



## EVIDENCE SEARCH RESULTS

<b>Question/subject of request:</b>	Recent available evidence outlining and evaluating group-based psychological interventions for psychological trauma following traumatic birth, for groups aimed at birthing people and/or birthing partners (or both). Evidence relating to any psychological models are welcome including psycho-education groups. Evidence relating to the efficacy, structure and content of groups, acceptability and/or service user feedback/impressions.
<b>Date requested:</b>	16 <sup>th</sup> April 2025
<b>Date completed:</b>	6 <sup>th</sup> June 2025
<b>Compiled by:</b>	Laetitia Delaleuf

### CITING THIS SEARCH

If you reference this search in any paper, publication or presentation, please let us know.

The citation format is:

- Delaleuf, L., (2025). *Evidence summary: group-based psychological interventions following traumatic birth*. Taunton, UK: Somerset Foundation Trust Knowledge and Library Services.

### CONTACT DETAILS

<b>Knowledge &amp; Library Services:</b>	<b>Email:</b> <a href="mailto:library@somersetft.nhs.uk">library@somersetft.nhs.uk</a> <b>Telephone:</b> MPH (01823) 342433 or YDH (01935) 384495 / 4697 <b>Website:</b> <a href="https://somersetft-nhs.libguides.com/home">https://somersetft-nhs.libguides.com/home</a> <b>BlueSky:</b> <a href="https://www.bsky.social/@somersetft-cls.social">@somersetft-cls.social</a>
<b>Quality Improvement Team:</b>	<b>Email:</b> <a href="mailto:jessica.pawley@somersetFT.nhs.uk">jessica.pawley@somersetFT.nhs.uk</a> <b>Website:</b> <a href="#">Somerset Collaboration Hub - Home</a>
<b>Primary Care:</b>	<b>Email:</b> <a href="mailto:LibraryPrimaryCare@somersetft.nhs.uk">LibraryPrimaryCare@somersetft.nhs.uk</a>

### Librarian's Comments:

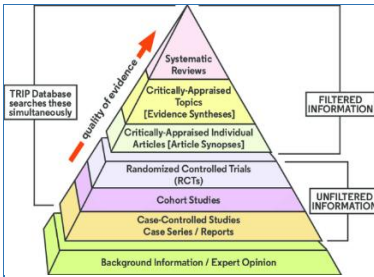
Abstracts are provided where available and relevant. Some articles have full text availability, as indicated by a corresponding link. If you have any problems accessing the links or would like an article which does not have immediate full text access, please contact a member of the library staff who will arrange for the article to be supplied.

Alternatively, when the blue link led you to a form, simply complete and submit it and we will source the article for you.



This work is licensed under a [CC BY NC 4.0 license](https://creativecommons.org/licenses/by-nc/4.0/)

**Disclaimer:** We will endeavour to use the best, most appropriate and most recent sources available to ensure that the information supplied is accurate, up-to-date and evidence-based. It is the responsibility of the requestor to determine the accuracy, validity and interpretation of the search results. No responsibility can be taken by the library for any action taken on the basis of this information. Read our full disclaimer [here](#).



The results are presented according to the hierarchy of evidence which is used to rank the relative strength of results obtained from scientific research.

The design of the study and the endpoints measured affect the strength of the evidence.

Evidence hierarchies are often applied in evidence-based practices and are integral to evidence-based medicine.

You will need your [NHS OpenAthens account](#) to access the full text of licenced content. This service is provided to the NHS in England by Health Education England.

**Contents** (click to jump to each section):

- [SYSTEMATIC REVIEWS AND META-ANALYSIS](#)
- [REVIEWS](#)
- [RANDOMISED CONTROLLED TRIALS AND TRIALS](#)
- [STUDIES](#)
- [INDIVIDUAL OR FAMILY INTERVENTIONS](#)
- [PREVENTION INTERVENTIONS](#)

**Summary of search results:**

*This summary may have been generated in part or in full by AI.*

I have broadened my scope to encompass postpartum depression, stress, and anxiety, as these conditions may be linked to traumatic birth experiences.

Regarding PTSD following birth, most interventions align with those used for PTSD, such as post-traumatic CBT, EMDR, exposure therapy, and debriefing interventions. These interventions are generally designed for individuals or groups.

A systematic review by Slade, Molyneux, and Watt (2021) analysed psychological interventions to reduce post-traumatic stress symptoms following traumatic births. They found that eye movement desensitisation and reprocessing, trauma-focused CBT, debriefing, and expressive writing showed some positive aspects but emphasized the need for more robust research. The review also highlighted barriers and facilitators in recognizing issues and seeking help when reaching a breaking point.

A systematic review conducted by Shorey, S. et al. (2023) examines psychological interventions aimed at reducing anxiety, depression, fear of childbirth, and PTSD symptoms immediately post-birth and in the subsequent period. The findings indicate that immediate interventions are more effective in mitigating PTSD symptoms and fear of childbirth than they are for anxiety and depression. Notably, improvements in depression were observed after 3-8 weeks. The review underscores the importance of flexible therapy sessions and suggests prioritizing interventions that optimize the allocation of time, costs, and resources. Although group sessions were mentioned, the review did not provide an explicit analysis of this modality of approach. Furthermore, Fang, Q. et al. (2022) found that a mix of individual and group sessions could improve depression and could be considered in specific cases.

Peer support has been identified as a valuable approach for addressing depression and challenging experiences (Roberts, N.J., Jomeen, J. and Thomson, G. 2021; Fang Q. et al. 2022; Merza, D. et al. 2024; Shorey S. et al. 2023; Babiy Z. et al. 2023).

**Modality, structure and outcomes (include live experiences):** I have put together a table [in the next page](#) with details of selected interventions.

**About psychoeducation:**

In addition to the table on [the next page](#) (rows 1 and 2), it is noted that psychoeducation sessions have been tested as a preventive approach (Missler, M. et al. 2020; Dekel, S. et al. 2024) but lack sufficient evidence of effectiveness.





A significant UK study conducted by Hussain N. et al. (2024) considers the psychological aspects and the adaptation of psychological approaches within a specific community, taking cultural aspects into account.

Other psychological approaches found:

- Acceptance based group and dialectic behavioural therapy ([Grunberg V.A. et al. 2022](#)).
- Programme based on psychological first aid (PFA) for traumatic birth: ([Andersson H. et al. 2024](#)).
- Emotional freedom techniques ([Robbins, N., Harvey, K. and Moller, M. 2023](#))
- I have also added [individual and family approach section](#) to complement the group approach.

Finally, I have added an article about the experience of nurses delivering CBT group therapy ([Layton, H. et al. 2020](#)).



The Knowledge & Library Service have a growing archive of completed evidence summaries on [inSPIRE](#) – the organisation’s knowledge, research and evidence repository. You can browse the evidence summaries [here](#).

These results of this search will only be shared in the repository if you have given your permission to do so (we ask this in the evidence search request form).

Thank you.



Are you curious about research? Do you want to get involved with research but don’t know where to start? Are you already engaged with research, but would like to share knowledge and learning with other researchers in the organisation?

If so, sign up for the new **Research Community of Practice** today:  
<https://forms.office.com/e/w9QKQmE3Hk>

You will be added to the Research Community MS Teams channel where you will have access to discussion forums about be the first to know about events and knowledge sharing opportunities.





Intervention / Author / Date	Modalities / Structures	Outcomes
<p>1. <a href="#">Women's Experiences of the Coping With Birth Trauma: A Psychoeducational Group Support Program</a> (Roberts, N.J., Jomeen, J. and Thomson, G. 2021)</p>	<p>Coping With Birth Trauma Course (CwBT) ran over six 2-hour sessions, delivered on alternate weeks in local community centers.</p> <p>Number of participants: 17</p> <p>Group size: between 4 and 5 per group (3 groups in total)</p> <p>Content of the interventions: information on trauma, teaching of mindfulness and CBT techniques such as grounding and relaxation techniques, visualization, journaling, breathing, meditation, and self-care. At the last sessions mothers were encouraged to bring partners. Follow-up sessions were organised with all participants.</p> <p>External speakers were invited: a consultant midwife, a creative writing therapist and a parent-infant psychotherapist.</p> <p>Assessment is done by a therapist prior to the enrolment.</p>	<p>Although the sample was small, in-depth interviews were done, and the qualitative information shows the following:</p> <ul style="list-style-type: none"> <li>- women gained an understanding of trauma</li> <li>- women valued the various strategies they were taught and the ability to choose different options at different stages in their recovery.</li> <li>- The recognition for some women to seek more support</li> <li>- The value of shared experiences to provide reassurance. It was noticed that some groups maintain their relation beyond the study highlighting the value of peer support.</li> <li>- The need for more support to facilitate memory processing</li> <li>- Women raised criticism of external speakers: defensiveness and patronising advice. They requested additional speakers.</li> </ul> <p>Regarding the modality of the interventions: "the group-based nature of the course and with individuals who had faced a similar experience was one of the most valued aspects".</p>
<p>2. <a href="#">Group trauma focused cognitive behavior therapy for parents of premature infants</a></p>	<p>Participants: 30 mothers completed the 6 group therapy sessions</p> <p>Inclusion criteria: Mothers of infants between 25-34 weeks and scored above the clinical cutoffs of one of the following screening measures:</p>	<p>"Group therapy trauma focused CBT is effective however, individual psychotherapy is more effective than group therapy".</p>



This work is licensed under a [CC BY NC 4.0 license](https://creativecommons.org/licenses/by-nc/4.0/)

**Disclaimer:** We will endeavour to use the best, most appropriate and most recent sources available to ensure that the information supplied is accurate, up-to-date and evidence-based. It is the responsibility of the requestor to determine the accuracy, validity and interpretation of the search results. No responsibility can be taken by the library for any action taken on the basis of this information. Read our full disclaimer [here](#).



<p><a href="#">compared to individual therapy intervention</a> (Shaw, R.J. et al. 2023)</p>	<p>Beck Anxiety Inventory (BAI) (21), the Beck Depression Inventory (BDI-II) (22) or the Stanford Acute Stress Reaction Questionnaire (SASRQ)</p> <p>Interventions: The intervention lasted 3-6 weeks with one or two 90-minute sessions administered weekly. Sessions were only in English. Group sizes: between 5 and 2.</p> <p>The use of trauma-focused CBT included psychoeducation, cognitive restructuring, progressive muscle relaxation and processing of a trauma narrative in a group setting.</p> <p>Topics in psychoeducation area: overprotective parenting and development of successful parenting style.</p> <p>Individual sessions: 6 sessions including psychoeducation, cognitive restructuring, progressive muscle relaxation and individual processing of a trauma narrative</p> <p>Sessions were delivered either in person or online. For online sessions handouts were given in advance and displayed during the session. The facilitators were 4 trained therapists.</p>	<p>In terms of modality: telehealth is comparable to in person therapy.</p>
<p><a href="#">3.Motherhood and Me (Mom-Me): The Development of an Acceptance-Based Group for Women with Postpartum Mood and Anxiety Symptoms</a> (Grunberg, V.A. et al. 2022)</p>	<p>Targeted interventions for women of diverse racial, ethnic, and economic backgrounds to promote maternal functioning.</p> <p>The programme is embedded in the Psychological Services Center at Drexel University and offered on Wednesdays and Fridays from 9–3 pm.</p> <p>One facilitator: 2–3 doctoral-level psychological graduate students who rotated delivering it.</p> <p>Use of various psychological approaches: acceptance and commitment therapy, dialectic behavioural therapy and emotion-centred problem-solving</p> <p>“a weekly 50 min group for women with postpartum depression and anxiety symptoms”</p> <p>“The group offers peer support and practising effective communication skills in sessions. The facilitator also encourages discussion and social support among mothers.”</p>	<p>No outcomes yet as this is the start of a pilot project.</p>





	<p>Flexibility approach: “an open-group format, allowing members and a number of people to change from week to week. This helps overcome barriers such as transportation, employment and childcare. To enhance the flexibility: sessions were in a stand-alone format. Skills developed: values, mindfulness, understanding emotions and regulating them, acceptance, interpersonal effectiveness, problem-solving”</p>	
<p><a href="#">4.A Group Parenting Intervention for Male Postpartum Depression: A Cluster Randomized Clinical Trial</a> (Husain I. et al. 2025)</p>	<p>Sample size: 357: Intervention group: 171, control group: 186</p> <p>Intervention: CBT culturally adapted, play therapy and parenting skills. Use of a pictorial calendar that depicts 8 successive stages of child development from birth to age 3 years, along with illustrations of parent-child play and other activities that promote parental involvement, learning, and attachment. Focus made on fathers and the importance of fathers in child development. 12 group sessions of 60 to 90 minutes each. Weekly sessions for 2 months then every 2 weeks.</p> <p>Sessions were facilitated by community health workers.</p> <p>Interventions done in Pakistan.</p>	<p>Positive outcomes depressive symptoms severity, anxiety, parental stress, disability, parental knowledge and attitudes, dyadic adjustment, and intimate partner violence.</p> <p>“Children of fathers in the intervention group showed improved social-emotional development”</p>
<p><a href="#">5.Randomized pilot trial of the “Mom Power” trauma- and attachment-informed multi-family group intervention in treating and preventing postpartum symptoms of depression among a health disparity sample</a> (Jester, J.M. et al. 2023)</p>	<p>“68 allocated to the intervention arm and 54 allocated to the control arm. Allocated interventions are 3 individual and 10 group sessions) Control interventions are 2 individual sessions and 10 weeks of mailing For the intervention group: sessions are led by master’s level clinicians that have completed a multi-day training and receive ongoing reflective consultation during the group” Target population: “women with a history of maltreatment, interpersonal violence, and mental health challenges that may impact parenting” Use a variety of psychological approaches from CBT, Dialectical Behavior Therapy (DBT), mindfulness, and motivational interviewing</p> <p>“For Intervention group: sessions aim at supporting maternal mental health and the parent-child relationship using trauma-informed, infant</p>	<p>“Use of logistic regression with Firth’s Penalized Likelihood Participation in Mom Power was associated with reductions in probable depression diagnosis that were sustained 3 months following treatment, as well as prevention of the onset of probable depression 3 months after treatment ended”</p>





	<p>mental health, and evidence-based methods (e.g., cognitive behavioural therapy, dialectical behaviour therapy, mindfulness, and motivational interviewing)”</p> <p>Structure of group sessions: “Sessions start with a shared meal and discussion of the past week, then separation of children and mothers. Mothers discuss parent-focused content and children engage in guided play, activities and exploration. Sessions are built on through a curriculum grounded in attachment theory added with mindfulness activities. Some psychoeducation skills are added.”</p> <p>Individual 1-hour sessions are added, prior to, midway and following group sessions.</p>	
<p>6. <a href="#">Virtual connection and real community: the qualitative experience of participating in a videoconferencing-based psychotherapy group for postpartum depression and anxiety</a> (Hussain-Shamsy N. et al. 2024)</p>	<p>“Targeted group: women (cis and trans) and non-binary people assigned female sex at birth who are experiencing postpartum depression and anxiety symptomatology.”</p> <p>“Psychological approach use: mainly interpersonal therapy (IPT)</p> <p>Therapy focuses on how relationships are being managed in any of 4 key focal areas: conflict in relationships, life changes, grief and loss and difficulties in starting and maintaining relationships.”</p> <p>“Offered face to face before 2020, after 2020 offered online.</p> <p>Group run regularly. From October 2021 and August 2022: 134 persons participated.”</p> <p>Sessions are 60 min per week for 8 weeks, with 5 to 6 participants and 1 trained psychotherapist facilitator per videoconferencing group.</p> <p>Beginning of each week’s session: brainstorm topics for discussion which inform the specific theme of each week’s session.</p>	<p>“Overall, there was a sense that these new mothers enjoyed and benefitted from the group. A virtual experience may have partially blunted the ability to create meaningful in-group connections for some, but with a skilled facilitator a positive group environment and sense of cohesion could still be achieved”.</p>
<p>7. <a href="#">Changes in infant emotion regulation following maternal cognitive behavioral therapy for postpartum depression</a> (Krzeczkowski J.E., Schmidt L.A., Van Lieshout R.J., 2021)</p>	<p>Sample: 80 babies and their mothers.</p> <p>Intervention group: 40 babies and mothers with postpartum depression</p> <p>Control group: 40 babies and mothers without postpartum depression</p> <p>“The intervention group received 9-week group CBT sessions delivered by two trained psychotherapists. Nine two-hour sessions took place weekly. The first half consisted of core CBT content, and the second half involved a relevant discussion topic co-led by patients and therapists.”</p>	<p>“This intervention is potentially reducing the intergenerational transmission of risk from mother to child”.</p>





