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# EFFICACY OF PSYCHOTHERAPY FOR EXPECTANT AND POSTPARTUM MOTHERS WITH DEPRESSION

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## **Abstract**

Psychotherapy, also known as talk therapy, is one form of treatment for mental disorders in both pregnant and postpartum mothers along with medications such as Selective Serotonin Reuptake Inhibitors (SSRIs). This literature review focuses on the impact of psychotherapy as the primary form of treatment for pregnant and postpartum mothers and how psychotherapy can be beneficial to pregnant mothers by limiting the outcome of postpartum mood disorders. Data gathered from a collection of case studies can provide understanding about the impacts of psychotherapy as the prominent preventive and ongoing treatment method against mental disorders such as Peripartum Depression (PPD) also known as Postpartum Depression, in pregnancy and postpartum mothers.

*Keywords – Peripartum depression (PPD), Postpartum Depression, Psychotherapy, Pregnant Mothers, Postpartum Mothers, Mood Disorders*

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## **Introduction**

Mood disorders are defined by the American Psychological Association as prolonged pervasive emotional disturbances (American Psychological Association [APA], 2023). These emotional disturbances have different impacts on mental health, ranging from depression and anxiety to other forms of mental health disruptions. According to the World Health Organization (WHO), it is estimated that 10% of pregnant women and 13% of postpartum mothers have experienced a mood disorder (World Health Organization, 2024).

Historically, mental health concerns surrounding both expecting and new mothers have been met with both controversies and speculation. Around 400 BCE, Hippocrates hypothesized that the reason new mothers would display signs of delirium was due to the collection of blood flow moving from the head to the breast (Hamilton, J., 1962). In the 19th century, the term for women who experienced the onset of mental illness before and after childbirth was termed puerperal psychosis and puerperal insanity (Loudon, 1988). In 1845, the Lunacy Act in England provided little support for mothers, instead allowing individuals to be involuntarily placed in asylums if they were found to be a threat to themselves or others, especially when the mother was expecting or had a newborn child (Hollingworth, T., 2023).

These asylums were often not equipped to provide proper care for expecting mothers or postpartum mothers. In addition to institutionalization in asylums, treatments for mental health issues occurring during or after pregnancy have varied from electroconvulsive therapy (ECT) to pharmacotherapy working in conjunction with short-term postpartum psychotherapy methods. Though ECT has a controversial history, the modern use of ECT is thought to be a safe method of treatment for mood disorders in women that are pregnant or are postpartum (Grover, et al., 2018).

### **Mood Disorders in Pregnant and Postpartum Women**

The mood disorders that pose concern are baby blues, peripartum depression (PPD) and postpartum psychosis. “Baby blues” are a common experience of short-term emotional changes caused by hormonal changes (Johns Hopkins Medicine, 2024). Peripartum Depression, also known as Postpartum depression (PPD), is a more severe, long-lasting form of perinatal depression that occurs after pregnancy (American Psychological Association [APA], 2022). Postpartum psychosis is a rare mental health emergency that can occur more often in mothers who have preexisting conditions such as bipolar

disorder (Johns Hopkins Medicine, 2024). Postpartum psychosis can lead to hallucinations, cognitive impairments, disorganized behaviors, and more. Since “baby blues” is a common, short-lived emotional regulation issue caused by hormonal changes, and postpartum psychosis is by rare occurrence, this paper will focus on the effects of psychotherapy with PPD.

PPD is a mental health condition that causes serious mental health decline in new mothers, resulting in anxiety, fatigue, sadness, and hopelessness (Mayo Clinic, 2023). This mental state can affect a mother’s overall actions for functioning and create an inability to perform their activities of daily living (ADLs) and proper care for infants. Proper PPD treatment is a public health concern for not only the ongoing health of the mother but also for the proper development and support of the infant.

