

Improving Postpartum Care, Reducing Postpartum Depression.

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Becoming a parent is a long-term goal of many men and women worldwide. With families facing numerous obstacles to achieve this goal such as infertility, financial stability, health complications, and stress. These struggles can create a long complex journey before the baby is even here. Yet these obstacles do not end once the baby is born instead, many new unexpected obstacles begin to surface. While becoming a parent is a very joyous time for many, the addition of a new baby also comes with lack of sleep, stress, and many emotional challenges. Upon discharge, new mothers often find themselves with minimal follow-up care and scarce opportunities for discussion of their mental wellbeing. With the current postpartum system, a mother's risk for postpartum depression is increased due to common barriers to accessing appropriate care: therefore, improving discharge teaching, postpartum support, and risk screening is essential in promoting maternal wellbeing.

Postpartum depression affects 10 to 15% of women following childbirth and is the leading cause of non-obstetric hospitalization among childbearing women. It is defined as a diagnosis of major depressive disorder with symptoms that occur within the first four weeks after delivery. This diagnosis is determined by having five to nine symptoms for most of two weeks, daily impairment, and the elimination of alternative causes. Postpartum depression is different from baby blues, which presents as depressive symptoms within the first four to ten days following childbirth without impairing daily functioning. (Kroska & Stowe, 2020a) While symptoms can be very similar these two mood disorders are extremely different, and it is important to understand the differences to treat appropriately.

In majority of healthcare systems, it is a common theme that prenatal care is significantly more accessible than postpartum care. Throughout the prenatal period, a pregnant woman is seen

multiple times a month with even weekly visits as the fetus develops closer to term. Yet after birth, the concern is now commonly transferred over to the baby and the mother is pushed into the background when it comes to medical care. A study done during January of 2024 found that there was four main barriers when it comes to postpartum care. The first barrier was found to be related to misaligned goals; many mothers found that their provider wasn't focused on addressing their needs. Which resulted in them feeling anxious, ignored, and rushed during their visits. The second barrier was found to be due to the lack of available appointments creating conflicts with scheduling. The third barrier focused on issues with the mother being able to prioritize themselves over their baby, as they felt overwhelmed with their parental duties. This led them to prioritize the care of their newborn over themselves, leading to a lowered attendance rate at postpartum visits. The final barrier was associated with lack of affordability, transportation, and insurance coverage. It was found that a lot of women had to even cancel their appointment as they could not afford their copay. (Kothari et al., 2023) Many women experience a multitude of barriers when it comes to accessing the care they need in the postpartum phase. By recognizing these barriers, attendance at postpartum visits can be increased providing better outcomes for new mothers.

Another study done in 2024 focused on the education provided to postpartum mothers during their time before discharge. Two hundred first time mothers were randomly divided into intervention and control groups. The mothers in the intervention group were given a printed three-page booklet compared to the general postpartum education. It was found that at three months postpartum the intervention group had a reduced score on the EPDS scale. Another study done in the United States consisted of two thousand three hundred and forty-three women across 21 states. They were split into two groups, where the intervention group received education and

supplementary tools for postpartum depression. Whereas the control group received only a 30-minute presentation about postpartum depression. The added education and resourced led to a positive impact on mothers at 12 months. To further prove the importance of postpartum education and support, another study was conducted with 679 women. These women were split into either the usual WIC program or the usual WIC program with an added twelve months of Just for You (JFY) education. With the JFY program they were provided with home visits and motivational phone calls. It was found that the JFY program mothers had a 2.5-unit lower score at 15 months postpartum. (Lee and Norazman, 2024) To further prove the importance of education, a study done primarily focused on the quality of postpartum depression education provided before discharge. Fifteen video and audio recordings were taken in the twelve hours before discharge. They were evaluated to find that there were many missed opportunities in addressing the mother's past mental health challenges, warning signs were often delivered unclearly, and counseling was not always done in the patient's preferred language. This study gave an inside look into what discharge teaching is truly like in the hospital setting, and how important quality teaching is for postpartum mothers. (Aneri et al., 2025) These two studies together prove the importance of not only just providing education but providing quality education. Proving that increasing quality teaching upon discharge can greatly decrease the risk of postpartum depression.

In 2022, the EPDS scale was used on pregnant women before 20-24 weeks gestation. Any women screening negative were included into the study, where participants were followed up until the fourth week postpartum and the EPDS was repeated. It was found that 112 pregnant women qualified for the study, but at the fourth week postpartum only 14 women (12.5%) still screened positive on the EPDS scale. This study further proved the importance of accessible

mental health support during the time of hospitalization and peripartum period. (Cormick et al., 2022) A final study done in the United Kingdom implemented listening visits by home visiting nurses for postpartum mothers. These visits have shown to effectively treat postpartum depression in the United Kingdom, Sweden, and United States. (Kroska and Stowe, 2020b) Not only is postpartum care important before delivery through the use of screening tools to assess risks, but so is the support provided after delivery. Screening can help promote extra care for postpartum mothers during the prenatal period, leading to them feeling more supported and able to talk about their concerns. Once delivery has occurred, now support through calls or visits can be implemented to make sure that the mother stays feeling supported even after her hospital care has ended.

Discharge from the hospital after the birth of a child is a pivotal moment in family's lives. While there are many barriers to accessing appropriate postpartum care, throughout all these studies it is apparent that an increase in education and support for the postpartum mother led to a decrease in postpartum depression or a more positive outcome for the mother. Education and support are essential to treating and preventing postpartum depression. Discharge teaching needs to consist of the signs and symptoms, information of available resources, the importance of follow up visits, self-care, and how to reach support. To optimize discharge teaching it would be beneficial for postpartum nurses to receive extra training/classes on postpartum education. It would also be very beneficial of the hospital to implement standardized protocols and resources for every soon to be discharged mother.

On top of adequate education, support is essential during the first 12 months postpartum when postpartum depression emergence is highest. A very beneficial resource to implement would be scheduling the first postpartum mother visit before discharge, just like as required for

the baby. Along with that implementing accessible visits, such as telemedicine or phone call check ins could greatly reduce some of the barriers associated with reaching postpartum care. Hospitals can also find ways to implement support groups before and after birth for mothers to find people and build their support circle. It is important that upon discharge mothers are able to access quality support quickly and easily, such as through hotlines and experienced providers. Without proper support and education there is a higher risk of suicide or self-harm in postpartum mothers. With a higher prevalence of suicide not only are families affected but so are the nurses who were there for the delivery, which could lead to higher levels of burnout and depression in nurses.

The postpartum period is an important but commonly neglected time in a patient's journey to motherhood. Evidence demonstrates that there is a gap in discharge teaching, support, and access to postpartum resources. Despite the prevalence of these barriers, healthcare still lacks when it comes to providing women with the care they need after delivery. Research consistently supports that appropriate discharge education, structured follow ups, and accessible support can greatly promote better outcomes during the postpartum period. With the implementation of consistent hospital education protocol, increasing discharge education training for nurses, and providing extra resources upon discharge; nurses and doctors as a whole can decrease the risk of postpartum depression. Leading to an increase in happy, healthy, and thriving families for years to come.

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