<p>8. <a href="#">Cost-utility of public health nurse-delivered group cognitive behavioural therapy for postpartum depression</a> (Layton, H. et al. 2025)</p>	<p>Data was collected from a two-arm randomised control trial to determine the effectiveness of in-person public health nurses (PHN)-delivered group CBT in addition to treatment as usual (TAU) compared to TAU alone.</p> <p>Participants: 119. Intervention group: 57 and control group: 62</p> <p>Intervention: “nine weekly two-hour CBT sessions delivered by two trained PHNs. The first half of each session consisted of core CBT content (e.g., cognitive restructuring) and the second half contained discussion topics relevant to people with postpartum depression (PPD)”</p>	<p>“In-person PHN-delivered group CBT could be a cost-effective treatment for PPD”.</p>
<p>9. <a href="#">Online peer-delivered group cognitive-behavioral therapy for postpartum depression: A randomized controlled trial</a> (Merza, D. et al. 2024)</p>	<p>Sample: 92 were assigned to the intervention group and 91 to the waiting list group</p> <p>“9-week synchronous, online peer-delivered CBT. 31 Participants completed one 2h session each week, which was led by two randomly selected peer facilitators via the online video conferencing platform. The first half of each session involved teaching and practice of core CBT skills, followed by 1h of unstructured discussion on topics relevant to those with postpartum depression”</p>	<p>“The findings of this study suggest that recovered peers can deliver effective online group CBT. Those who received the intervention displayed statistically and clinically significant improvements in depression and anxiety, as well as improvements in social support, infant-focused anxiety, and their infant's negative emotionality. These improvements persisted up to 3 months post-intervention, highlighting the potential stability of these effects”.</p>
<p>10. <a href="#">The impact of expressive writing of deep feelings about labor experiences on postpartum depression: a randomized clinical controlled trial</a> (Mohammadi, S. et al. 2025)</p>	<p>Sample size: 154 women who have delivered live babies and were not diagnosed with mental conditions. 2 groups of 77 women. One intervention group and one control group.</p> <p>“For two weeks and twice a day, the intervention group wrote about the deepest thoughts and feelings about their experiences during labour and delivery in their peers’ virtual social media group. The control group shared information about their daily life events or daily baby care experiences in another virtual social media group of their peers”</p>	<p>“The results of this study showed that the expression of deep feelings about labour experiences in a virtual social media app group of peers did not affect postpartum depression”.</p>
<p>11. <a href="#">Emotional Freedom Techniques for Postpartum Depression, Perceived Stress,</a></p>	<p>Participants: Inclusions criteria: women (18 years +) “had an EPDS (the Edinburgh Postnatal Depression Scale) score of <math>\geq 7</math>; and could speak, read, and understand English and provide informed consent”</p>	<p>“Our findings suggest that EFT may be an</p>





<p><a href="#">and Anxiety</a> (Robbins, N., Harvey, K. and Moller, M. 2023)</p>	<p>Sample size: 11</p> <p>Interventions: eight 1-hour group sessions over 4 weeks. Participants were invited to attend 4 sessions.</p> <p>Sessions content: Introduction of Emotional Freedom Techniques (EFT) and tapping points. Practice the skills through breathing exercises, identifying distress, rating distress, learning and practising tapping points.</p> <p>The group was led by “a doctor of nursing practice DNP and psychiatric mental health nurse practitioner student”</p>	<p>effective adjunctive intervention for mitigating the mental health burden in women in the postpartum period. Using a group format for the implementation of EFT was well received by the participants in this study.”</p>
<p>12. <a href="#">Mother-Infant Group Intervention on Maternal Depression and Bonding: A Quasi-Experimental Study</a> (Shieh, P.L. et al. 2023)</p>	<p>82 babies and mothers with distress in parenting or depressed mood were recruited for the intervention group. For the control group: 194 postpartum women were recruited for the control group.</p> <p>Interventions led by 2 clinical psychologists 12 sessions were undertaken at two places: Taipei Community Mental Health Center and Chung Shan Medical University</p> <p>Each course consisted of twelve 90-minute weekly sessions.</p> <p>“In each course, there were 4 to 9 mother-babies participants. Mothers and babies were encouraged to interact in their usual way. Agendas were prepared by professionals. Agendas were adapted depending on the dynamic and content of each course. Agenda was organised under 3 themes: “mutual understanding and support”, “fostering of secure attachment” and “interactive guidance”</p>	<p>“This research indicates preliminary findings on mother-infant groups’ effects on mother-infant bonding and maternal depression.”</p>
<p>13. <a href="#">A Cognitive—Behavioral Intervention for Postpartum Anxiety and Depression: Individual Phone vs. Group Format</a> (Simhi, M. et al. 2021)</p>	<p>Sample size: 34 postpartum women. Intervention group: 24 Phone consultation: 10</p> <p>Use of a self-help workbook design to address common anxieties experienced by new mothers and ameliorate symptoms of depression by practising CBT and mindfulness techniques.</p>	<p>“Following the intervention, no significant differences were found between those who received the intervention by phone or in the group format in the indicators of anxiety and depression.” “Both methods can be effective and therefore should be offered to women at risk of PMAD (perinatal mood and anxiety</p>





	<p>A mental health professional supports women as they progress through the workbook.</p> <p>Both interventions were done either in a group or individual intervention by phone. Recruited women could choose the preferred intervention style.</p>	<p>disorders), allowing them to choose the format that suits their needs.”</p>
<p>14. <a href="#">Efficacy of a culturally adapted, cognitive behavioural therapy-based intervention for postnatal depression in British south Asian women (ROSHNI-2): a multicentre, randomised controlled trial</a> (Hussain N. al. 2024)</p>	<p>Study conducted in 5 centres in the UK</p> <p>Positive Health Programme (PHP) was delivered over 12 group sessions in 4 months. Initially, sessions were weekly for 2 months then every 2 weeks for a further 2 months. Each session lasts 60-90min.</p> <p>Sample size: 732 (in total): 368 in the intervention group and 364 in the control group.</p> <p>The programme was culturally adapted and based on a CBT therapy group delivered by non-specialists and aimed at British South Asian women.</p> <p>“PHP educated participants about depression and addressed nine culturally specific topics, including the challenges of being a British South Asian woman, the role of religion and spirituality in mental health, issues affecting self-esteem and their management, exercise, relaxation, assertiveness, self-confidence, and tackling social isolation, all aimed at raising awareness and improving wellbeing”.</p> <p>The PHP intervention was delivered remotely via Zoom, Microsoft Teams, or Google Meet, rather than in in-person groups</p> <p>Non-specialists were trained on mastery of facilitation, behavioural activation, and the ABC model of CBT.</p>	<p>“At 4 months from randomisation, the proportion of participants who showed recovery from depression on the HDRS [Hamilton Depression Rating Scale] was significantly higher in the PHP group (138 [49%] of 281) than in the control group (105 [37%] of 281; adjusted odds ratio 1.97 [95% CI 1.26–3.10]). At the 12-month follow-up, this difference was no longer significant (1.02 [95% CI 0.62–1.66])”</p>
<p>15. <a href="#">Mother Matters: Pilot randomized wait-list controlled trial of an online therapist-facilitated discussion board</a></p>	<p>A pilot randomized waitlist-controlled trial</p> <p>Participants and groups: 99 participants randomised: intervention group: 50, control group: 48</p>	<p>Outcomes reported are: (1) depressive symptoms and (2) remission of depression, measured immediately posttreatment.</p>





<p><a href="#">and support group for postpartum depression symptoms</a> (Vigod S.N. et al. 2021)</p>	<p>Participants who score more than 9 on the Edinburgh Postnatal Depression Scale (EPDS), are adults (18 years +) and mothers of a child between 0-12 months.</p> <p>Intervention: Mothers Matters was developed by an expert clinical team at Women's College Hospital in Toronto, based on the framework of interpersonal therapy (IPT). The approach taken is biopsychosocial: psychiatric symptoms, social support, and interpersonal problem areas.</p> <p>"Intervention was divided into 10 weekly topics covering: (1) psychoeducation around the common types of postpartum mental illness, aetiology, and treatment options (Weeks 1 and 2), (2) issues related to obtaining adequate social support (Week 3), and (3) interpersonal problem areas (Weeks 4–9), including challenges related to baby's sleep and feeding, maternal identity, and interpersonal relationships with partners. The final week (Week 10) was for consolidation and saying goodbye to the group. Intervention facilitated by two trained mental health therapists."</p> <p>"At the beginning of each week, one of the therapists posted educational information about the weekly topic to the forum, with a set of questions put to the group to prompt discussion related to the weekly topic. Participants could log into the forum any time of day, and post or respond to posts on the discussion board. During business hours, the therapists asynchronously moderated the discussion of the weekly topics, and coached participants on depression and anxiety symptom management strategies based on principles of mindfulness and dialectical behaviour therapy. There was also a weekly optional "live chat" hour"</p> <p>Therapists spent about 4 to 6 hours on the site and could be contacted outside the forum for non-urgent queries.</p>	<p>These outcomes were measured using the EPDS.</p> <p>"The mean EPDS score decreased from 14.5 (SD: 4.07) to 11.3 (SD: 4.54) in the intervention condition and from 15.0 (SD: 3.56) to 12.0 (SD: 4.79) in controls for an adjusted mean difference (aMD) of -0.58 (95% CI: -2.68 to 1.52)"</p> <p>"Mother Matters represents a promising novel e-health intervention for postpartum depression. It is delivered in a group format, increasing the potential for efficiency more than individual-level interventions as the latter still require individual 1:1 coaching, and allowing for the benefits of being part of a group."</p> <p>About asynchronous aspect of the intervention: "About 60% reported that they shared more than they would have in an in-person or "live" group, supporting a unique role for this asynchronous type of intervention."</p>
<p><a href="#">16.A virtual mother-infant postpartum psychotherapy group for mothers with a history of adverse childhood experiences: open-label</a></p>	<p>"This was a single site open-label feasibility trial conducted from July 2021-June 2022 within a multidisciplinary ambulatory hospital-based perinatal psychiatry program in Toronto, Canada".</p> <p>Interventions delivered by trained psychotherapists or psychiatrist therapists.</p>	<p>"Patient-reported clinical symptoms and parenting related measures were measured at baseline and at the completion of the 12-week intervention. We used the Edinburgh Postnatal Depression Scale (EPDS)"</p>



This work is licensed under a [CC BY NC 4.0 license](https://creativecommons.org/licenses/by-nc/4.0/)



<p><a href="#">feasibility study</a> (Wright, E. et al. 2023)</p>	<p>Participants: Mothers with infants between 6 and 18 months with a diagnosis of a mood, anxiety, or trauma/stressor-related disorder and a history of one or more adverse childhood experiences, defined as a self-reported history of childhood trauma (obtained in a clinical interview before recruitment).</p> <p>Intervention: “live video-based intervention consisted of twelve weekly two-hour group therapy treatment sessions led by two facilitators”  “Each session targets maternal symptoms and the maternal-infant relationship and includes psycho-education, guided mindfulness exercises, guided dyadic play exercises and facilitated space for sharing experiences and gaining mutual support”  Participants were invited to bring their infants to sessions  Group size: 4-6 participants per group.  Video visits were conducted using a healthcare version of Zoom™ that was fully integrated with the hospital electronic medical record (EPIC™ system)”  Number of participants: 31</p>	<p>Additional measures: Difficulties in Emotion Regulation Scale (DERS), the Parenting Stress Index – Short Form, the parent social isolation subscale from the 120-item PSI-4 and the Parental Reflective Functioning Questionnaire (PRFQ)”.    “The video-based group was acceptable to participants and providers”. “While this was a pilot, non-comparative study, the maternal symptom improvement from pre to post group in depressive and post-traumatic symptom domains was a promising finding”.</p>
<p>17. <a href="#">Impact of Psychological Grief Counseling on the Severity of Post-Traumatic Stress Symptoms in Mothers after Stillbirths</a> (Navidian, A.; Saravani, Z. and Shakiba, M. 2017)</p>	<p>Participants: women who have experienced stillbirth, and are over 18 years old with no history of stillbirth or miscarriage in previous pregnancies.</p> <p>Interventions: “The intervention group received four psychological counselling sessions with the predetermined structure and content, in small groups, at their local health centre, over two weeks”. The content of the sessions includes understanding the stage of grieving and grief cycle, reviewing negative thoughts and challenging them, and learning and practising coping techniques.  Sessions were facilitated by a midwife with a counselling degree and a PhD in counselling.  Each group size varied between 4 and 9.  Size of sample: 50 in the intervention group and 50 in the control group.</p>	<p>“Data analysis showed that the severity of post-traumatic stress symptoms significantly decreased after the implementation of intensive psychological counselling in the intervention group compared to the control group.”</p>





## SYSTEMATIC REVIEWS AND META-ANALYSIS

### [Preventing posttraumatic stress disorder following childbirth: a systematic review and meta-analysis.](#)

**Authors:** Dekel S.;Papadakis J.E.;Quagliarini B.;Pham C.T.;PachecoBarrios K.;Hughes F.;Jagodnik K.M. and Nandru, R.

**Publication Date:** 2024

**Journal:** American Journal of Obstetrics and Gynecology 230(6), pp. 610–641.e14

**Abstract:** Objective: Women can develop posttraumatic stress disorder in response to experienced or perceived traumatic, often medically complicated, childbirth; the prevalence of these events remains high in the United States. Currently, no recommended treatment exists in routine care to prevent or mitigate maternal childbirth-related posttraumatic stress disorder. We conducted a systematic review and meta-analysis of clinical trials that evaluated any therapy to prevent or treat childbirth-related posttraumatic stress disorder. Data Sources: PsycInfo, PsycArticles, PubMed (MEDLINE), ClinicalTrials.gov, CINAHL, ProQuest, Sociological Abstracts, Google Scholar, Embase, Web of Science, ScienceDirect, Scopus, and the Cochrane Central Register of Controlled Trials (CENTRAL) were searched for eligible trials published through September 2023. Results: A total of 41 studies (32 randomized controlled trials, 9 nonrandomized trials) were reviewed. They evaluated brief psychological therapies including debriefing, trauma-focused therapies (including cognitive behavioral therapy and expressive writing), memory consolidation and reconsolidation blockage, mother-infant-focused therapies, and educational interventions. The trials targeted secondary preventions aimed at buffering childbirth-related posttraumatic stress disorder usually after traumatic childbirth (n=24), tertiary preventions among women with probable childbirth-related posttraumatic stress disorder (n=14), and primary prevention during pregnancy (n=3). A meta-analysis of the combined randomized secondary preventions showed moderate effects in reducing childbirth-related posttraumatic stress disorder symptoms when compared with usual treatment (standardized mean difference, -0.67; 95% confidence interval, -0.92 to -0.42). Single-session therapy within 96 hours of birth was helpful (standardized mean difference, -0.55). Brief, structured, trauma-focused therapies and semi-structured, midwife-led, dialogue-based psychological counseling showed the largest effects (standardized mean difference, -0.95 and -0.91, respectively). Other treatment approaches (eg, the Tetris game, mindfulness, mother-infant-focused treatment) warrant more research. Tertiary preventions produced smaller effects than secondary prevention but are potentially clinically meaningful (standardized mean difference, -0.37; -0.60 to -0.14). Antepartum educational approaches may help, but insufficient empirical evidence exists. Conclusion: Brief trauma-focused and non-trauma-focused psychological therapies delivered early in the period following traumatic childbirth offer a critical and feasible opportunity to buffer the symptoms of childbirth-related posttraumatic stress disorder. Future research that integrates diagnostic and biological measures can inform treatment use and the mechanisms at work.

### [Effectiveness of psychosocial interventions on the psychological outcomes of parents with preterm infants: A systematic review and meta-analysis](#)

**Authors:** Chan, Sian Hui and Shorey, Shefaly

**Publication Date:** 2024

**Journal:** Journal of Pediatric Nursing 74, pp. 23–34

**Abstract:** Parents of preterm infants are often thrown unexpectedly into the care of their vulnerable infant, causing them to be stressed and overwhelmed. Social support has been previously highlighted as a crucial factor in helping parents cope with stress. Several psychosocial interventions have thus been developed to support parents of preterm babies, which warrant further investigations. To evaluate the effectiveness of psychosocial interventions in reducing stress (primary outcome),



This work is licensed under a [CC BY NC 4.0 license](#)

**Disclaimer:** We will endeavour to use the best, most appropriate and most recent sources available to ensure that the information supplied is accurate, up-to-date and evidence-based. It is the responsibility of the requestor to determine the accuracy, validity and interpretation of the search results. No responsibility can be taken by the library for any action taken on the basis of this information. Read our full disclaimer [here](#).



anxiety, depression, pediatric medical traumatic stress (PMTS) and increasing social support among parents with preterm infants. A systematic-review and meta-analysis were conducted. Eight electronic databases were searched for relevant studies from their respective inception dates till September 2023. Meta-analysis was performed with RevMan, using the random-effects model. Heterogeneity was investigated using Cochran Q and I<sup>2</sup> tests, and publication bias was assessed using funnel plots. Subgroup analyses were conducted for follow-up measurement, gender of parent, type of intervention provider, and setting. Eighteen studies were included in this review, and all studies were meta-analysed. Participants who received psychosocial interventions reported significantly lower stress and depression in comparison to control group participants. Psychosocial interventions delivered by psychologists and trained researchers were more effective compared to the nurses. The GRADE assessment indicated that the certainty of evidence for all outcomes were very low. Psychosocial interventions effectively reduce stress and depression levels in parents with preterm infants. Our findings encourage the implementation of psychosocial interventions to improve parental psychological wellbeing. Future higher quality trials are needed to measure psychological outcomes among parents, especially fathers. • Parents were less stressed after receiving psychosocial interventions. • Psychosocial interventions significantly reduce depression and anxiety levels in parents. • Interventions delivered by trained researchers and psychologists are more effective.

