



Success

## Tip of the Month

~ # 19 ~

# Current Research on Stress

C  
a  
l  
i  
f  
o  
r  
n  
i  
a  
  
D  
i  
a  
b  
e  
t  
e  
s  
  
a  
n  
d  
  
P  
r  
e  
g  
n  
a  
n  
c  
y  
  
P  
r  
o  
g  
r  
a  
m

Three recent articles about maternal stress seem important to the work we do.

One is from Sandman, Davis, Buss and Glynn (Neuroendocrinology, 2011, Apr 15). They report that psychobiological markers of stress, especially occurring in early pregnancy, resulted in “delayed fetal maturation, disrupted emotional regulation and impaired cognitive performance during infancy” and also less brain volume in areas associated with learning and memory in children as old as 6 and 8 years old. Davis and Sandman also did research which showed that higher levels of cortisol as well as higher levels of “maternal pregnancy-specific anxiety” early in the pregnancy were associated with lower mental development scores in year-old infants (Child Dev.2010;81(1):131-48).

The important finding for us is that pregnancy-specific anxiety (not generalized distress) measured poorer infant outcomes. This anxiety was related to fear of miscarriage, concern about the health of the baby and worry about the development of pregnancy-related medical problems. The non-pregnancy-related distress measures (generalized worry, daily hassles and negative mood) did not have the same impact.

This is similar to findings from Dunkel-Schetter (“Stress and Preterm Birth”, Annual Review of Psych.2011;62:531-588) who found that a mother at highest risk for pre-term birth was one who was “a generally anxious person (with) a lot of fear about the pregnancy and delivery.”

Given this research, it seems wise for us to pay attention to anxiety and stress that is specifically related to pregnancy issues. We can impact these with a two-pronged supportive intervention: 1) offer acknowledging statements about these moms’ concerns and 2) offer pregnancy-related educational information that can alleviate their worries.