Postpartum Depression

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Postpartum depression (PPD) is a significant concern in maternal health that affects new mothers often leading to emotional and psychological distress. This mood disorder, occurring within the first year after childbirth, is characterized by persistent feelings of sadness, anxiety, and hopelessness, often accompanied by difficulty bonding with the newborn. PPD can hinder a mother's ability to care for herself and her newborn, potentially impacting the child's development and family dynamics. Despite its prevalence and potential for severe consequences, PPD frequently goes undiagnosed and untreated, leading to many women not receiving adequate support or treatment during this critical time. Given the vital role that nurses play in maternal healthcare, there are opportunities to provide effective interventions in maternity care. This paper argues that postpartum depression can be decreased through nursing interventions, specifically by implementing early screenings, identifying risk factors prenatally, providing emotional and group support, and offering comprehensive education to both patients and their families. By implementing these strategies, nurses and healthcare professionals can significantly improve maternal health outcomes, enhance mother-infant bonding, and promote healthier family environments.

Individuals are most vulnerable to developing depression during the year following childbirth. There is a higher risk of poor infant bonding and inadequate child development for mothers with mental health problems. During the postpartum period, mothers may be aware of their symptoms, but hide their struggles due to their desire to be a proficient mother (Park & Kim, 2022). Identifying and educating patients about postpartum depression risk factors is crucial during the perinatal period. Risk factors that may relate to the development of postpartum depression include prior depression, abuse history, unplanned pregnancy, diabetes, pregnancy

complications, lack of support, and adolescent parenthood (United States Preventative Services Task Force [USPSTF], 2019). It is common for symptoms such as fatigue, changes in appetite, and sleep disturbances to often be mistaken for normal pregnancy or postpartum experiences. These are also common early signs of depression in expectant or new mothers. In the United States, major depressive disorder ranges from 8.9% in pregnant women to 37% in the first year postpartum (USPSTF, 2019). Regular screening for depression in pregnant and postpartum women is essential for accurate and timely diagnosis. To be diagnosed with depressive disorders, an individual must experience at least one of two key symptoms, depressed mood, or loss of interest/pleasure for a minimum of two weeks (American College of Obstetricians and Gynecologists Committee on Clinical Practice Guidelines – Obstetrics [ACOG], 2023). The United States Preventive Services Task Force (USPSTF, 2019) recommends depression screening for both pregnant and postpartum individuals, emphasizing the importance of having effective treatment and follow-up care in place. The Edinburgh Postnatal Depression Scale (EPDS) is the most widely used screening tool for postpartum depression (PPD), with cut-off scores of 10 to 13 or higher used to identify individuals experiencing significant depressive symptoms (Levis et al., 2020). Symptoms of depression include at least five of the following: persistent depressed mood, diminished interest, significant weight changes, sleep disturbances, agitation, fatigue, and difficulty thinking (ACOG, 2023). According to the Arefadib et al. (2021) study, the Edinburgh Postnatal Depression Scale (EPDS) was highlighted as a valuable assessment tool. It provides an opportunity to focus on the individual's feelings, is easy to use and score, and helps identify mothers who might otherwise be missed. Implementing depression screening during perinatal care can enhance early detection and reduce the risk of postpartum depression. The United States Preventative Services Task Force (USPSTF, 2019) recommends

screening for depression in pregnant patients and those within one year postpartum since they are at an increased risk of developing depression. Applying early intervention can positively impact both maternal mental health and child development.

Beyond screening for postpartum depression, nurses play a crucial role in educating patients about effective treatments like cognitive behavioral therapy (CBT) and interpersonal therapy (IPT). For high-risk patients exhibiting symptoms such as history of depression, current depressive symptoms, low income, adolescent or single parenthood, recent partner violence, or significant negative life events, nurses can provide or refer them to counseling interventions. The U.S. Preventative Services Task Force (USPSTF, 2019) has found that these interventions, particularly CBT and IPT, are effective in preventing perinatal and postpartum depression in high-risk individuals.

Nurses have an important role in educating patients about cognitive behavioral therapy (CBT) and referring them to appropriate resources. CBT focuses on positively changing thinking and behavior patterns by recognizing cognitive distortions, facing fears, role-playing problematic interactions, and learning relaxation techniques (USPSTF, 2019). The American College of Obstetricians and Gynecologists (ACOG, 2023) recommends referring patients to behavioral health resources. One evidence-based program, “Mothers and Babies” offers group sessions during pregnancy and postpartum, covering stress relief, rewarding activities, cognitive distortion reduction, social network importance, mother-child attachment, and parenting strategies. On the Mothers & Babies online website (https://www.mothersandbabiesprogram.org/parents/self-care-tips/), their resource provides free 5-week audio courses in English and Spanish to help manage stress and cognitive thinking. By

informing patients about such resources, nurses can help address negative thoughts and promote positive coping strategies.