### [Psychological treatment of perinatal depression: a meta-analysis.](#)

**Authors:** Cuijpers P.;Franco P.;Ciharova M.;Miguel C.;Segre L.;Quero S. and Karyotaki, E.

**Publication Date:** 2023

**Journal:** Psychological Medicine 53(6), pp. 2596–2608

**Abstract:** Background: Depression during pregnancy and after the birth of a child is highly prevalent and an important public health problem. Psychological interventions are the first-line treatment and, although a considerable number of randomized trials have been conducted, no recent comprehensive meta-analysis has evaluated treatment effects. Methods: We used an existing database of randomized controlled trials of psychotherapies for adult depression and included studies aimed at perinatal depression. Random effects models were used in all analyses. We examined the effects of the interventions in the short and long term, and also examined secondary outcomes. Results: Forty-three studies with 49 comparisons and 6270 participants between an intervention and control group were included. The overall effect size was  $g = 0.67$  [95% confidence interval (CI) 0.45–0.89; numbers needed-to-be-treated = 4.39] with high heterogeneity ( $I^2 = 80\%$ ; 95% CI 75–85). This effect size remained largely unchanged and significant in a series of sensitivity analyses, although some publication bias was found. The effects remained significant at 6–12 months follow-up. Significant effects were also found for social support, anxiety, functional limitations, parental stress and marital stress, although the number of studies for each outcome was low. All results should be considered with caution because of the high levels of heterogeneity in most analyses. Conclusions: Psychological interventions are probably effective in the treatment of perinatal depression, with effects that last at least up to 6–12 months and probably also have effects on social support, anxiety, functional impairment, parental stress, and marital stress.

### [Systematic review and meta-analysis of psychoeducation on the psychological and social impact among first-time mothers.](#)

**Authors:** Ong Q.E.O.;Ong J.W.;Ang M.Q.;VehvilainenJulkunen K. and He, H. G.

**Publication Date:** 2023

**Journal:** Patient Education and Counseling 111(pagination), pp. Article Number: 107678. Date of Publication: 01 Jun 2023

**Abstract:** Objective: This systematic review aimed to synthesise evidence of the effectiveness of psychoeducation in improving self-efficacy and social support and reducing depression and anxiety in first-time mothers. Methods: A comprehensive search was conducted on nine databases, grey literature, and trial registries for randomised controlled trials published from the databases' inception to 27 December 2021. Two independent reviewers screened studies, extracted data, and appraised the risk of bias. RevMan 5.4 was used for the meta-analyses of all outcomes. Sensitivity and subgroup analyses were conducted. Overall evidence quality was appraised using GRADE approach.



This work is licensed under a [CC BY NC 4.0 license](https://creativecommons.org/licenses/by-nc/4.0/)



Results: Twelve studies involving 2083 first-time mothers were included. The meta-analyses favoured psychoeducation as compared to control groups. At immediate post-intervention, statistically significant increments were seen in self-efficacy and social support, while a significant reduction in depression was observed but not in anxiety. At three months postpartum, a statistically significant decrease in depression was observed, but the effects on self-efficacy and social support were insignificant. Conclusion: Psychoeducation improved first-time mothers' self-efficacy, social support, and depression. However, the evidence was very uncertain. Practice implications: Psychoeducation might be incorporated into patient education of first-time mothers. More studies with familial and digital-based psychoeducation interventions, especially in non-Asian countries, are needed.

**[Effectiveness of Psychological Interventions to Improve the Mental Well-Being of Parents Who Have Experienced Traumatic Childbirth: A Systematic Review and Meta-Analysis.](#)**

**Authors:** Shorey S.;Downe S.;Chua J.Y.X.;Byrne S.O.;Fobelets M. and Lalor, J. G.

**Publication Date:** 2023

**Journal:** Trauma, Violence & Abuse 24(3), pp. 1238–1253

**Abstract:** Considering the adverse impact that traumatic childbirth experiences can have on parental mental well-being, studies that have investigated the potential of providing postnatal psychological support for this group of parents require evaluation. This systematic review aimed to examine the effectiveness of psychological interventions at improving the mental well-being of parents who have experienced traumatic childbirth in terms of anxiety, depression, fear of childbirth, and post-traumatic stress disorder (PTSD) symptoms. Seven electronic databases were searched from their respective inception dates up to January 2021. Only quantitative studies that reported the effects of psychological interventions on anxiety, depression, fear of childbirth, and/or PTSD symptoms in selective (at risk of traumatic childbirth experience) or indicated (self-defined childbirth experience as traumatic for any reason) populations of parents (mothers and/or fathers) were included. Eight studies were included and meta-analyses were conducted using a random-effect model. All studies were conducted on mothers only, and one study had minimal father involvement. Results showed that psychological interventions were more effective in reducing fear of childbirth and improving PTSD symptoms compared to anxiety and depression. Greater improvement in depression was reported at 3-8 weeks' follow-up than at immediate post-intervention. Subgroup analyses showed that technology-based interventions were feasible, and indicated interventions were more effective than selective interventions. Conducting future interventions in more geographical regions, engaging and including fathers more actively, incorporating both personalized professional therapy and informal peer support, striving for flexibility and convenience, as well as addressing topics on self-doubt and coping skills can improve current interventions.

**[Psychodynamic Psychotherapy for Postpartum Depression: A Systematic Review.](#)**

**Authors:** Valverde N.;Mollejo E.;Legarra L. and GomezGutierrez, M.

**Publication Date:** 2023

**Journal:** Maternal and Child Health Journal 27(7), pp. 1156–1164

**Abstract:** Postpartum depression estimated prevalence in women is between 5 and 26% and it has adverse effects both on the mother, infant and her partner. Psychological treatments have proved to be effective for women with mild-to-moderate symptoms. Whereas several systematic reviews have assessed the effects of different psychological interventions for postpartum depression, such as cognitive-behavioural therapy or interpersonal therapy, no review assessing psychodynamic therapy has been carried out. A systematic review was conducted to evaluate the efficacy of psychodynamic therapy for postpartum depression. Methods: Studies were identified using the following databases: PsycINFO, Psycharticles and Pubmed over January 2023. The requirements for the studies were the following: they had to be quantitative, available in English, including a psychodynamic intervention targeting treatment or prevention of postpartum depression which starts during pregnancy or within the first 12 months after giving birth. Case studies, qualitative studies or studies focused on improving parent-infant relationship or infant outcome were excluded from this research. Results: Seven trials including 521 women met the inclusion criteria. In summary, three randomized controlled trials and four longitudinal studies were found. The most frequently used assessment tool was EPDS, five were





individual interventions and the other two were group interventions. Discussion: All studies reported the efficacy of psychodynamic interventions for postpartum depression, both in home and clinical settings and both in group and individual format. The limited number of trials, small sample sizes and lack of appropriate control groups were the main limitations. Conclusions for practice: Psychodynamic therapy is probably efficient intervention for postpartum depression. Future research with strong methodological designs is needed to confirm these findings.

#### [A systematic review of interpersonal psychotherapy for postpartum depression.](#)

**Authors:** Wang X.;Qiu Q.;Shen Z.;Yang S. and Shen, X.

**Publication Date:** 2023

**Journal:** Journal of Affective Disorders 339, pp. 823–831

**Abstract:** Background: The current study endeavored to systematically integrate and quantitatively evaluate the effectiveness of interpersonal psychological interventions for postpartum depression patients. Methods: Four electronic databases Pubmed, Embase, Cochrane and Web of Science were employed for literature retrieval, and the search time was from the inception of the database to May 30, 2022. Literature screening and data extraction were performed independently by two researchers. Results: A total of 528 studies were screened, and 9 of them were finally included. There were 1012 subjects, 518 of them were assigned in experimental group and 494 in control. Evidence from interpersonal psychological interventions indicated that the data on postpartum depression, satisfaction with family, and social support in both groups after intervention included: depression score [MD = -2.80, 95%CI (-3.86 to -1.74),  $P < 0.05$ ], satisfaction score [MD = 8.41, 95%CI (1.49 to -15.33),  $P < 0.05$ ], and social support score [MD = 1.83, 95%CI (-2.10 to -5.76)] of postpartum depression patients.  $P$  values  $< 0.05$  indicated substantial improvement as compared to control. Limitations: During the research process, it is impossible for the experimental group and the researchers to use double-blind trials simultaneously, which may present a Hawthorne effect, but this can be avoided by general psychological intervention for the control. Conclusions: Interpersonal psychotherapy could improve depression in patients with postpartum depression, but the appropriate intervention time was between 4 and 8 weeks, and it also improved satisfaction with family of patients, and the longer the intervention, the higher the satisfaction with the family.

#### [Effect of peer support intervention on perinatal depression: A meta-analysis.](#)

**Authors:** Fang Q.;Lin L.;Chen Q.;Yuan Y.;Wang S.;Zhang Y.;Liu T.;Cheng H. and Tian, L.

**Publication Date:** 2022

**Journal:** General Hospital Psychiatry 74, pp. 78–87

**Abstract:** Background: To assess the effect of peer support on preventing or treating perinatal depression. Methods: Eight databases (Wanfang, VIP, CNKI, CBM, Pubmed, Embase, PsycINFO, and Cochrane) were systematically searched for eligible randomized controlled trials from inception to July 2021. Two reviewers critically and independently assessed the risk of bias using Cochrane Collaboration criteria and extracted correlated data using the designed extraction form. Results: A total of 16 studies (including 3154 participants, peer support group: 1568, control group: 1586) were included in this meta-analysis. The intervention group (peer support) had significantly better effect on preventing or treating perinatal depression than the control group [SMD = -0.39, 95% CI (-0.54, -0.24),  $P < 0.00001$ ,  $I^2 = 78\%$ ]. The results of subgroup analyses showed that peer support interventions provided in the perinatal period [SMD = -0.51, 95% CI (-0.93, -0.09),  $P = 0.02$ ] or only in the postpartum period could improve the depression of mothers [SMD = -0.44, 95% CI (-0.62, -0.26),  $P < 0.00001$ ]. Face-to-face interventions [SMD = -0.28, 95% CI (-0.40, -0.15),  $P < 0.0001$ ] and telephone/internet-based interventions [SMD = -0.73, 95% CI (-0.95, -0.50),  $P < 0.00001$ ] were both effective for perinatal depression. As for form of intervention, the combination of individual and group sessions had the best effect on improving perinatal depression [SMD = -0.63, 95% CI (-1.04, -0.23),  $P = 0.002$ ]. Peer support with the frequency of at least once a week had a significant effect on perinatal depression [SMD = -0.88, 95% CI (-1.32, -0.44),  $P < 0.0001$ ]. Interventions with a length of  $\leq 3$  months [SMD = -2.20, 95% CI (-3.35, -1.04),  $P = 0.0002$ ] worked better than those lasting for 3-36 months [SMD = -1.64, 95% CI (-2.38, -0.90),  $P < 0.0001$ ] in perinatal depression management. Peer support could improve perinatal depression both in low- and middle-income countries [SMD = -0.70, 95% CI (-





0.95, -0.45),  $P < 0.00001$ ] and high-income countries [SMD = -0.15, 95% CI (-0.28, -0.02),  $P = 0.03$ ].  
Conclusions: Providing peer support during the perinatal period or only postpartum period, using Internet or telephone approaches, a combination of group and individual, at least once a week can be regarded as an effective measure to manage perinatal depression.

**[The effectiveness of postpartum interventions aimed at improving women's mental health after medical complications of pregnancy: a systematic review and meta-analysis.](#)**

**Authors:** Shang J.;Dolikun N.;Tao X.;Zhang P.;Woodward M.;Hackett M.L. and Henry, A.

**Publication Date:** 2022

**Journal:** BMC Pregnancy and Childbirth 22(1) (pagination), pp. Article Number: 809. Date of Publication: 01 Dec 2022

**Abstract:** Background: Postpartum mental disorders including depression and anxiety are common. Medical complications of pregnancy, such as preeclampsia and gestational diabetes, are thought to increase the risk of mental disorders postpartum. However, it is unclear which interventions may be effective for preventing and/or treating postpartum mental disorders following a medically complicated pregnancy. We aimed to systematically review published literature on the effectiveness of postpartum interventions to improve women's mental health after medical complications of pregnancy. Methods: Systematic review (PROSPERO: CRD42021220030) was performed. Eligibility criteria: (1) randomized controlled trials (RCTs), published 1st Jan 2001-12th August 2021 (2) outcome measures reported on postpartum mental disorders (3) participants had  $\geq 1$  medical complication during pregnancy (4) intervention entirely postpartum or contained a postpartum component (5) full-text available in English or Chinese. Risk of bias was assessed using the Revised Cochrane Criteria Risk of Bias. Random effects inverse-variance weighted meta-analysis was used to pool the individual standardized mean differences (SMD) in depression or anxiety scores between intervention and control groups. Results: Of 5928 studies screened, 9 met inclusion criteria, and were based on non-pharmaceutical, combined lifestyle interventions that began shortly after childbirth, or as part of extended care packages beginning during pregnancy. Of these, 2 were rated as low risk of bias, 1 with some concerns, and 6 were at high risk. Meta-analysis was performed for 8 studies using standardized measures of depression and 7 for anxiety. There were statistically significant reductions in depression (SMD - 1.48; 95%CI: -2.41 to -0.55), and anxiety scores (SMD - 1.98; 95%CI: -3.03 to -0.94) in intervention versus control groups. Considerable heterogeneity was noted for pooled depression ( $I^2 = 97.9\%$ ,  $p < 0.05$ ), and anxiety ( $I^2 = 96.8\%$ ,  $p < 0.05$ ) results. Conclusion: Limited intervention studies aimed at improving postpartum mental disorders after medically complicated pregnancy were found, most with a high risk of bias. There was some evidence to suggest that postpartum depression and anxiety scores improved after early intervention. However, in general the current quality of evidence is low. Further, high-quality, interventional research is required in this understudied field.

**[Effectiveness of psychological interventions in the treatment of perinatal depression: A systematic review of systematic reviews and meta-analyses.](#)**

**Authors:** Branquinho M.;RodriguezMunoz M.D.L.F.;Maia B.R.;Marques M.;Matos M.;Osma J.;MorenoPeral P.;ConejoCeron S.;Fonseca A. and Voursora, E.

**Publication Date:** 2021

**Journal:** Journal of Affective Disorders 291, pp. 294–306

**Abstract:** Background: Perinatal depression is a high prevalent mental health problem with serious consequences. Evidence about effective psychological interventions in treating perinatal depression has been increasing, but it lacks a comprehensive synthesis of findings. Methods: A systematic review of systematic reviews and meta-analyses concerning the effectiveness of psychological interventions in treating perinatal depression (depression during pregnancy and the first 12 months postpartum) in adult women was conducted. The electronic databases MEDLINE (PubMed), PsycINFO, The Cochrane Library, Web of Science and Prospero were searched, on May 2020, using a combination of keywords. Data were independently extracted by two authors and a synthesis of the results was presented. Methodological quality was independently assessed by two authors, using AMSTAR-2. Results: Seven systematic reviews were included and reported, overall, the effectiveness





of psychological interventions in decreasing depressive symptoms in women in the perinatal period, both short and long-term. CBT was found to be the most effective intervention, regardless of the treatment format. Limitations: Grey literature was not searched, and some studies may overlap among the included systematic reviews. These (the included reviews) were rated with low methodological quality, which weakens the evidence of the reported results. Conclusions: CBT is currently the most evidence-based psychological intervention, provided in different delivery formats (individual, group, face-to-face or Internet-based). Further studies, including systematic reviews, with other types of psychological interventions (e.g., third-wave CBT) and with higher quality are needed.