When considering PPD outcomes in new mothers, it is important to understand all factors that contribute to the development of mood disorders. In an article written Waller and colleagues (2022), the analysis concluded that childbirth trauma can lead to an enhanced risk of depression for mothers. Their analyses focused on new mothers, a week postpartum mothers, and gathered data using robust methods of assembly from clinical data to surveys (Waller et al., 2022, p.985).

Many articles detail risk factors linked to PPD. Research shows that there is a higher risk factor in mothers of developing PPD based on physical, emotional, environmental, and socioeconomic factors (Zehan et al., 2023). In this analysis, 75% of the 550 women who responded were at risk due to such factors (Zehan et al., 2023). Another researcher highlighted the lack of preventive interventions for PPD in expectant mothers. The study describes the impact of preventive treatment offered to expecting and postpartum mothers, focusing on implementing psychoeducational programs consisting of diverse psychotherapy approaches (Narvaez Linares et al., 2021). The results,

though limited, showed a decrease in risk factors associated with PPD using psychoeducational programs.

## **Purpose**

While there is evidence that supports the effectiveness of psychotherapy in treating mood disorders among new and expecting mothers, the cumulative data imply flexibility in adopting various treatments for these conditions, instead of just focusing on one. Rather than relying on psychotherapy as an added measure with medication, psychotherapy should be looked at as a preventative measure that can help decrease the likelihood of PPD. Such settings can discover, guide, and help implement resources to meet the needs of mothers' outcomes related to mental health.

This paper reviews research about treatments used for pregnant and postpartum mothers diagnosed with depression. Sources may argue that various treatments such as pharmacotherapy, psychotherapy, and ECT together can be effective and beneficial in treating PPD symptoms. Yet, despite the ongoing health concern in mothers with PPD, there is little information on what method promotes better outcomes for mothers and their mental health. Due to the limited number of studies conducted on the topic, an overview of meta-analysis samples can help researchers understand the impacts of each depression treatment technique for pregnant and postpartum women.

## **Literature Review**

### ***Meta-Analysis 1:***

A meta-analysis by Cuijpers, et al. (2008) analyzed findings of 17 studies, totaling 1248 participants, which provided systematic differences throughout the studies (Cuijpers, et al., 2008, pp.103-118). The meta-analysis found different data collection methods throughout the studies and found diverse complications related to the

various treatment approaches which ranged from pharmacotherapy to psychotherapy. However, the limitations within the studies proved limited external validity due to the lack of varying conditions and methods used.

***Meta-Analysis 2:***

Some articles support the efficacy of medication treatment for mothers who suffer from PPD. A systematic review and meta-analysis by McDonagh et al (2014) focus on the use of medication to help limit the effects of depression while considering complications that the medications may have on the mother or child. The collection of data resulted in insufficient evidence on the postpartum outcomes for infants, though the study suggests minimal risk for infants and mothers. The study mentions a concern about an increased risk of Autism in children, however, the information was limited and could not support these findings. The study suggests limitations on the effectiveness of treating PPD with psychotherapy with or without pharmacotherapy (McDonagh, M., et al., 2014).

***Meta-Analysis 3:***

Self-help psychological inventions have been discussed within the psychotherapy field. A meta-analysis by Lin et al. (2018) reviewed earlier studies focusing on intervention methods for pregnant and postpartum mothers, specifically those that used self-help intervention methods for at least four weeks (Lin et al, 2018, pp.76-79). This analysis found that self-help interventions led to a reduction in depressive symptoms, although the information did not support a change in mothers who were not showing any signs of depression. The findings support the use of early intervention methods to promote better outcomes in postpartum mothers. However, limitations within the study consisted of sample size and a limited number of studies conducted.

#### **Meta-Analysis 4:**

A clinical trial conducted by Surkan et al. discussed implementing anxiety-focused cognitive behavioral therapy (CBT) to lower the risk of depression in postpartum mothers. The study consisted of 755 participants and found a reduction of anxiety by 81% and a 74% reduced odds of postnatal depression (Surkan, P. J., et al., 2024, pp. 675-682). The findings provided by earlier studies focused on depression and not anxiety, which in turn had a strong impact on mothers developing depression later on. The limitations mentioned were with follow-up, as there was a 37% loss of subjects for data collection (Surkan et al., 2024, pp. 675-682).