Nurses can educate patients about interpersonal therapy (IPT) as an effective approach to improve relationships and alleviate emotional distress during the postpartum period (USPSTF, 2019). The ROSE (Reach Out, Stand Strong, Essentials for new mothers) program is an evidence-based IPT intervention recommended by the U.S. Preventative Services Task Force (USPSTF, 2019). ROSE consists of four to five prenatal group sessions lasting 60-90 minutes each, plus one postpartum session. The program covers topics such as “baby blues”, PPD, stress management, social support development, and conflict resolution through role-playing exercises. As an evidence-based intervention, ROSE has been shown to significantly reduce the risk of PPD. Nurses can inform patients about this valuable resource for perinatal mental health support. The Women & Infants website (https://www.womenandinfants.org/rose-program-postpartum-depression) highlights the accessibility of the ROSE program. This evidence-based intervention for PPD is designed to be easily implemented by various healthcare professionals. It provides valuable resources and educational materials to support nurses in delivering this effective program, which has been shown to reduce PPD cases by half among low-income women (Women & Infants, n.d.). Amongst the plethora of resources available is a patient handout titled “Reach Out Stay Strong Essentials” for new parents/caregivers workbook available for download in English and Spanish (Uthmann, n.d.). According to the U.S. Preventative Services Task Force (USPSTF), both the ROSE program and the “Mothers and Babies” program have demonstrated a 50-53% reduction in PPD risk factors when assessed using the Edinburgh Postnatal Depression Scale. These evidence-based interventions, which utilized IPT and CBT, effectively decrease perinatal depression rates by addressing stress management, transition to parenthood, and

conflict resolution strategies. The USPSTF (2019) reports that approximately 65% of PPD interventions involve either cognitive behavioral therapy or interpersonal therapy.

Skin-skin contact (SSC) immediately after birth is a powerful intervention that promotes mother-infant bonding and maternal well-being. According to Bigelow and Power (2020) found that mothers who practiced SSC reported having fewer depressive symptoms in the early postpartum weeks. This beneficial effect is due to the release of oxytocin, a hormone associated with calmness, bonding, and stress reduction. Oxytocin, stimulated by touch, gentle pressure, and warmth during SSC and breastfeeding, decreases cortisol levels which is correlated with depression. Increased oxytocin levels during the postpartum period, stimulated by skin-to-skin contact and breastfeeding, play an important role in boosting maternal mood. This natural hormonal response not only strengthens the mother-infant bond but also effectively reduces depressive symptoms and stress, contributing to a more positive postpartum experience (Bigelow and Power, 2020). Bigelow and Power (2021) highlight the prevalence of postpartum depression, revealing that 20% to 40% of mothers report depressive symptoms six weeks after delivery. These symptoms can significantly impact maternal behavior, leading to reduced engagement, decreased playfulness, and increased irritability during interactions with their infants. By encouraging and facilitating a minimum of six hours of SSC throughout the day, researchers observed an improvement in maternal mental health. Mothers who consistently practiced SSC showed lower scores on the Edinburgh Postnatal Depression Scale compared to those who did not. This finding underscores the effectiveness of SSC as a non-pharmacological intervention for PPD.

Breastfeeding helps maternal health through the release of oxytocin, a hormone that reduces cortisol levels and anxiety while activating the brain’s reward pathways in conjunction

with dopamine. This neurochemical process contributes to positive mood and stress relief in breastfeeding mothers (Bieglow and Power, 2020). However, in the article of Yuen et al. (2022), while successful breastfeeding can promote positive outcomes, mothers who desire to breastfeed but face challenges may experience lower self-esteem leading to increase depression. It is important to identify women with breastfeeding challenges so they are provided with lactation support and mental health counseling to decrease the risk of developing PPD. Nurses can initiate open-ended discussions about infant feeding plans. This approach allows for personalized care planning and early interventions for potential breastfeeding (Yuen et al., 2022). SSC is encompasses both physical and mental health support, both essential for optimizing outcomes for new mothers.

Establishing a trusting nurse-patient relationship is essential in postpartum care. By dedicating time to communicate with patients, nurses create an environment where mothers feel comfortable disclosing symptoms and concerns that may indicate PPD risk (Arefadib et al., 2021). Additionally, nurses can gain valuable insight by observing mother-infant interactions, and paying close attention to nonverbal cues that might suggest attachment issues. Practical interventions can impact maternal well-being. For instance, collaborating with a support person to create a sleep plan and alternating feeding times can help new mothers achieve longer periods of rest, which is essential for mental health (ACOG, 2023). The “Mothers and Babies” program highlights mindfulness as a key factor in reducing postpartum risk. It offers cost-free strategies for new mothers, including creating at-home spa experiences, enjoying music during chores, and practicing positive visualization. These activities promote maternal well-being, model healthy coping mechanisms for infants, and help maintain a positive outlook. By incorporating these practices, mothers can potentially reduce PPD risk and foster a healthier family environment.

Nurses can provide valuable mental health resources to patients including The Substance Abuse and Mental Health Administration's service locator and find one that is close to them (USPSTF, 2019). Another resource is the Health Resources & Services Administration 24/7 maternal mental health hotline number. This hotline offers free support in multiple languages via phone or text for pregnant and postpartum women (ACOG, 2023). A study done by Arefadib et al. (2021) found that 96% of respondents supported nurse-led depression screening. The US Preventive Services Task Force (USPSTF, 2019) advocates for a comprehensive approach to maternal health including counseling, physical activity, education, infant sleep training, and expressive writing.

To summarize, nursing interventions play a crucial role in reducing postpartum depression (PPD). Early screening tools like the Edinburgh scale and identifying risk factors during pregnancy allow nurses to detect potential issues early. Nurses empower mothers with valuable resources; effective therapies such as the Mothers and Babies program for cognitive behavioral therapy and the ROSE program for interpersonal therapy. Encouraging skin-to-skin contact and breastfeeding helps release oxytocin, naturally reducing depressive symptoms and stress. Additionally, nurses' efforts in promoting strong support systems, including partner involvement, contribute significantly to lowering PPD risk. These combined approaches ― screening, education, promoting bonding, and fostering support networks ― demonstrate how nursing interventions can effectively address PPD. By implementing these strategies, nurses can make a substantial impact in improving maternal mental health and overall well-being during the postpartum period.

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