**[Psychological or educational eHealth interventions on depression, anxiety or stress following preterm birth: a systematic review.](#)**

**Authors:** Feng Y.Y.;KoraleLiyanage S.;Jarde A. and McDonald, S. D.

**Publication Date:** 2021

**Journal:** Journal of Reproductive and Infant Psychology 39(2), pp. 140–152

**Abstract:** Objective: To determine the efficacy and characteristics of psychological or educational eHealth interventions on reducing symptoms of mental illness in parents of preterm or low birthweight infants. Background: Many parents suffer psychological disorders after preterm birth. Computer or mobile application-based interventions are a promising alternative. Methods: We searched seven electronic databases up to January 2020 and included randomised and quasi-randomised controlled trials assessing psychological or educational eHealth interventions in parents of infants born very preterm <32 weeks or with very low birthweight <1500g (primary question), or preterm <37 weeks or with low birthweight <2500g (secondary question). Primary outcomes were measures of depression, anxiety, acute stress disorder or post-traumatic stress disorder. Secondary outcomes included other indicators of mental health, quality of life and intervention characteristics. We had planned random-effects meta-analysis in our protocol (CRD42018105731). Results: Of 9768 records, no study reported our primary outcomes. Three studies showed potential benefits for parental self-efficacy, discharge preparedness, parental satisfaction and family satisfaction with the neonatal intensive care unit. Conclusions: We found scarce evidence on the efficacy of psychological or educational eHealth interventions on reducing mental illness in parents of preterm or low birthweight infants, highlighting the need for more research.

**[The effectiveness of telemedicine interventions, delivered exclusively during the postnatal period, on postpartum depression in mothers without history or existing mental disorders: A systematic review and meta-analysis.](#)**

**Authors:** Hanach N.;de Vries N.;Radwan H. and Bissani, N.

**Publication Date:** 2021

**Journal:** Midwifery 94, pp. 102906

**Abstract:** Objective: To examine the effectiveness of telemedicine interventions – delivered exclusively during the postnatal period, on postpartum depression symptomatology in women with no history of mental disorders. Methods: PubMed, Web of Science, Cochrane Library, and ProQuest Dissertations & Theses databases were used to identify relevant randomized controlled trials, until 7 January 2020. Studies were quality assessed using the Cochrane Library Risk of Bias Tool. The results of postpartum depression scores were pooled using a random-effects model. Intervention completion rate and participants' satisfaction were reported in a narrative form, as secondary outcomes. Results: Ten trials including a total of 2366 participants, contributed data to the review. Seven studies were included in the quantitative synthesis. Women who received technology-based interventions, regardless of the type (web-based versus telephone-based), had a statistically significant improvement in postpartum depression (mean difference: -1.81, 95% CI: -2.68 to -0.93;  $P < .0001$ ). The completion rate was 80% in the intervention groups compared to 76% in the control groups. Three studies reporting participants' satisfaction revealed that the participants were highly satisfied with the technology-based interventions. Conclusion: Overall, telemedicine interventions appear to be promising in preventing and improving postpartum depression. Further larger-scale high-quality research is required to establish an evidence-based telemedicine approach,





in terms of structure, content, and providers. Future economic evaluation is also vital to evaluate the long-term use of telemedicine in improving postpartum depression.

**[Early psychological interventions for prevention and treatment of post-traumatic stress disorder \(PTSD\) and post-traumatic stress symptoms in post-partum women: A systematic review and meta-analysis](#)**

**Authors:** Miller, P. G. Taylor; Sinclair, M.; Gillen, P.; McCullough, J. E. M.; Miller, P. W.; Farrell, D. P.; Slater, P. F.; Shapiro, E. and Klaus, P.

**Publication Date:** November 24, 2021

**Journal:** Plos One 16(11), pp. e0258170

**Abstract:** Background Pre-term or full-term childbirth can be experienced as physically or psychologically traumatic. Cumulative and trans-generational effects of traumatic stress on both psychological and physical health indicate the ethical requirement to investigate appropriate preventative treatment for stress symptoms in women following a routine traumatic experience such as childbirth. Objective The objective of this review was to investigate the effectiveness of early psychological interventions in reducing or preventing post-traumatic stress symptoms and post-traumatic stress disorder in post-partum women within twelve weeks of a traumatic birth. Methods Randomised controlled trials and pilot studies of psychological interventions preventing or reducing post-traumatic stress symptoms or PTSD, that included women who had experienced a traumatic birth, were identified in a search of Cochrane Central Register of Randomised Controlled Trials, MEDLINE, Embase, Psycinfo, PILOTS, CINAHL and Proquest Dissertations databases. One author performed database searches, verified results with a subject librarian, extracted study details and data. Five authors appraised extracted data and agreed upon risk of bias. Analysis was completed with Rev Man 5 software and quality of findings were rated according to Grading of Recommendation, Assessment, Development, and Evaluation. Results Eleven studies were identified that evaluated the effectiveness of a range of early psychological interventions. There was firm evidence to suggest that midwifery or clinician led early psychological interventions administered within 72 hours following traumatic childbirth are more effective than usual care in reducing traumatic stress symptoms in women at 4–6 weeks. Further studies of high methodological quality that include longer follow up of 6–12 months are required in order to substantiate the evidence of the effectiveness of specific face to face and online early psychological intervention modalities in preventing the effects of stress symptoms and PTSD in women following a traumatic birth before introduction to routine care and practice. Prospero registration

**[Internet-based interventions for postpartum depression: A systematic review and meta-analysis.](#)**

**Authors:** Mu T.Y.; Li Y.H.; Xu R.X.; Chen J.; Wang Y.Y. and Shen, C. Z.

**Publication Date:** 2021

**Journal:** Nursing Open 8(3), pp. 1125–1134

**Abstract:** Aim: To determine the efficacy of Internet-based interventions in decreasing the prevalence of postpartum depression in perinatal women. Design: This review was conducted according to the standards outlined in the Preferred Reporting Items for Systematic Reviews and Meta-Analyses statement. Methods: We performed a systematic meta-analysis of randomized controlled trials on the efficacy of Internet-based interventions for postpartum depression. Studies (2008–2018) were identified through a search conducted on PubMed, EMBASE and the Cochrane Library. Risk ratios or weighted mean differences with 95% confidence intervals were calculated using a fixed-effects model or a random-effects model. Stata software 11.0 was used to perform the meta-analysis. Results: Most of the seven eligible studies were randomized controlled trials. The random-effects model indicated that Internet-based interventions significantly improved postpartum depression ( $d = 0.642$ ,  $N = 7$ ). Attrition rates ranged from 4.5%–86.9% and from 0%–87.1% for the intervention and control groups, respectively.





**[Psycho-educational interventions focused on maternal or infant sleep for pregnant women to prevent the onset of antenatal and postnatal depression: A systematic review.](#)**

**Authors:** Sasaki N.; Yasuma N.; Obikane E.; Narita Z.; Sekiya J.; Inagawa T.; Nakajima A.; Yamada Y.; Yamazaki R.; Matsunaga A.; Saito T.; Imamura K.; Watanabe K.; Kawakami N. and Nishi, D.

**Publication Date:** 2021

**Journal:** Neuropsychopharmacology Reports 41(1), pp. 2–13

**Abstract:** Aims: This systematic review aimed to evaluate randomized controlled trials (RCTs) to examine the effect of maternal and infant sleep intervention during women's pregnancy for the purpose of preventing perinatal depression. Method: A systematic search (from inception to January 28, 2019) for RCTs using five electronic databases—the Cochrane Controlled Register of Trials (CENTRAL), Embase, PubMed, PsycINFO, and Ichushi Web (Japan Medical Abstracts Society)—was conducted. Twelve investigators independently conducted initial screenings based on title and abstract, and then, two researchers performed full-text reviews one by one. A meta-analysis would be conducted if at least three studies were found. However, only two articles that met inclusion criteria, and narrative data synthesis was conducted for these two articles. The study protocol has been registered at PROSPERO (CRD42019119999). Result: A total of 13 654 studies were initially searched. After removing duplicates, 10 547 studies were screened, and finally, two studies met the inclusion criteria. In both studies, the intervention was a one-time face-to-face session during pregnancy to deliver the behavioral knowledge and skills for optimizing sleep hygiene for both infant and mother. Effectiveness of the intervention in improving maternal mood was not significant in one study. In the other, there was a significant difference in maternal mood between the intervention and control group. No mood comparison was made between baseline and postintervention. Conclusion: This study found limited evidence to support the effectiveness of sleep intervention for all pregnant women, which means “universal intervention,” to protect maternal mental health. Further well-designed RCTs are needed to confirm these findings.

**[A systematic review of clinical effectiveness of psychological interventions to reduce post traumatic stress symptoms following childbirth and a meta-synthesis of facilitators and barriers to uptake of psychological care](#)**

**Authors:** Pr Slade, Pauline; Molyneux, Dr Rebecca and Watt, Dr Andrea

**Publication Date:** -02-15 ,2021

**Journal:** Journal of Affective Disorders 281, pp. 678–694

**Abstract:** Aim: To review the literature on psychological interventions for post-traumatic stress following childbirth (PTSDFC) and determine clinical effectiveness. To synthesise the qualitative literature on the facilitators and barriers to uptake of care for PTSDFC. Background: The context of childbirth trauma differs from that of other events perceived as traumatic. Current guidance on treatment for PTSDFC requires further clarification. Method: Web of Knowledge, CINAHL, MEDLINE, PSYCINFO, the Cochrane Central Register of Controlled Trials (CENTRAL), Open Grey, UKCTG, and the ISRCTN were consulted to include journal articles published in English.. Articles were segregated according to methodology and appraised using the Mixed Methods Appraisal Tool. Results: A total of 5355 papers were identified with five quantitative and 13 qualitative included in the review. Four types of interventions were identified: eye movement desensitisation and reprocessing, trauma focussed CBT, debriefing and expressive writing. All showed some effectiveness in treating PTSDFC. Themes emerging from the meta-synthesis included women finding it difficult to recognise having a problem, needing validation and only seeking help ‘at breaking point’. Women wanted health professionals actively asking in a non-judgemental way at different time points and providing support and listening, ideally with continuity of carer to make sense of their experiences. Limitations: Quantitative studies were not disaggregated by intervention timing or follow-up duration. A single independent reviewer with team discussion was utilised. Conclusion: There is little definitive evidence assessing the effectiveness of psychological interventions for PTSDFC. There are psychological barriers for women accessing help for traumatic childbirth which services can mitigate.

**[The effect of cognitive-behavioral therapy on psychological distress in the mothers of preterm infants: a systematic review and meta-analysis](#)**



This work is licensed under a [CC BY NC 4.0 license](https://creativecommons.org/licenses/by-nc/4.0/)



**Authors:** Seiedi-Biarag, Leila;Mirghafourvand, Mojan and Ghanbari-Homayi, Solmaz

**Publication Date:** 2020

**Journal:** Journal of Psychosomatic Obstetrics & Gynecology 41(3), pp. 167–176

**Abstract:** Introduction: The birth of a preterm infant has the potential to cause stress, anxiety, depression and Post-Traumatic Stress Disorder (PTSD) in mothers. Numerous interventions have been developed for the parents of preterm infants to deal with these problems. Cognitive-Behavioral Therapy (CBT) is a client-centered intervention for improving mental health and alleviating psychological distress by transforming unconstructive thoughts and behaviors. The present systematic review was conducted to evaluate the effect of CBT on anxiety, depression and PTSD (the primary outcomes) and stress (the secondary outcome) in the mothers of preterm infants. Methods: A search was carried out of all the articles published by 30 Sep. 2018 in English and Persian databases including Medline (via PubMed), Scopus, Embase (via Ovid), Web of Science, Psycinfo, Google Scholar, SID, Magiran and Iran Medex. The risk of bias was assessed for the studies based on the Cochrane Handbook. The meta-analysis results were reported as Standardized Mean Difference (SMD). The heterogeneity of the studies was examined using I<sup>2</sup>, T<sup>2</sup> and Chi<sup>2</sup>. Results: Four clinical trials on 455 mothers with preterm infants were systematically reviewed. The meta-analysis results revealed a lower mean depression score in the CBT group compared to the controls (SMD = -0.45; 95% CI: -0.98 to 0.08), but this difference was not statistically significant ( $p = .09$ ). The mean scores of PTSD (MD = -11.69; 95% CI: -19.45 to -3.94;  $p = .003$ ) and anxiety (SMD = -0.38; 95% CI: -0.61 to -0.15;  $p = .001$ ) were significantly lower in the CBT group too. Conclusion: CBT was effective in decreasing the level of PTSD and anxiety in the mothers of preterm infants. Due to the small number of included studies and the small sample size, clinical trials with large sample sizes and a low risk of bias are recommended to provide evidence for the implementation of interventions affecting psychological distress in the mothers of preterm infants in clinical settings.

### [Early psychological intervention following recent trauma: A systematic review and meta-analysis](#)

**Authors:** Roberts, Neil P.;Kitchiner, Neil J.;Kenardy, Justin;Lewis, Catrin E. and and Bisson, Jonathan I.

**Publication Date:** December 31 ,2019

**Journal:** European Journal of Psychotraumatology 10(1), pp. 1695486

**Abstract:** Background: Post-traumatic stress disorder (PTSD) is a common and debilitating disorder which has a significant impact on the lives of sufferers. A number of early psychological interventions have been developed to try to prevent chronic difficulties. Objective: The objective of this study was to establish the current evidence for the effectiveness of multiple session early psychological interventions aimed at preventing or treating traumatic stress symptoms beginning within three months of trauma exposure. Methods: Randomized controlled trials of early multiple session psychological interventions aimed at preventing or reducing traumatic stress symptoms of individuals exposed to a traumatic event, fulfilling trauma criteria for an ICD or DSM diagnosis of PTSD were identified through a search of the Cochrane Common Mental Disorders Group Clinical Trials Registers database, the Cochrane Central Register of Controlled Trials, MEDLINE, Embase, PsycINFO and PILOTS. Two authors independently extracted study details and data and completed risk of bias assessments. Analyses were undertaken using Review Manager software. Quality of findings were rated according to 'Grades of Recommendation, Assessment, Development, and Evaluation' (GRADE) and appraised for clinical importance. Results: Sixty-one studies evaluating a variety of interventions were identified. For individuals exposed to a trauma who were not pre-screened for traumatic stress symptoms there were no clinically important differences between any intervention and usual care. For individuals reporting traumatic stress symptoms we found clinically important evidence of benefits for trauma-focused cognitive-behavioural therapy (CBT-T), cognitive therapy without exposure and eye movement desensitization and reprocessing (EMDR). Differences were greatest for those diagnosed with acute stress disorder (ASD) and PTSD. Conclusions: There is evidence for the effectiveness of several early psychological interventions for individuals with traumatic stress symptoms following trauma exposure, especially for those meeting the diagnostic





threshold for ASD or PTSD. Evidence is strongest for trauma-focused CBT. • We found no clinically important evidence for the benefit of early intervention offered to all individuals exposed to a traumatic event, regardless of symptomatology. • There was evidence of a clinically important effect for trauma-focused CBT (CBT-T), brief EMDR and cognitive therapy without exposure. • Evidence was strongest for CBT-T.

### [Effectiveness of Trauma-Focused Psychological Therapies for Treating Post-traumatic Stress Disorder Symptoms in Women Following Childbirth: A Systematic Review and Meta-Analysis](#)

**Authors:** Furuta, Marie;Horsch, Antje;Ng, Edmond S. W.;Bick, Debra;Spain, Debbie and Sin, Jacqueline

**Publication Date:** November 20 ,2018

**Journal:** Frontiers in Psychiatry 9

**Abstract:** Background: Approximately 3% of women in community samples develop posttraumatic stress disorder (PTSD) after childbirth. Higher prevalence rates are reported for high risk samples. Postpartum PTSD can adversely affect women's wellbeing, mother-infant relationships and child development. This study aims to examine the effectiveness of trauma-focused psychological interventions (TFPT), for postnatal women. Methods: We conducted a systematic review and meta-analysis including all clinical trials which reported post-traumatic stress symptoms for both the intervention and control groups or at least two time-points, pre- and post-intervention. We searched four databases: CENTRAL, MEDLINE, PsycINFO, and OpenGrey. Screening of search results, data extraction, and risk of bias assessment were undertaken independently by two reviewers. Results: Eleven studies, reported in 12 papers, involving 2,677 postnatal women were included. All were RCTs, bar one case series. Interventions varied in modality, duration and intensity, and included exposure therapy, trauma-focused cognitive behavioral therapy, eye movement desensitization and reprocessing and other psychological approaches. Participants had experienced uncomplicated births, emergency cesarean sections and/or preterm births. Results suggest that TFPT are effective for reducing PTSD symptoms in the short term (up to 3 months postpartum [4 RCTs, n = 301, SMD = -0.50, 95% CI = -0.73 to -0.27]), and medium term (i.e., 3–6 months postpartum [2 RCTs, n = 174, SMD = -1.87, 95% CI = -2.60 to -1.13]). However, there is no robust evidence to suggest whether TFPT can also improve women's recovery from clinically significant PTSD symptoms. Conclusion: Further larger studies, distinguishing between low and high risk groups, and with adequate follow-up, are needed to establish which TFPT are most effective and acceptable for treating postnatal PTSD.