#### Meta-Analysis 5:

Electric Convulsive Therapy (ECT) has been used as another form of treatment within the last 60 years in pregnant and postpartum mothers as a means to treat depression and psychosis. Before the ECT treatments, doctors and researchers often recommended that women be treated with sedatives and nursing care to limit the liability of pregnancy complications or termination (Boyd and Brown, 1948). In a study published in 1948, it was suggested that use of Electric Convulsive Therapy (ECT) could be safely administered after pregnancy but makes note of concerns by the use of Insulin Shock Therapy, due to the increased risk of liability for pregnancy complications (Boyd and Brown, 1948). This study was conducted on new and expecting mothers that were admitted to the psychiatric asylum in Indianapolis. The study suggests improvement on young postpartum mothers showing psychosis-like states that had been admitted into the Psychiatric Division in Indianapolis, IN and attempts were made to perform ECT on pregnant mothers with no sign of harm to the pregnancy or prompting premature delivery (Boyd and Brown, 1948). However, the study does prompt two cases of concern surrounding contractions within the uterus and in one case, early labor too which was thought to be caused by an enema (Boyd and Brown, 1948).

### **Meta- Analysis 6:**

Advances in technology over the years have enabled medical specialists to find new forms of treatment methods for a range of mood disorders. A study conducted by Cox et al (2022) found that the use of repetitive transcranial magnetic stimulation (rTMS) can be an effective tool in limiting mood disorder symptoms during pregnancy and postpartum. The use of the rTMS method is considered safe for the mother and the new baby, which would allow a mother to safely manage symptoms without the use of medication. Although the use of the rTMS method is considered generally safe, the study is limited due to the small sample size and limited trials that have been tested regarding rTMS and safety on pregnant mothers (Cox, et al, 2020, pp 193-200). The clinical study did find that mothers who received rTMS during pregnancy had a reduction of symptoms compared to the start of the study (Cox, et al, 2020, pp 193-200).

### **Psychotherapy: Therapy Types**

As stated in the introduction, this paper focuses on therapeutic intervention for PPD in both new and expectant mothers. Although psychotherapy is known as “talk therapy,” it is important to understand the terms and summaries of example types of psychotherapy that can be used for PPD. Such therapeutic approaches may vary between clients. Understanding the systematic differences can help promote a proper therapeutic response. In a systematic review by Gaskell, et al, out of 252 completed studies and, 223 of which were included in their meta-analysis, Gaskill discussed the use of psychotherapy in patients both before and after mental health treatment which demonstrated supporting results in use of psychotherapy for those suffering from mental illnesses such as depression and anxiety (Gaskell, et al., 2023). Though this article focuses on PPD and the efficacy of psychotherapy as preventative and continuous care for mothers, PPD can also affect the other partner due to the stress of new demands and

functionality within the first year postpartum (Kim & Swain, 2007). This change can promote a depressive state for the expecting fathers, causing heightened stress in the relationship between partners. Psychotherapy can help with relationship dynamics by addressing the issues one might have in other relationships, such as with a partner or family member. Incorporating psychotherapy can help enhance communication between the mother and family by allowing a shared understanding of unmet needs and building compassion among family members (Kim and Swain, 2007). Such forms of psychotherapy consist of psychoeducation, cognitive behavior therapy, and interpersonal therapy.

