

The Link of Maternal Mental Health With Early Childhood Development

I read with interest the compilation on Early Childhood Development (ECD) in the recent supplement issue of *Indian Pediatrics* [1]. The various articles have addressed the role of active parental involvement as an enabler for ECD, but the issue of maternal mental health has not been addressed.

ECD has been linked to status of maternal mental health for quite some time now [2]. Family environment is the sole source of providing experiences for their young children especially through the critical first 1000 days of life. Good mental health and strong motivation among caregivers, especially mothers, is essential for them to perceive their child's experiences and needs.

The period of motherhood from conception through early childhood coincides with the period that is critical for optimal ECD. Incidentally pregnancy and post-natal period is also the time that is frequently associated with maternal mental health problems like anxiety and depression. Stress through pregnancy is known to disrupt maternal programming [3]. Disrupted maternal programming is associated with maternal mental disorders and her ability to appropriately respond to her infant. These negatively affect fetal development resulting in insecure mother–infant attachment and subsequent difficulties with their emotional behavior. Secure attachment can form only with a caregiver who herself enjoys good mental health and can provide security, safety, affection, and comfort to her child.

In case a mother gives birth to a preterm, small or sick newborn, parenting challenges are compounded by separation anxiety with limited opportunities for early bonding, while she is already dealing with her own frail health amidst lack of respectful amenities in a facility setting and responsibilities towards care of her sick one.

A mother who herself is struggling with these challenges when her child needs a nurturing environment, creates possibility adverse outcome in such children such as difficulties with learning, memory, attention, and executive functions.

Firstly we need to take cognizance that nurturing care can crumble under conditions of maternal, family and societal stress that substantially raise risks for poor ECD. ECD will foster if we provide family assistance to enable nurturing care, social protection, financial stability, knowledge, time, skill and psychological support [5]. Strategies addressing maternal anxiety and depression should be integrated into early child development programs to improve both maternal mental health and child development outcome [6].

Policies and programs need to align to provide equitable, affordable and accessible maternal and child health services especially focusing on maternal mental health and opportunities. Policies supporting paid parental leave, child care leave through pregnancy and early years, time off for breast feeding at work, free pre-pregnancy education etc. can enable fostering ECD. With help from civil society and social enterprises, we can work towards local solutions to mitigate adversities on ECD due to poor maternal mental health.

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