### [Treatment of depression, anxiety, and trauma-related disorders during the perinatal period: A systematic review](#)

**Authors:** Nillni, Yael I.;Mehralizade, Aydan;Mayer, Laura and Milanovic, Snezana

**Publication Date:** -12-01 ,2018

**Journal:** Clinical Psychology Review 66, pp. 136–148

**Abstract:** Women with psychiatric disorders during pregnancy and the postpartum period (i.e., perinatal period) are at increased risk for adverse maternal and child outcomes. Effective treatment of psychiatric disorders during the perinatal period is imperative. This review summarizes the outcomes of 78 studies focused on the treatment of depression, anxiety, and trauma-related disorders during the perinatal period. The majority of studies focused on perinatal depression (n = 73). Of the five studies focused on anxiety or trauma-related disorders, only one was a randomized controlled trial (RCT). The most studied treatment was cognitive behavioral therapy (CBT; n = 22), followed by interpersonal psychotherapy (IPT; n = 13). Other interventions reviewed include other talk therapies (n = 5), collaborative care models (n = 2), complementary and alternative medicine approaches (n = 18), light therapy (n = 3), brain stimulation (n = 2), and psychopharmacological interventions (n = 13). Eleven studies focused specifically on treatment for low-income and/or minority women. Both CBT and IPT demonstrated a significant benefit over control conditions. However, findings were mixed when these interventions were examined in low-income and/or minority samples. There is some support for complementary and alternative medicine approaches (e.g., exercise). Although scarce, SSRIs demonstrated good efficacy when compared to a placebo. However, SSRIs did not outperform another active treatment condition (e.g., CBT). There is a tremendous need for more





studies focused on treatment of perinatal anxiety and trauma-related disorders, as well as psychopharmacological effectiveness studies. Limitations and future directions of perinatal treatment research, particularly among low-income and/or minority populations, are discussed.

[BACK TO TOP](#)

## REVIEWS

### [Applications of dialectical behavioural therapy in the perinatal period: A scoping review](#)

**Authors:** Hellberg, Samantha N.; Bruening, Amanda B.; Thompson, Katherine A. and Hopkins, Tiffany A.

**Publication Date:** 2024

**Journal:** Clinical Psychology & Psychotherapy 31(1), pp. 1–21

**Abstract:** Psychological distress is the most common complication of pregnancy. High-risk concerns can include severe emotion dysregulation, suicidality and self-injury, and health risk behaviours, which bear substantial consequences for caregivers and families. Yet, effective, comprehensive interventions for high-risk caregivers have received limited attention. Dialectical behaviour therapy (DBT) is a frontline treatment for such concerns. Accordingly, we conducted a scoping review on the implementation of DBT in the perinatal period. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines were followed. Seven studies were identified; study designs included case studies and single-arm pilot trials. Most studies used DBT-informed protocols with significant adaptations, few included multiple components of DBT (i.e. skills group, individual therapy, phone coaching and consultation team), and none met criteria for adherent delivery of all four modes of DBT treatment. Findings suggest DBT-informed interventions may be successfully implemented to treat a range of perinatal mental health symptoms, including borderline personality disorder, depression, anxiety, and post-traumatic stress, and to promote emotion regulation and positive parenting behaviours. While results provide preliminary support for perinatal DBT, this literature is scant and empirical rigour considerably lacking. Clinical implications and future directions are outlined to aid researchers and providers in addressing the ongoing perinatal mental health crisis and developing sorely needed interventions to address the needs of high-risk caregivers.

### [Childbirth-related posttraumatic stress disorder: definition, risk factors, pathophysiology, diagnosis, prevention, and treatment](#)

**Authors:** Horsch, Antje; Garthus-Niegel, Susan; Ayers, Susan; Chandra, Prabha; Hartmann, Katharina; Vaisbuch, Edi and Lalor, Joan

**Publication Date:** -03-01, 2024

**Journal:** American Journal of Obstetrics and Gynecology 230(3, Supplement), pp. S1116–S1127

**Abstract:** Psychological birth trauma and childbirth-related posttraumatic stress disorder represent a substantial burden of disease with 6.6 million mothers and 1.7 million fathers or co-parents affected by childbirth-related posttraumatic stress disorder worldwide each year. There is mounting evidence to indicate that parents who develop childbirth-related posttraumatic stress disorder do so as a direct consequence of a traumatic childbirth experience. High-risk groups, such as those who experience preterm birth, stillbirth, or preeclampsia, have higher prevalence rates. The main risks include antenatal factors (eg, depression in pregnancy, fear of childbirth, poor health or complications in pregnancy, history of trauma or sexual abuse, or mental health problems), perinatal factors (eg, negative subjective birth experience, operative birth, obstetrical complications, and severe maternal morbidity, as well as maternal near misses, lack of support, dissociation), and postpartum factors (eg, depression, postpartum physical complications, and poor coping and stress). The link between birth events and childbirth-related posttraumatic stress disorder provides a valuable opportunity to prevent traumatic childbirths and childbirth-related posttraumatic stress disorder from occurring in the first place. Childbirth-related posttraumatic stress disorder is an extremely distressing mental disorder and has a substantial negative impact on those who give birth, fathers or co-parents, and, potentially, the whole family. Still, a traumatic childbirth experience and childbirth-related posttraumatic stress disorder remain largely unrecognized in maternity services and are not routinely screened for during





pregnancy and the postpartum period. In fact, there are gaps in the evidence on how, when, and who to screen. Similarly, there is a lack of evidence on how best to treat those affected. Primary prevention efforts (eg, screening for antenatal risk factors, use of trauma-informed care) are aimed at preventing a traumatic childbirth experience and childbirth-related posttraumatic stress disorder in the first place by eliminating or reducing risk factors for childbirth-related posttraumatic stress disorder. Secondary prevention approaches (eg, trauma-focused psychological therapies, early psychological interventions) aim to identify those who have had a traumatic childbirth experience and to intervene to prevent the development of childbirth-related posttraumatic stress disorder. Tertiary prevention (eg, trauma-focused cognitive behavioural therapy and eye movement desensitization and reprocessing) seeks to ensure that people with childbirth-related posttraumatic stress disorder are identified and treated to recovery so that childbirth-related posttraumatic stress disorder does not become chronic. Adequate prevention, screening, and intervention could alleviate a considerable amount of suffering in affected families. In light of the available research on the impact of childbirth-related posttraumatic stress disorder on families, it is important to develop and evaluate assessment, prevention, and treatment interventions that target the birthing person, the couple dyad, the parent-infant dyad, and the family as a whole. Further research should focus on the inclusion of couples in different constellations and, more generally, on the inclusion of more diverse populations in diverse settings. The paucity of national and international policy guidance on the prevention, care, and treatment of psychological birth trauma and the lack of formal psychological birth trauma services and training, highlight the need to engage with service managers and policy makers.

[BACK TO TOP](#)

## RANDOMISED CONTROLLED TRIALS AND TRIALS

### [A Group Parenting Intervention for Male Postpartum Depression: A Cluster Randomized Clinical Trial. \[More details in Table row 4\]](#)

**Authors:** Husain M.I.;Kiran T.;Sattar R.;Khoso A.B.;Wan M.W.;Singla D.R.;Umer M.;Mangrio R.;Bassett P.;Chaudhry I.B.;Zafar S.N.;Jafri F.A.;Chaudhry N. and Husain, N.

**Publication Date:** 2025

**Journal:** JAMA Psychiatry 82(1), pp. 22–30

**Keypoints:** Question: Does Learning Through Play Plus Dads, a nonspecialist–delivered psychosocial intervention, improve postpartum depression in fathers in a lower middle–income country? Findings: In this cluster randomized clinical trial among 357 fathers with postpartum depression in Karachi, Pakistan, those randomized to the parenting intervention showed greater improvements in depressive symptoms and several other outcomes compared to those randomized to treatment as usual. Children of fathers randomized to the intervention had greater improvements in social-emotional development scores at 6 months postrandomization. Meaning: The findings suggest that the psychosocial parenting intervention examined in this study has the potential to improve paternal mental health and child developmental outcomes in lower middle–income countries.

### [The impact of expressive writing of deep feelings about labor experiences on postpartum depression: a randomized clinical controlled trial. \[More details in Table row 10\]](#)

**Authors:** Mohammadi S.;Talasaz F.H.;Mohammadzadeh F.;Tavakolizadeh J. and Bahri, N.

**Publication Date:** 2025

**Journal:** BMC Psychology 13(1), pp. 365

**Abstract:** Objective: This study aimed to evaluate the expression of deep feelings about labor experiences in a virtual group of peers on the rate of postpartum depression. Methods: This randomized clinical trial was conducted on 154 women who had given birth at a public hospital in Birjand city, in the North East of Iran, between May and October 2019. The participants were randomly allocated into two groups using four permuted blocks (the emotion expression and the control group). The participants fulfilled the Edinburgh Postnatal Depression Scale and a demographic questionnaire 6–72 h after delivery. For two weeks and twice a day, the intervention group wrote about the deepest thoughts and feelings about their experiences during labor and



This work is licensed under a [CC BY NC 4.0 license](#)



delivery in their peers' virtual social media group. The control group shared information about their daily life events or daily baby care experiences in another virtual social media group of their peers. The Edinburgh Postnatal Depression Scale was completed again by the participants at the end of the second week and three months after delivery. Data were analyzed using the Generalized Estimation Equations model.  $P < 0.05$  was set as the level of statistical significance. Conclusion: Overall, the results showed that the expression of deep feelings about labor experiences in a virtual social media group of peers does not affect the rate of postpartum depression. More clinical trials with larger sample sizes are needed to draw better conclusions.

**[Efficacy of a culturally adapted, cognitive behavioural therapy-based intervention for postnatal depression in British south Asian women \(ROSHNI-2\): a multicentre, randomised controlled trial \[More details in Table row 14\]](#)**

**Authors:** Husain, Nusrat;Lunat, Farah;Lovell, Karina;Miah, Jahanara;Chew-Graham, Carolyn A.;Bee, Penny;Waqas, Ahmed;Pierce, Matthias;Sharma, Deepali;Atif, Najia;Aseem, Saadia;Bhui, Kamaldeep;Bower, Peter;Brugha, Traolach;Chaudhry, Nasim;Ullah, Akbar;Davies, Linda;Gire, Nadeem;Kai, Joe;Morrison, Jillian, et al

**Publication Date:** October 12 ,2024

**Journal:** The Lancet 404(10461), pp. 1430–1443

**Interpretation:** In British south Asian women with postnatal depression, a culturally adapted group CBT-based intervention could aid in quicker recovery from depression compared with treatment as usual. Further research is needed to identify how to sustain the treatment effect and establish strategies for scale-up.

**[Online peer-delivered group cognitive-behavioral therapy for postpartum depression: A randomized controlled trial. \[More details in Table row 9\]](#)**

**Authors:** Merza D.;Amani B.;Savoy C.;Babiy Z.;Bieling P.J.;Streiner D.L.;Ferro M.A. and Van Lieshout, R. J.

**Publication Date:** 2024

**Journal:** Acta Psychiatrica Scandinavica 150(5), pp. 422–432

**Key points:** Significant outcomes:

- Online Peer-Delivered Group Cognitive Behavioral Therapy led to clinically and statistically significant improvements in postpartum depression and anxiety.
- The intervention also led to improvements in social support, infant-focused anxiety, and negative emotionality in infants.
- These findings suggest that an online peer-delivered group CBT for PPD can increase access to effective treatment, improving outcomes for parents and infants.

Limitations:

- Because we did not want to deny participants treatment during the COVID-19 pandemic, we used a waitlist control design whereby control participants received the intervention after a nine-week waiting period, which may have influenced intervention effect size.

**[Randomized pilot trial of the "Mom Power" trauma- and attachment-informed multi-family group intervention in treating and preventing postpartum symptoms of depression among a health disparity sample.](#)**

**Authors:** Jester, Jennifer M.;Riggs, Jessica L.;Menke, Rena A.;Alfajara, Emily;Issa, Meriam;Muzik, Maria and Rosenblum, Katherine L.

**Publication Date:** 2023

**Journal:** Frontiers in Psychiatry Frontiers Research Foundation 14, pp. 1048511

**Abstract:** Introduction: Perinatal depression, a common complication related to childbearing, impacts mothers, children, and families. Efficacious interventions reduce perinatal depression symptoms; effort is needed to prevent the onset of perinatal depression. To determine feasibility and preliminary





efficacy in reducing perinatal depression, we conducted a community-based, randomized parallel open pilot trial of Mom Power, a group-based intervention to improve mental health and parenting in mothers with young children. Methods: Mom Power consists of 10 group sessions, focused on parenting, child development and self-care and three individual sessions, to build rapport and provide personalized referrals. Control group participants received psychoeducational mailings. Computer-based urn randomization assigned mothers with experiences of interpersonal violence, depression, or other traumatic experiences to Mom Power (68) or control (54). Results: At 3-months post-treatment, the 31 retained women assigned to Mom Power were half as likely to meet criteria for probable depression (26%) as the 22 women retained in the control group (55%), with treatment predicting lower incidence of probable depression (OR = 0.13,  $p = 0.015$ ). Moreover, among the 23 women who did not meet criteria for depression diagnosis at baseline, no women in the treatment group developed depression ( $n = 0, 0\%$ ) compared to control group women ( $n = 3, 30\%$ ). Logistic regression controlling for selective attrition confirmed the treatment effect on preventing new onset of depression (OR = 0.029,  $p = 0.012$ ). Conclusion: These findings support the use of Mom Power for both treatment and prevention of perinatal depression.

**[Mother Matters: Pilot randomized wait-list controlled trial of an online therapist-facilitated discussion board and support group for postpartum depression symptoms. \[More details in Table row 15\]](#)**

**Authors:** Vigod S.N.;Slyfield Cook G.;Macdonald K.;HussainShamsy N.;Brown H.K.;de Oliveira C.;Torshizi K.;Benipal P.K.;Grigoriadis S.;Classen C.C. and Dennis, C. L.

**Publication Date:** 2021

**Journal:** Depression and Anxiety 38(8), pp. 816–825

**Abstract:** Methods: In a pilot randomized waitlist-controlled trial (Ontario, Canada), individuals aged  $\geq 18$  years with Edinburgh Postnatal Depression Scale (EPDS) scores greater than 9 and who self-identified as a mother to a child aged 0-12 months were randomized 1:1 to Mother Matters (intervention) or usual care (control), with an opportunity to receive the intervention after the study was complete. The primary outcome was protocol feasibility, evaluated through recruitment feasibility, intervention acceptability, and adherence to study follow-up measures. Secondly, postintervention EPDS scores and remission rates (EPDS  $< 10$ ) were compared between groups.

**[Cognitive behavioral therapy for perinatal anxiety: A randomized controlled trial.](#)**

**Authors:** Green S.M.;Donegan E.;McCabe R.E.;Streiner D.L.;Agako A. and Frey, B. N.

**Publication Date:** 2020

**Journal:** Australian and New Zealand Journal of Psychiatry 54(4), pp. 423–432

**Abstract:** Objective: To evaluate the effectiveness of a cognitive behavioral group therapy protocol for perinatal anxiety. Methods: In total, 96 women were randomized to cognitive behavioral group therapy or waitlist at a clinic specializing in women's mental health. Participants were 22-41 years of age, pregnant or up to 6 months postpartum and had an anxiety disorder with or without comorbid depression. Conclusion: Cognitive behavioral group therapy was effective in improving anxiety and related symptoms among women with anxiety disorders in the perinatal period.

**[Effectiveness of a psycho-educational intervention for expecting parents to prevent postpartum parenting stress, depression and anxiety: a randomized controlled trial.](#)**

**Authors:** Missler M.;van Straten A.;Denissen J.;Donker T. and Beijers, R.

**Publication Date:** 2020

**Journal:** BMC Pregnancy and Childbirth 20(1) (pagination), pp. Article Number: 658. Date of Publication: 01 Dec 2020

**Abstract:** Background: The first months postpartum can be challenging for parents, leading to elevated symptoms of parenting stress, depression and anxiety. In turn, distressed parents are at higher risk for providing suboptimal quality of caregiving. As psychoeducational interventions can be effective in reducing psychological distress, the goal of this randomized controlled trial was to





examine the effectiveness of low-intensity universal psychoeducational program to prevent postpartum parenting stress, and to enhance parental well-being and caregiving quality. Method: Between 26 and 34 weeks of pregnancy, 138 pregnant women and 96 partners were randomized to the intervention or a waitlist control group. The intervention consisted of a booklet, a video, a home visit, and a telephone call. Information was provided on (1) sensitive responsiveness, adapting to the parental role, and attending to own needs; (2) crying patterns; (3) feeding (arrangements); and (4) sleeping (arrangements). The primary outcome was parenting stress postpartum. Secondary outcomes were additional measures of distress (depression and anxiety), parental well-being, and caregiving quality. Conclusion: This study offered no evidence that our universal prevention program was effective in decreasing parental distress or in increasing caregiving quality. However, parents found aspects of the intervention useful. More research is needed, including a longer period of follow-up as well as observational measures of parents' responsiveness.

