair the mother-child bonding and the child's growth and development. However, there are some factors that can help prevent or reduce these negative outcomes. Therefore, it is important to identify and support mothers who have experienced MCT during pregnancy and after childbirth. This can improve their mental health and well-being as well as their child's health and development.

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