***Psychoeducation:***

Psychoeducation promotes the understanding of mental illness and coping strategies through informed educational experience for mothers and families. In this approach, mothers and family members collaborate with therapists to understand the significance of mental health support and learn self-care techniques for new and expecting mothers by creating a positive environment. Though psychoeducation focuses on encouraging a solid support system, it also integrates other therapeutic elements such as cognitive behavioral therapy (CBT) and group therapy. Psychoeducation goes beyond talk therapy by providing an understanding of changes within the body, symptoms, treatment, causes for behavior, and risk factors (Sarkhel et al., 2020). It supports skill development by teaching effective stress management and coping strategies, and it provides education on the significance of self-help and self-care. In 2019, an analysis, consisting of 126 women who took part in a psychoeducational intervention and control study, found that there was a reduction by 50% in depressive symptoms during pregnancy using psychoeducation (Steardo et al., 2019).

***Cognitive Behavioral Therapy (CBT):***

Cognitive Behavioral Therapy, also known as CBT, is often used as a standard for psychotherapy treatment for anxiety. With CBT, mothers can describe and understand conflicting thoughts and behaviors. CBT allows the mother to gain coping strategies by developing a different thinking pattern towards those unwanted negative thoughts or behaviors by providing realistic goals and expectations. CBT breaks down uncomfortable experiences into individual thoughts, allowing mothers to gain clarity and form more positive perspectives on these issues (American Psychological Association, 2017). CBT focuses on the individual, in this case the mother, and helps provide critical thinking skills and promote positive activities. It can help reduce symptoms of anxiety and depression by enhancing emotional well-being through coping skills and stress management (Bentley et al. 2021). CBT can also help expecting mothers prepare for parenthood by setting realistic expectations and building confidence.

***Interpersonal Therapy (IPT):***

Interpersonal therapy can support new and expecting mothers by providing a safe space to discuss current issues, focusing on improving interpersonal relationships and social support. It aids in navigating role transitions and addresses identity confusion that may lead to crisis. This approach offers a supportive environment where mothers can feel validated in their emotions and receive empathic understanding as they express their thoughts and feelings. By discussing the current events going on within the mother's life, IPT can help focus on managing postpartum challenges and enhancing social support. This approach allows for the mother to build healthier forms of communication patterns and resolve relationships. While CBT focuses on altering thought patterns and behaviors, IPT emphasizes on improving relationships and enhancing communication and relation

dynamics (Haverkamp, C. J. 2022). Both therapies, however, are goal oriented.

**Group Therapy:**

Group therapy is a type of psychotherapy that focuses on supportive feedback from peers who are experiencing similar issues (Malhotra and Baker, 2022). The individual will attend a group session with a therapist to discuss factors that might be hindering their thought process or behaviors. Peers will provide diverse feedback or examples on how they manage related issues and will share collective coping skills with the therapist. Group therapy can also function as a resource, providing information for other mothers to connect within their community that they may have been unaware of before the session. Even after the delivery of the baby, group therapy can help new mothers understand daily life adjustments and how to bond with the baby.

**Discussion:**

The studies gathered show a variety of therapeutic approaches that promote a more positive mindset towards mothers with PPD. While psychotherapy is acknowledged as an effective form of treatment in those with PPD, the evidence supporting it as a standalone treatment is limited and does not consistently align with the expected theoretical models. The systematic review of information suggests a combined approach of pharmacotherapy with therapeutic treatments for PPD. Although the collection of information suggests a combination approach for PPD, there was no sufficient evidence to support one form of therapeutic approach as superior to the other. The limitations could be due to the lack of studies conducted about psychotherapy as intervention and continuous support.

**Conclusion:**

Postpartum depression (PPD) is an ongoing concern for mothers. PPD consists of excessive worry, thoughts, behaviors, and depressive moods that can inhibit a mother from taking care of herself and her infant. Studies show multiple approaches in helping mothers manage PPD symptoms via symptomatic treatments through the use of medications and ECT alongside psychotherapy. Despite the limitations of the systematic review, psychotherapy can significantly help both new and expecting mothers by promoting healthy coping strategies, setting routines, and ensuring both a supportive and non-judgmental space for expressing needs and thoughts.

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