[BACK TO TOP](#)

## STUDIES

### [Evaluation of Group Therapy Intervention for Anxiety and Depression in the Postnatal Period.](#)

**Authors:** Appleton J.;Fowler C.;Latouche L.;Smit J.;Booker M. and Fairbrother, G.

**Publication Date:** 2025

**Journal:** Maternal and Child Health Journal 29(4), pp. 537–548

**Significance:** What is already known on this subject? Group psychotherapy can be an effective intervention for women experiencing both postnatal depression and anxiety.

What this study adds? The eight-week psychotherapy group was effective in reducing symptoms of postnatal depression and anxiety for women with and without previous history of mental illness and those with and without baseline depression symptoms within the clinical range. The addition of a sequential attachment-based parenting program was not shown to be effective in further reducing symptoms of depression or anxiety.

### [Cost-utility of public health nurse-delivered group cognitive behavioural therapy for postpartum depression.](#) [More details in Table [row 8](#)]

**Authors:** Layton H.;Huh K.;Savoy C.D.;Xie F. and Van Lieshout, R. J.

**Publication Date:** 2025

**Journal:** Journal of Affective Disorders 379, pp. 673–679

**Highlights:** Public health nurse-led group CBT for PPD may be cost-effective compared to usual care, leading to improved outcomes at increased cost.

Public health nurse-led group CBT for PPD had a 75% probability of being cost-effective at a WTP of \$50,000 for one QALY.

### [Virtual connection and real community: the qualitative experience of participating in a videoconferencing-based psychotherapy group for postpartum depression and anxiety.](#) [More details in Table [row 6](#)]

**Authors:** Hussain-Shamsy N.;Shah A.;Wasserman L.;Cook G.S.;Macdonald K.;Greene K.;Mukerji G.;Vigod S.N.;Zaheer J. and Seto, E.

**Publication Date:** 2024

**Journal:** BMC Health Services Research 24(1), pp. 1329

**Abstract:** Background: Group psychotherapy, an effective treatment for common postpartum mental disorders (e.g. depression, anxiety), has increasingly been delivered virtually since the pandemic. This study aims to understand experiential aspects of participating in videoconferencing-based group psychotherapy in the postpartum period. Methods: Our urban academic ambulatory hospital has delivered group psychotherapy for women (cis and trans) and non-binary individuals of female sex with postpartum depressive and anxiety symptomatology via videoconferencing since 2020. One therapist-facilitator conducts weekly 60-min group therapy sessions with 5-6 participants for eight weeks. Group participants were invited to complete a semi-structured qualitative interview on their



This work is licensed under a [CC BY NC 4.0 license](#)



experience. Using an interpretive description approach, we conducted reflexive thematic analysis to code anonymized transcripts and construct themes. Facilitator interviews were used for triangulation and additional context. Conclusions: People with postpartum depression and anxiety who participated in videoconferencing-based group psychotherapy appreciated the sense of community within their groups to normalize their experience transitioning to parenthood. Participants had to make trade-offs to access virtual groups, but felt the experience was worthwhile and helped improve their mental health. Findings will help inform continued delivery of virtual group mental health services.

### [Emotional Freedom Techniques for Postpartum Depression, Perceived Stress, and Anxiety.](#)

[More details in Table [row 11](#)]

**Authors:** Robbins N.;Harvey K. and Moller, M. D.

**Publication Date:** 2024

**Journal:** Nursing for Women's Health 28(1), pp. 41–49

**Abstract:** objective: To examine the effect of an Emotional Freedom Techniques (EFT) group intervention on perceived stress, depression, and anxiety symptoms in women in the postpartum period. Design: A one-group pre- and post-test quasi-experimental design. Participants: Eleven mothers seeking care for lactation concerns who screened positive for PPD and anxiety symptoms. Intervention/measurements: A total of eight 1-hour group EFT sessions were offered to participants over a period of 4 weeks. During the group sessions, participants were taught how to perform the steps of EFT and apply it in a supportive group format. Measurement tools included the Subjective Unit of Distress Scale, Edinburgh Postnatal Depression Scale, and Generalized Anxiety Disorder-7. The preintervention and postintervention scores of these tools were compared using a paired-samples t test. Results: After implementing EFT as a group intervention, we observed a reduction in mental health burden experienced by women in the postpartum period. There was a statistically significant decrease in depression ( $p = .003$ ), anxiety ( $p < .001$ ), and perceived stress ( $p < .001$ ) scores 1 month after the EFT intervention. Conclusion: These findings suggest that EFT may be a viable adjunctive intervention for managing depression, anxiety, and stress in the postpartum period. Further research with larger and more diverse samples is needed to confirm these findings.

### [Fidelity Assessment of Peer-Delivered Cognitive-Behavioral Therapy for Postpartum Depression.](#)

**Authors:** Babiy Z.;Merza D.;Layton H.;Bieling P.J. and Van Lieshout, R. J.

**Publication Date:** 2023

**Journal:** American Journal of Psychotherapy 76(4), pp. 159–162

**Highlights:** Numerous barriers hinder fidelity assessment of peer-administered interventions. Trained peers were found to reliably rate the fidelity of peer-delivered group cognitive-behavioral therapy for postpartum depression, as demonstrated by good to excellent interrater reliability among the three types of raters. Shifting fidelity assessment from experts to peer facilitators can serve as the first step toward training peers to provide feedback to other peers, representing an alternative to costly expert-conducted fidelity assessment and supervision.

### [Group trauma focused cognitive behavior therapy for parents of premature infants compared to individual therapy intervention.](#) [More details in Table [row 2](#)]

**Authors:** Shaw, R. J.;Moreyra, A.;Simon, S.;Wharton, E.;Dowtin, L. L.;Armer, E.;Goldman, L. W.;Borkovi, T.;Neri, E. and Jo, B.

**Publication Date:** 2023

**Journal:** Early Human Development 181, pp. 105773

**Highlights:** Group therapy using trauma focused CBT is an effective intervention to reduce symptoms of psychological distress in parents of premature infants. Group therapy is less effective than an individual psychotherapy version of the same treatment. Treatment provided by telehealth is comparable to treatment provided in person.





**[Mother-Infant Group Intervention on Maternal Depression and Bonding: A Quasi-Experimental Study. \[More details in Table row 12\]](#)**

**Authors:** Shieh P.L.;Cheng L.Y.;Hsu W.S. and Li, R. H.

**Publication Date:** 2023

**Journal:** Maternal and Child Health Journal (pagination), pp. Date of Publication: 08 Ar 2023

**Significance:** Literature indicates detrimental impacts of adverse bonding and maternal depression on children development. Parentinfant group psychotherapy suggests a positive efect on facilitating bonding and reducing depression severity. However, the evidence is limited and inconclusive. Since the treatment has never been applied in Taiwan, its efect and feasibility on Taiwanese women is unknown. The results established a preliminary positive outcome of parent-infant group on maternal

**[A virtual mother-infant postpartum psychotherapy group for mothers with a history of adverse childhood experiences: open-label feasibility study. \[More details in Table row 16\]](#)**

**Authors:** Wright, Elisabeth;Martinovic, Jovana;de Camps Meschino, Diane;Barker, Lucy C.;Philipp, Diane A.;Israel, Aliza;Hussain-Shamsy, Neesha;Mukerji, Geetha;Wang, Vivienne;Chatterjee, Antara and Vigod, Simone N.

**Publication Date:** 12 18 ,2023

**Journal:** BMC Psychiatry 23(1), pp. 950

**Abstract:** Objectives: We adapted a postpartum psychotherapy group for mothers with mental illness (e.g., mood, anxiety, trauma-related disorders) and ACE for live video-based delivery, and evaluated feasibility, acceptability, and preliminary efficacy in an open-label pilot study. Methods: We recruited adults with children (6-18 months) from a perinatal psychiatry program in Toronto, Canada. The intervention was a live video-based 12-week interactive psychotherapy group focused on maternal symptoms and maternal-infant relationships. The primary outcome was feasibility, including feasibility of recruitment and retention, fidelity of the intervention, and acceptability to patients and group providers. Maternal clinical outcomes were compared pre- to post-intervention, as secondary outcomes. Conclusions: Recruitment and retention met a priori feasibility criteria. There were significant pre- to post-group reductions in maternal depressive and post-traumatic symptoms, supporting proceeding to larger-scale implementation and evaluation of the intervention, with adaptation of dyadic exercises.

**[Motherhood and Me \(Mom-Me\): The Development of an Acceptance-Based Group for Women with Postpartum Mood and Anxiety Symptoms. \[More details in Table row 3\]](#)**

**Authors:** Grunberg V.A.;Geller P.A.;Durham K.;Bonacquisti A. and Barkin, J. L.

**Publication Date:** 2022

**Journal:** Journal of Clinical Medicine 11(9) (pagination), pp. Article Number: 2345. Date of Publication: 01 May 2022

**Abstract:** Untreated postpartum mood and anxiety disorders (PMADs) place women and their families at risk for negative biopsychosocial sequelae. Innovative and tailored treatments are needed to address potential disruptions in maternal functioning. Third-wave cognitive-behavioral approaches, including acceptance and commitment therapy (ACT) and dialectical behavioral therapy (DBT), hold promise for optimizing functioning given the focus on values-based living, rather than symptom reduction. Purpose: The purpose of this paper is to describe the development of an innovative psychotherapy group for women with symptoms of PMADs. Methods: This seven-session group, *Motherhood and Me (Mom-Me)*, includes selected skills training from ACT, DBT, and Emotion-Centered Problem-Solving Therapy. Results: *Mom-Me* group sessions are described, and an outline of key information (session goals, content, and homework assignments) is provided to facilitate practical implementation. Conclusion: In line with third-wave approaches, this group was developed to enhance maternal functioning, which, in turn, may help women cope with psychological distress during the transition to motherhood.

**[Keeping Parent, Child, and Relationship in Mind: Clinical Effectiveness of a Trauma-informed, Multigenerational, Attachment-Based, Mother-Baby Partial Hospital Program in an Urban](#)**



This work is licensed under a [CC BY NC 4.0 license](#)



### [Safety Net Hospital.](#)

**Authors:** Kim, Helen G.;Erickson, Nora L. and Flynn, Jessica M.

**Publication Date:** Nov ,2021

**Journal:** Maternal & Child Health Journal 25(11), pp. 1776–1786

**Abstract:** Purpose: The Hennepin Healthcare Mother-Baby Day Hospital is a partial hospital program for pregnant and postpartum women with moderate to severe psychiatric illness. Based in an urban safety net hospital, the Day Hospital provides trauma-informed, multigenerational, group-based therapy and psychiatric care. This report describes the program and preliminary data regarding maternal mental health and functioning at treatment entry and discharge. Methods: Data include information on pregnant and postpartum women who were admitted to the Day Hospital between April 2013 and September 2019 and completed at least 4 days of treatment. We describe patient demographics and changes in mental health and maternal functioning. Results: 328 women consented to participation in research, representing 364 unique admissions. Primary diagnoses included major depression (55.6%; n = 202); generalized anxiety (36.4%; n = 132); bipolar spectrum (28%; n = 102); and trauma-related disorders (20.6%; n = 75). Patients reported significant improvements (p : 328 women consented to participation in research, representing 364 unique admissions. Primary diagnoses included major depression (55.6%; n = 202); generalized anxiety (36.4%; n = 132); bipolar spectrum (28%; n = 102); and trauma-related disorders (20.6%; n = 75). Patients reported significant improvements (p conclusions: A mother-baby day hospital based in an urban safety net hospital is effective in improving mental health and parenting functioning in perinatal women with moderate to severe psychiatric illness. The high acuity and prevalence of comorbid depression, anxiety, bipolar spectrum, and trauma-related disorders support the need for trauma-informed, multigenerational approaches that address perinatal mental health and attachment-based parenting support.

### [Changes in infant emotion regulation following maternal cognitive behavioral therapy for postpartum depression. \[More details in Table row 7\]](#)

**Authors:** Krzeczkowski J.E.;Schmidt L.A. and Van Lieshout, R. J.

**Publication Date:** 2021

**Journal:** Depression and Anxiety 38(4), pp. 412–421

**Abstract:** Background: Exposure to maternal postpartum depression (PPD) increases the risk for emotion regulatory and psychiatric problems in offspring. This study aimed to determine if maternal cognitive behavioral therapy (CBT) for PPD improves infant emotion regulatory capacity.

Methods: Participants were 40 infants of mothers with a primary diagnosis of major depressive disorder matched 1:1-40 healthy control infants of nondepressed mothers on infant age, sex, and socioeconomic status. Mothers with PPD received nine weeks of group CBT. Dyads were tested at two time points. Visit 1 occurred following the first CBT session (baseline visit for control infants). Visit 2 took place after CBT (nine weeks post-baseline for controls). At both visits, infant emotion regulation was assessed using resting-state frontal electroencephalography alpha asymmetry (FAA), heart rate variability (HRV), and maternal and partner ratings of orientation or regulation behaviors (infant behavior questionnaire-revised [short form]). Changes in maternal characteristics (depression, bonding, and emotion regulation) from pretreatment to posttreatment were examined to determine if they explained infant changes. Conclusion: Treating PPD may promote adaptive changes in physiological and behavioral systems underlying infant emotion regulation.

### [Women's Experiences of the Coping With Birth Trauma:A Psychoeducational Group Support Program \[More details in Table row 1\]](#)

**Authors:** Roberts, Nicola-Jade;Jomeen, Julie and Thomson, Gill

**Publication Date:** 2021

**Journal:** International Journal of Childbirth 11(3), pp. 112–121

**Abstract:** Objective: Between 20%-50% of women experience birth as traumatic, with negative impacts for women, infants and families. Currently, there is a lack of evidence into supportive



This work is licensed under a [CC BY NC 4.0 license](#)



interventions to ameliorate women's adverse responses following a traumatic birth. In North-West UK, a 6-week psychoeducation group support program (Coping with Birth Trauma CwBT) was developed and delivered by two trained therapists. The course aimed to facilitate women's understanding of trauma, and to provide coping strategies; additional speakers were also invited to discuss specialist issues. The aim of this evaluation was to explore women's experiences and perceptions of the CwBT, and to identify recommendations for course development. Methods: Following university ethics approval, all the women who had attended a CwBT course (n = 3) were invited to take part in a telephone interview. Eight women out of a possible sample of 16 agreed to participate. Thematic analysis was used to analyse the interview data. RESULTS: Two themes and associated sub-themes describe the social, cognitive and instrumental components of the CwBT course ("Creating a difference") and how the course facilitated growth and help-seeking behaviors ("Growth and renewal"). The final theme "complaints and recommendations" details critical reflections and suggestions for course development. Recommendations included speakers from different therapeutic backgrounds and more opportunities for contact with women at different stages of their trauma journey. Conclusions: Overall, the course was well received with positive implications for health, wellbeing and family functioning. Further and large-scale studies to assess its effectiveness are needed.

**[A cognitive-behavioral intervention for postpartum anxiety and depression: Individual phone vs. group format. \[More details in Table row 13\]](#)**

**Authors:** Simhi M.; Sarid O.; Rowe H.; Fisher J. and Cwikel, J.

**Publication Date:** 2021

**Journal:** Journal of Clinical Medicine 10(24) (pagination), pp. Article Number: 5952. Date of Publication: 01 Dec 2021

**Abstract:** Cognitive-behavioral interventions can effectively treat symptoms of perinatal mood and anxiety disorders (PMADs). We assessed the acceptability and effectiveness of a workbook-based intervention (What Am I Worried About? (WAWA)) comprising of cognitive-behavioral and mindfulness techniques and weekly professional guidance to address symptoms of depression, anxiety, and stress among postpartum mothers. We compared the efficacy of group versus individual telephone consultation using a pre-and post-test single group, open trial, research design in replication pilot study. A convenience sample of community-residing postpartum women (n = 34) chose between group intervention (n = 24) or individual phone consultation with a mental health professional (n = 10). Outcome measures were anxiety (GAD-7), depression, anxiety, and stress (DASS21), and postpartum depression (PPD-EPDS). After four weeks intervention, significant reductions were observed in postpartum depression, anxiety, and stress scales. Cohen's d statistics showed medium effect sizes (0.35-0.56). A small but significantly larger change in PPD-EPDS and DASS stress scores was reported among participants who opted for the phone intervention compared to those in the group intervention. Most participants felt that the intervention was highly beneficial and would recommend it to other postpartum women. In conclusion, the WAWA intervention showed efficacy for reducing postpartum anxiety, distress, and depressive symptoms among postpartum women, with a slightly greater reduction in PPD-EPDS and stress symptoms found among those who opted for individual phone consultation. Definitive evaluation of the intervention requires a larger sample and a RCT research design with two treatment arms: telephone and group intervention.

**[Public health nurses' experiences learning and delivering a group cognitive behavioral therapy intervention for postpartum depression.](#)**

**Authors:** Layton H.; Bendo D.; Amani B.; Bieling P.J. and Van Lieshout, R. J.

**Publication Date:** 2020

**Journal:** Public Health Nursing 37(6), pp. 863–870

**Abstract:** Objectives: Public Health Nurses (PHNs) often provide support to women with postpartum depression (PPD) in the absence of specialized training. The objective of this study was to explore the experiences of six PHNs who were trained to deliver a group cognitive behavioral therapy (CBT) intervention for PPD in the public health setting, and to describe how learning and delivering this intervention affected their professional roles and personal lives. Design: This qualitative study



This work is licensed under a [CC BY NC 4.0 license](#)



employed a phenomenological approach. Sample: Six PHNs who completed the CBT training program and delivered at least one CBT group in their community. Measurements: Individual in-depth interviews were conducted and transcribed verbatim. Transcripts were analyzed according to thematic derivation procedures. Results: The themes that emerged from the interviews with the PHNs included: (a) components of the CBT training program that nurses most valued, (b) benefits of training for their professional role as a PHN, (c) implications for practice, and (d) using CBT skills in their personal lives. Conclusions: The provision of CBT training to PHNs may not only positively impact their work with clients with mental illness, but may also have the potential to provide broader clinical and professional benefits for these skilled professionals and their other clients.

**[Impact of psychological grief counseling on the severity of post-traumatic stress symptoms in mothers after stillbirths](#)** [More details in Table row 17]

**Author:** Navidian, Ali, Saravani, Zahra and Shakiba, Mansour

**Publication Date:** 2017

**Publication Details:** Issues in Mental Health Nursing, 38, (8) pp.650–654.

**Abstract:** Planned support and interventions are necessary in the care and support of women who have experienced stillbirth. The present study was conducted to determine the effect of psychological grief counseling on the symptom severity of post-traumatic stress disorder (PTSD) in mothers after stillbirths. This interventional study is semi-experimental. The study was conducted on 100 women who had recently had stillbirths. Eligible samples were selected and randomly divided into the two groups of intervention and control. The data collection tool was the PPQ,1 which was completed as a pre-test and post-test in both groups. The intervention group received four sessions of psychological grief counseling over two weeks, and the control group received only routine postnatal care. PTSD severity was evaluated in both groups at the end of the fourth week after the final session. The results showed that there was a statistically significant difference in the mean score of the severity of the PTSD symptoms in both groups after the intervention ( $P = 0.0001$ ), which means that psychological grief counseling led to the reduction of PTSD severity in mothers. Given the positive impact of psychological grief counseling on reducing the severity of PTSD, integration of intensive psychological interventions in the maternity care system seems essential for faster transition of grief stages and for the prevention of severe cases of PTSD.

[BACK TO TOP](#)

## INDIVIDUAL OR FAMILY INTERVENTIONS

**[Trauma-informed support after a complicated childbirth - An early intervention to reduce symptoms of post-traumatic stress, fear of childbirth and mental illness.](#)**

**Authors:** Andersson H.;Nieminen K.;Malmquist A. and Grundstrom, H.

**Publication Date:** 2024

**Journal:** Sexual and Reproductive Healthcare 41(pagination), pp. Article Number: 101002. Date of Publication: 01 Se 2024

**Highlights:** We tested whether trauma-informed support can reduce women's mental ill-health. The intervention was given after birth to those who had undergone a complicated childbirth. The intervention group had lower levels of postnatal post-traumatic stress symptoms. This indicates that the support programme might reduce post-traumatic stress symptoms. The support programme has the potential to contribute to improved maternal care.

**[Effectiveness of a web-enabled psychoeducational resource for postpartum depression and anxiety among women in british columbia](#)**

**Author:** Lawrence, Claire G., Breau, Genevieve, Yang, Lily, Hellerstein, Orli S., Hippman, Catriona, Kennedy, Andrea L., Ryan, Deirdre, Shulman, Barbara and Brotto, Lori A.



This work is licensed under a [CC BY NC 4.0 license](#)



**Publication Date:** 2024

**Publication Details:** Archives of Women's Mental Health, Springer.

**Abstract:** Purpose Postpartum depression (PPD) and anxiety (PPA) affect nearly one-quarter (23%) of women in Canada. eHealth is a promising solution for increasing access to postpartum mental healthcare. However, a user-centered approach is not routinely taken in the development of web-enabled resources, leaving postpartum women out of critical decision-making processes. This study aimed to evaluate the effectiveness, usability, and user satisfaction of PostpartumCare.ca, a web-enabled psychoeducational resource for PPD and PPA, created in partnership with postpartum women in British Columbia. Methods Participants were randomized to either an intervention group ( $n = 52$ ) receiving access to PostpartumCare.ca for four weeks, or to a waitlist control group ( $n = 51$ ). Measures evaluating PPD (Edinburgh Postnatal Depression Scale) and PPA symptoms (Perinatal Anxiety Screening Scale) were completed at baseline, after four weeks, and after a two-week follow-up. User ratings of website usability and satisfaction and website metrics were also collected. Results PPD and PPA symptoms were significantly reduced for the intervention group only after four weeks, with improvements maintained after a two-week follow-up, corresponding with small-to-medium effect sizes (PPD: partial  $\eta^2 = 0.03$ ; PPA: partial  $\eta^2 = 0.04$ ). Intervention participants were also more likely than waitlist controls to recover from clinical levels of PPD symptoms ( $\chi^2(1, n = 63) = 4.58, p = .032$ ) and PostpartumCare.ca's usability and satisfaction were rated favourably overall. Conclusion Findings suggest that a web-enabled psychoeducational resource, created in collaboration with patient partners, can effectively reduce PPD and PPA symptoms, supporting its potential use as a low-barrier option for postpartum women.

[A pilot randomized controlled trial of a lay telephone coaching and web-based intervention for postpartum depression and anxiety: The MPOWER study.](#)

**Authors:** Schwartz H.;McCusker J.;Da Costa D.;Singh S.;Baskaran S.;Belzile E. and Van Roost, K.

**Publication Date:** 2023

**Journal:** Internet Interventions 31(pagination), pp. Article Number: 100597. Date of Publication: 01 Mar 2023

**Highlights:** Web-based interventions are promising for the treatment of post-partum depression and/or anxiety.

We compared interventions with and without coaching on 6-month outcomes.

Both interventions were feasible and acceptable for postpartum depression/anxiety.

Coach calls increased engagement and were potentially effective at 6 months.

A larger trial is needed to determine if the coached intervention is effective.

[The preventive effect of internet-based cognitive behavioral therapy for prevention of depression during pregnancy and in the postpartum period \(iPDP\): a large scale randomized controlled trial. \[A correction of this article was published in 2023: Erratum - 2023 - Psychiatry and Clinical Neurosciences - Wiley Online Library\]](#)

**Authors:** Nishi D.;Imamura K.;Watanabe K.;Obikane E.;Sasaki N.;Yasuma N.;Sekiya Y.;Matsuyama Y. and Kawakami, N.

**Publication Date:** 2022

**Journal:** Psychiatry and Clinical Neurosciences 76(11), pp. 570–578

**Abstract:** Background: Prevention of perinatal depression beginning from the antenatal period is essential. Therefore, this study aimed to investigate the effectiveness of recently developed internet-delivered cognitive behavioral therapy (iCBT) for preventing the onset of a major depressive episode (MDE) in the third trimester and at 3 months postpartum. Methods: This is a two-arm, parallel-group, general-information controlled, randomized controlled trial. Participants were 5017 pregnant women at 16–20 weeks' gestation without MDE at baseline. They were randomly assigned to an iCBT (intervention;  $n = 2509$ ) or general-information (control;  $n = 2508$ ) group, stratified by psychological distress at baseline. The primary outcomes were the numbers of new MDE onsets, measured using the World Health Organization Composite International Diagnostic Interview 3.0, at 32 weeks'



This work is licensed under a [CC BY NC 4.0 license](https://creativecommons.org/licenses/by-nc/4.0/)



gestation and at 3 months postpartum. Results: New MDE onset was reported by 59 participants (2.35%) in the intervention group and 73 (2.91%) in the control group during follow-up. Compared with the control group, the hazard ratio (HR) of MDE in the intervention group was 0.85 (95% CI 0.61–1.20), which was not significantly different. Among participants who scored between 5 and 8 on K6 at baseline, 10 (1.37%) in the intervention group reported new onset of MDE, compared with 28 (3.81%) in the control group, and the HR of MDE was 0.38 (95%CI 0.19–0.79). Conclusions: No intervention effect was found for iCBT in preventing new onset of perinatal MDE. iCBT might prevent perinatal depression only among pregnant women with subthreshold depressive symptoms.

**[Effect of internet-based cognitive behaviour therapy among women with negative birth experiences on mental health and quality of life - a randomized controlled trial](#)**

**Authors:** Sjömark, J.;Svanberg, A. S.;Larsson, M.;Viirman, F.;Poromaa, I. S.;Skalkidou, A.;Jonsson, M. and Parling, T.

**Publication Date:** 2022

**Journal:** BMC Pregnancy and Childbirth 22(1), pp. 835

**Abstract:** Background: Giving birth is often a positive experience, but 7-44% have negative experiences and about 4% develop posttraumatic stress disorder following childbirth (PTSD FC). This randomized controlled trial (RCT) investigated the effect of internet-based cognitive behaviour therapy (iCBT) for women with negative birth experiences and/or at risk for PTSD FC. Methods: This was a superiority nonblinded multicentre RCT comparing iCBT combined with treatment as usual (TAU) with TAU only. Data were collected through questionnaires at baseline, at 6 weeks, 14 weeks and 1 year after randomization. The RCT was conducted at four delivery clinics in Sweden and participants were recruited from September 2013 until March 2018. Women who rated their childbirth experience as negative on a Likert scale, and/or had an immediate caesarean section or a haemorrhage of > 2000 ml were eligible. Primary outcomes were symptoms of posttraumatic stress (Traumatic Event Scale, TES) and symptoms of depression (Edinburgh Postnatal Depression Scale, EPDS). Secondary outcomes were satisfaction with life (Satisfaction With Life Scale, SWLS) and coping (Ways of Coping Questionnaire, WCQ). Results: Out of 1810 eligible women, 266 women were randomised to iCBT+TAU (n = 132) or to TAU (n = 134). In the iCBT+TAU group 59 (45%) completed the treatment. iCBT+TAU did not reduce PTSD FC at 6 weeks, at 14 weeks, or at 1 year follow-up compared with TAU, according to the TES. Both the ITT and completer analyses showed significant time and quadratic time effects due to reduction of symptoms in both groups on the TES (re-experience subscale) and on the EPDS, and significant time effect on the self-controlling subscale of the WCQ (which increased over time). There was also a significant main effect of group on the SWLS where the TAU group showed higher initial satisfaction with life. Exploratory subgroup analyses (negative birth experience, immediate caesarean section, or severe haemorrhage) showed significant time effects among participants with negative birth experience on re-experience, arousal symptoms and depressive symptoms. Conclusions: The iCBT intervention did not show superiority as both groups showed similar beneficial trajectories on several outcomes up to 1 year follow-up. This intervention for women with negative birth experiences and/or at risk for PTSD FC was feasible; however, the study suffered from significant drop out rate. Future studies with more narrow inclusion criteria and possibly a modified intervention are warranted.

**[Cost-effectiveness of Web-Based and Home-Based Postnatal Psychoeducational Interventions for First-time Mothers: Economic Evaluation Alongside Randomized Controlled Trial.](#)**

**Authors:** Zheng Q.;Shi L.;Zhu L.;Jiao N.;Chong Y.S.;Chan S.W.C.;Chan Y.H.;Luo N.;Wang W. and He, H.

**Publication Date:** 2022

**Journal:** Journal of Medical Internet Research 24(3) (pagination), pp. Article Number: e25821. Date of Publication: 01 Mar 2022

**Abstract:** Background: The cost-effectiveness of interventions has attracted increasing interest among researchers. Although web-based and home-based psychoeducational interventions have been developed to improve first-time mothers' postnatal health outcomes, very limited studies have reported their cost-effectiveness. Objective: The aim of this study was to evaluate the cost-



This work is licensed under a [CC BY NC 4.0 license](#)



effectiveness of web-based and home-based postnatal psychoeducational interventions for first-time mothers during the early postpartum period. **Methods:** A randomized controlled 3-group pretest and posttest design was adopted, and cost-effectiveness analysis from the health care's perspective was conducted. A total of 204 primiparas were recruited from a public tertiary hospital in Singapore from October 2016 to August 2017 who were randomly allocated to the web-based intervention (n=68), home-based intervention (n=68), or control (n=68) groups. Outcomes of maternal parental self-efficacy, social support, postnatal depression, anxiety, and health care resource utilization were measured using valid and reliable instruments at baseline and at 1 month, 3 months, and 6 months after childbirth. The generalized linear regression models on effectiveness and cost were used to assess the incremental cost-effectiveness ratios of the web-based and home-based intervention programs compared to routine care. Projections of cumulative cost over 5 years incurred by the 3 programs at various coverage levels (ie, 10%, 50%, and 100%) were also estimated. **Conclusions:** The web-based approach was promisingly cost-effective to deliver the postnatal psychoeducational intervention to first-time mothers and could be adopted by hospitals as postnatal care support.

### **Supporting early infant relationships and reducing maternal distress with the Newborn Behavioral Observations: A randomized controlled effectiveness trial**

**Author:** Nicolson, Susan, Carron, Sarah-Pia and Paul, Campbell

**Publication Date:** 2022

**Publication Details:** Infant Mental Health Journal, 43, (3) pp.455. John Wiley & Sons.

**Abstract:** Research points to the significant impact of maternal distress on the parent-infant relationship and infant development. The Newborn Behavioral Observations (NBO) is a brief intervention supporting the infant, the parent and their relationship. This randomized controlled trial examined the effectiveness of the NBO in a population with antenatal distress and risk of postnatal depression (PND). Pregnant, first-time mothers with current anxiety or depression symptoms or past mental illness were recruited from two Australian hospitals. Participants received three NBO sessions in the first month of life plus treatment as usual (TAU), or, TAU-only. Outcomes assessed at infant age 4 months included mother-infant interaction quality; maternal anxiety and depression symptoms; and depression diagnosis. Of 111 pregnant individuals randomized, 90 remained eligible and 74 completed the trial (82.2% retention). There were intervention effects on emotional availability  $F(6, 67) = 2.52, p = .049$ , Cohen's  $d = .90$ , with higher sensitivity and non-intrusiveness in the intervention group (n = 40) than the comparison group (n = 34). There was an intervention effect approaching significance for anxiety symptoms at 4 months ( $p = .06$ ), and a significant effect over time ( $p = .014$ ), but not for depression symptoms. Anxiety and depression symptoms significantly reduced to sub-clinical levels within the intervention group only. There were fewer depression diagnoses (n = 6) than expected across groups, with no observed intervention effect. No adverse intervention effects were seen. Exploratory analysis of sensory processing sensitivity suggested differential susceptibility to distress and intervention benefits. The NBO was accepted and exerted meaningful effects on relationship quality and distress; and may enhance the infant's interaction experience and maternal emotional adjustment in at-risk populations.

### **Development of an early intervention to prevent posttraumatic stress symptoms after traumatic childbirth**

**Authors:** Horsch, A.; Vial, Y.; Favrod, C.; Harari, M. M.; Blackwell, S. E.; Watson, P.; Iyadurai, L.; Bonsall, M. B. and Holmes, E. A.

**Publication Date:** 2019

**Journal:** Archives of Women's Mental Health 22(5), pp. 671

**Abstract:** Background and aims: Evidence-based early interventions to prevent the development of posttraumatic stress disorder are lacking. Emergency cesarean section (ECS) is indicated in cases of risk to maternal and/or fetal life, therefore qualifying as a traumatic stressor for the mother, linked with a risk of posttraumatic stress disorder (PTSD). Maternal PTSD following traumatic childbirth negatively impacts on the attachment relationship with and the development of the infant. This proof-





of-principle randomized controlled study evaluated whether the number of intrusive traumatic memories mothers experience after ECS could be reduced by a brief computerized cognitive intervention. Methodology: 56 women after ECS were randomized to one of two parallel groups in a 1:1 ratio: intervention (usual care plus computerized cognitive task) or control (usual care). The intervention group engaged in a visuospatial task (computer-game 'Tetris' via a handheld gaming device) for 15 minutes within six hours following their ECS. The primary outcome was the number of intrusive traumatic memories related to the ECS recorded in a diary for the week post-ECS. Results: As predicted, compared with controls, the intervention group reported fewer intrusive traumatic memories ( $M = 4.77$ ,  $SD = 10.71$  vs.  $M = 9.22$ ,  $SD = 10.69$ ,  $d = 0.647$  95% CI, 0.106, 1.182] over 1 week (intention-to-treat analyses, primary outcome). There was a trend towards reduced acute stress re-experiencing symptoms ( $d = 0.503$  95% CI, -0.032, 1.033] after 1 week (intention-to-treat analyses). Times series analysis on daily intrusions data confirmed the predicted difference between groups. 72% of women rated the intervention "rather" to "extremely" acceptable. Per protocol analyses showed significantly less acute stress re-experiencing symptoms after 1 week in the intervention group. After a month, significant group differences regarding PTSD diagnostic criteria and avoidance symptoms were found. Conclusions: This represents a first step in the development of an early and potentially universal intervention to prevent postnatal PTSD symptoms after traumatic childbirth that may benefit both mother and child.

**[Internet-provided cognitive behaviour therapy of posttraumatic stress symptoms following childbirth-a randomized controlled trial.](#)**

**Authors:** Nieminen, Katri;Berg, Ida;Frankenstein, Katri;Viita, Lina;Larsson, Kamilla;Persson, Ulrika;Spanberger, Loviisa;Wretman, Anna;Silfvernel, Kristin;Andersson, Gerhard and Wijma, Klaas

**Publication Date:** 2016

**Journal:** Cognitive Behaviour Therapy 45(4), pp. 287–306

**Abstract:** The aim of this study was to analyse the effects of trauma-focused guided Internet-based cognitive behaviour therapy for relieving posttraumatic stress disorder (PTSD) symptoms following childbirth, a problem that about 3% women encounter postpartum. Following inclusion, 56 traumatized women were randomized to either treatment or to a waiting list control group. Primary outcome measures were the Traumatic Event Scale (TES) and Impact of Event Scale-Reversed (IES-R). Secondary measures were Beck depression inventory II, Patient Health Questionnaire (PHQ-9), Beck Anxiety Inventory, Quality Of Life Inventory and the EuroQol 5 Dimensions. The treatment was guided by a clinician and lasted eight weeks and comprised eight modules of written text. The between-group effect size (ES) was  $d = .82$  ( $p < .0001$ ) for the IES-R. The ES for the TES was small ( $d = .36$ ) and not statistically significant ( $p = .09$ ). A small between-group ES ( $d = .20$ ;  $p = .02$ ) was found for the PHQ-9. The results from pre- to post-treatment showed large within-group ESs for PTSD symptoms in the treatment group both on the TES ( $d = 1.42$ ) and the IES-R ( $d = 1.30$ ), but smaller ESs in the control group from inclusion to after deferred treatment (TES,  $d = .80$ ; IES-R  $d = .45$ ). In both groups, the treatment had positive effects on comorbid depression and anxiety, and in the treatment group also on quality of life. The results need to be verified in larger trials. Further studies are also needed to examine long-term effects.

**[BACK TO TOP](#)**

## PREVENTION INTERVENTIONS

**[Antenatal group-based psychoeducation to improve postpartum depression literacy in primary health care institutions in Ethiopia: a cluster randomized controlled trial.](#)**

**Authors:** Tessema M.;Abera M. and Birhanu, Z.

**Publication Date:** 2025

**Journal:** Frontiers in Psychiatry 16(pagination), pp. Article Number: 1548356. Date of Publication: 2025



This work is licensed under a [CC BY NC 4.0 license](#)



**Abstract:** Background: Postpartum depression literacy assists mothers in recognizing and preventing postpartum depression (PPD). So, this study assessed the effectiveness of antenatal group psychoeducation in improving PPD literacy among pregnant women in Jimma, Ethiopia. Methods: A cluster randomized controlled trial was conducted from 28 March to 1 December 2022 involving 32 non-adjusted health centers that were randomized into two groups (16 health centers for each arm). The study enrolled 550 participants who scored (0–9) on the Patient Health Questionnaire-9. The intervention group received standard antenatal care and group psychoeducation, while the control group received only standard care. Postpartum depression literacy was assessed in face-to-face interviews at 12–20 weeks gestation and 6 weeks postpartum using the PPD literacy scale. Higher scores indicated higher literacy. An intention-to-treat analysis was used. Demographic factors were compared between groups using  $\chi^2$  and independent sample t-tests, indicating no significant differences except for educational status and parity. General linear models and mixed-effect models assessed intervention effects and outcome variable predictors, respectively. Conclusions: The study showed that antenatal group psychoeducation had a moderate effect on overall PPD literacy score. However, further research is required to effectively change negative attitudes toward seeking formal help.

**[Multiple mediation analysis of a task-shared psychosocial intervention for perinatal anxiety: Exploratory findings from a randomized controlled trial in Pakistan](#)**

**Author:** Malik, A., Waqas, A., Atif, N., Perin, J., Zaidi, A., Sharif, M., Rahman, A. and Surkan, P. J.

**Publication Date:** 2024

**Publication Details:** Journal of Affective Disorders, 364, pp.41. Elsevier Science.

**Abstract:** Background: The “Healthy Mother Healthy Baby” (HMHB) study is a phase three, single-blind randomized clinical trial conducted at Holy Family Hospital (HFH) in association with Rawalpindi Medical University (RMU). We aimed to examine the mediators of a specialized psychosocial approach based on Cognitive Behavioural Therapy principles, targeting pregnant women experiencing anxiety. The HMHB intervention was effective in treating perinatal anxiety symptoms and preventing future depressive episodes. Methods: The trial randomized participants into two arms: the HMHB intervention or Enhanced Usual Care (EUC), following World Health Organization guidelines. The HMHB intervention comprised strategies to strengthen social support networks, improving mother-baby bonding and strategies to deal with interpersonal conflicts, economic challenges, and societal gender preferences using cognitive and behavioural techniques and culturally resonant illustrations. Participants underwent rigorous data collection at three pivotal timepoints: baseline, third trimester, and 6-weeks postnatal. The primary outcome was anxiety symptom severity scores using the Hospital Anxiety and Depression Scale (HADS) at 6-weeks post-childbirth. Four potential mediators – social support, behavioural activation, perceived stress, and pregnancy experience – were assessed in the third trimester of pregnancy. Results: A total of 1200 participants were randomized to the HMHB and EUC arms. In the six-week follow-up time point, 379 participants remained in the EUC group, and 387 continued in the HMHB group. Post-intervention, HMHB participants displayed significant improvements in postnatal anxiety and depression scores. Mediation analyses revealed social support and pregnancy hassles as significant mediators of the intervention's effect on postnatal anxiety outcomes, while only social support emerged as a significant mediator for depression outcomes. Conclusion: The HMHB intervention showed promising results in improving anxiety and depression scores among pregnant women. Significant mediation effects suggest the importance of targeting social support and managing pregnancy-related hassles for optimal intervention effectiveness.

**[The effectiveness of psycho-educational counseling in pregnant women with preeclampsia: A systematic review.](#)**

**Authors:** Umamah F.;Santoso B.;Yunitasari E.;Nisa F. and Wulandari, Y.

**Publication Date:** 2022

**Journal:** Journal of Public Health Research 11(3) (pagination), pp. Date of Publication: 01 Jul 2022

**Abstract:** Pre-eclampsia is one of the main causes of maternal mortality, premature birth and low



This work is licensed under a [CC BY NC 4.0 license](https://creativecommons.org/licenses/by-nc/4.0/)



birth weight in developing countries. In addition, this condition can lead to chronic diseases (including cardiovascular and renal diseases) in postpartum mothers. The purpose of this study was to review the effectiveness of psycho-educational counseling in pregnant women with preeclampsia. The methods of this study were using PRISMA guidelines, databases from Scopus, PubMed and ScienceDirect, were published 2016 until 2020, yielded 65 articles. The keywords were retrieved from Medical Subject Heading (Mesh). The results showed interventions were given during the treatment period ranges from cognitive-behavioral counseling group that received four 1.5-h counseling sessions and the solution-focused counseling that received three 1.5-h counseling sessions, which were held weekly. This systematic review concludes that improving prenatal empowerment and self-care enable mothers to experience fewer complications in this period of their life. Thus, psycho-educational provides an excellent opportunity for educating and counseling pregnant women to promote maternal and neonatal health and psychological well-being.

**[Prevention of posttraumatic stress disorder in mothers of preterm infants using trauma-focused group therapy: Manual development and evaluation.](#)**

**Authors:** Simon S.;Moreyra A.;Wharton E.;Dowtin L.L.;Borkovi T.C.;Armer E. and Shaw, R. J.

**Publication Date:** 2021

**Journal:** Early Human Development 154(pagination), pp. Article Number: 105282. Date of Publication: 01 Mar 2021

**Abstract:** The current study aims to develop and evaluate the feasibility of a trauma-focused group intervention that is designed to reduce maternal symptoms of anxiety, depression, and posttraumatic stress in a sample of mothers of preterm infants hospitalized in a neonatal intensive care unit (NICU). Study design: The study was a one-group pre-/post quasi-experimental design. Participants received a 6-session intervention targeting parental trauma. Subjects: English-speaking mothers (N = 19) greater than 18 years of age of infants 23–34 weeks gestational age hospitalized in the NICU at Lucile Packard Children's Hospital Stanford. Outcome measures: Beck Anxiety Inventory (BAI), Beck Depression Inventory, Second Edition (BDI-II), Davidson Trauma Scale (DTS). Results: Results from the study indicate that the intervention is feasible, able to be implemented with a high degree of fidelity, is rated as highly satisfactory by participants, and leads to statistically significant reductions in symptoms of anxiety, depression, and posttraumatic stress at 6-week and 6-month follow-ups. Conclusions: Though encouraging, these findings are preliminary, and future studies should strive to reproduce these findings with a larger sample size and a comparison group.

**[Be a Mom, a Web-Based Intervention to Prevent Postpartum Depression: Results From a Pilot Randomized Controlled Trial.](#)**

**Authors:** Fonseca A.;Alves S.;Monteiro F.;Gorayeb R. and Canavarro, M. C.

**Publication Date:** 2020

**Journal:** Behavior Therapy 51(4), pp. 616–633

**Abstract:** Be a Mom is a self-guided web-based intervention, grounded in cognitive behavioral therapy, delivered to postpartum women to prevent persistent postpartum depression [PPD] symptoms. We aimed to evaluate Be a Mom in terms of its preliminary efficacy, feasibility, and acceptability. A pilot randomized, two-arm controlled trial was conducted. Eligible women (presenting PPD risk-factors and/or early-onset PPD symptoms) were enrolled in the study and were randomly assigned to the intervention (Be a Mom) or to the waiting-list control group. Participants in both groups completed baseline (T1) and postintervention (T2) assessments. The 194 women presenting risk factors/early-onset PPD symptoms were allocated to the intervention (n = 98) or to the control (n = 96) group. A significant Time x Group interaction effect was found for both depressive and anxiety symptoms, with women in the intervention group presenting a larger decrease in symptoms from T1 to T2 (p < .05). Less than half of the women (41.8%) completed Be a Mom. Most women (71.4%) would use Be a Mom again if needed. Results provide preliminary evidence of the Be a Mom's efficacy, acceptability and feasibility, although further research is needed to establish Be a Mom as a selective/indicative preventive intervention for persistent PPD.





**Preventing Postpartum Depression with Mindful Self-Compassion Intervention: A Randomized Control Study.**

**Authors:** Guo L.;Zhang J.;Mu L. and Ye, Z.

**Publication Date:** 2020

**Journal:** Journal of Nervous and Mental Disease 208(2), pp. 101–107

**Abstract:** Mindfulness and self-compassion are reported to have a preventive effects on depression and anxiety disorders. In the present study, we aimed to assess the effect of mindful self-compassion intervention on preventing postpartum depression in a group of symptomatic pregnant women. Participants were screened and assigned to the intervention and control groups randomly. A 6-week Internet-based Mindful Self-Compassion Program was used to train the participants. Multiple scales were used to assess depressive and anxiety symptoms, mindfulness, self-compassion, and mother and infant well-being. All assessments were performed at three time points: baseline, 3 months, and 1 year postpartum. Compared with the control group, the intervention group showed significant improvement in depressive and anxiety behaviors. In addition, the intervention group became more mindful and self-compassionate at 3 months and 1 year postpartum. More importantly, both mothers and infants experienced substantial improvement in well-being. Our findings indicate that mindful self-compassion intervention is effective in preventing postpartum depression and promoting mother and infant well-being.

[BACK TO TOP](#)

**FOR OFFICE USE ONLY**

DATABASES AND INFORMATION SOURCES USED					
	Pubmed		HMIC		BMJ Best Practice
x	Medline		Social Policy and Practice	x	Cochrane Library
	Emcare	x	CINAHL		TRIP
x	Embase	x	PsycINFO	x	Grey Literature: Google advanced search and Google Scholar
	AMED		UpToDate	x	Other: PTSD database

PURPOSE OF SEARCH			
	Patient info/health & well being	x	Clinical decision making (inc. patient care)
	Executive Team support	x	Research/Education/Professional development
	Quality Improvement		Primary Care & Neighbourhoods Directorate support
	KM/Management decision making		Other:

**USER CATEGORY OF REQUESTOR**



This work is licensed under a [CC BY NC 4.0 license](#)



	<b>Medical students</b>		<b>Patients/public</b>
	<b>Nursing/midwifery students</b>		<b>Physician Associates</b>
	<b>Doctor/Psychiatrist</b>		<b>Public Health (Somerset CC)</b>
	<b>Nurses/Midwives</b>	<b>x</b>	<b>Other: Trainee Clinical Psychologist</b>
	<b>Allied Health professionals</b>		

<b>HAS PERMISSION TO SHARE THE RESULTS BEEN OBTAINED FROM THE REQUESTOR?</b>			
<b>x</b>	<b>YES - share</b>		<b>NO – do not share</b>

<b>KEY WORDS/SEARCH STRATEGY INCLUDING MESH HEADINGS</b>	<b>LIMITS USED</b>
<p>Embase &lt;1974 to 2025 May 19&gt;</p> <p>1 exp posttraumatic stress disorder/ 94239</p> <p>2 (trauma* or PTSD or (post?trauma* adj3 stress) or (psych* adj3 trauma*)).tw,kf. 668125</p> <p>3 exp anxiety/ 349780</p> <p>4 exp postnatal depression/ 18295</p> <p>5 ((stress or anxiety or depression) adj5 (postpartum or postnatal)).tw,kf. 18239</p> <p>6 or/1-5 [PTSD with stress, depression and anxiety] 1032702</p> <p>7 exp birth/ 35047</p> <p>8 (birth or postpartum or postnatal).tw,kf. 714244</p> <p>9 or/7-8 [Birth] 731612</p> <p>10 exp group therapy/ 22475</p> <p>11 (group* adj3 (therap* or interven* or support* or session*)).tw,kf. 255436</p> <p>12 (group* adj3 (psych* or trauma* or PTSD)).tw,kf. 34663</p> <p>13 (group* adj5 (CBT or cognitive behavio?ral or EMDR or eye movement desensiti* or (exposure adj3 therap*))).tw,kf. 7711</p> <p>14 or/10-13 [Group therapies] 295884</p> <p>15 6 and 9 and 14 1806</p> <p>16 limit 15 to (english language and yr="2015 -Current") 1211</p> <p>17 limit 16 to yr="2018 -Current" 935</p> <p>18 exp evaluation study/ 269743</p> <p>19 exp personal experience/ 76530</p> <p>20 (evalua* or effic* or protocol* or feedback or outcome* or result*).tw,kf. 23098197</p> <p>21 (feedback or surve* or impression* or questionna*).tw,kf. 2692660</p> <p>22 ((personal* or live*) adj3 experienc*).tw,kf. 56776</p> <p>23 or/18-22 [Lived-experiences and outcomes] 23639579</p> <p>24 17 and 23 887</p>	<p>English Articles from 2018</p>





25	limit 24 to yr="2020 -Current"	714	
26	limit 25 to yr="2022 -Current"	494	
27	exp psychoeducation/	14788	
28	psycho?educa*.tw,kf.	12936	
29	(psych* adj2 educa*).tw,kf.	13823	
30	or/27-29 [Psycho education]	32996	
31	6 and 9 and 30	405	
32	limit 31 to yr="2018 -Current"	254	

