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What is the Importance of Educating Women on Postpartum Depression?

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. The project is neither a Master's thesis or dissertation

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What is the Importance of Education Women on Postpartum Depression?

By Ashley Akwa

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Postpartum depression is a mental health issue that affects one in seven women after giving birth to a baby. When a woman is undiagnosed and suffering from postpartum depression not only is she affected but her family members and the baby can be negatively affected as well. With the pressure for women to be able to do it all, postpartum depression symptoms are often ignored by mothers. Educating women on postpartum depression, especially prior to discharge at the hospital, is important so women (and spouses) are aware of what symptoms to look for when it is time to look for help. A systematic review was conducted to see what research says is the importance of educating women on postpartum depression. Twenty-one out of one hundred and twenty articles fit the inclusion criteria, concluding in four themes: Importance of Support, Need for Education, EPDS being an Efficient Scale, and Interpersonal Psychotherapy being Treatment of Choice.

Introduction

Maternal depression is a type of depression that affects many women after or before the birth of a child. There are different categories of maternal depression which include prenatal depression, postpartum depression, and postpartum psychosis. In a study conducted by Ertel, Koenen, & Rich-Edwards (2011), researchers estimated one in seven women are diagnosed with postpartum depression within a year of having a baby. Depression is also one of the most common complications during pregnancy. Table 1 will provide definitions for words used throughout the paper (Oyster, Sloan, & Strange, 2011).

Table 1

Maternal Depression	A form of depression that affects new mothers and mothers to be. It can range from mild (baby blues) to severe (postpartum psychosis). Depending on the severity a woman may need treatment for the symptoms.
Prenatal Depression	Prenatal depression is a form of maternal depression that occurs prior to child birth.
"Baby Blues"	"Baby Blues" is mildest and most common form of maternal depression, occurs a few days after delivery, and ends within a few week without treatment.
Postpartum Depression	Postpartum depression occurs in the days, weeks, or months after delivery. Symptoms can occur up to a year after delivery
Postpartum psychosis	Rare and most extreme form of maternal depression. Occurs during the first three months after childbirth

Maternal depression is a form of depression that affects about eighteen million Americans annually. Maternal depression can occur up to twelve months after a woman gives birth. Women who are more susceptible to maternal depression are women who are diagnosed or have a family history of bipolar disorder or another psychiatric disorder. Maternal depression is

broken up into four categories: prenatal depression, baby blues, postpartum depression and postpartum psychosis. A woman with prenatal depression can have major and minor depressive episodes which begin during pregnancy and can last six months to a year after pregnancy (Peabody & Santoro, 2010). Factors that can contribute to prenatal depression are hormonal changes, genetics, psychosocial factors, and life stressors. At times it can be difficult to distinguish the difference between symptoms of depression during pregnancy and normal responses to stressful experiences of pregnancy (Peabody & Santoro, 2010). Baby blues occurs to a majority of mothers after the birth of their child due to the stress of labor and delivery and the physical and mental draining of energy resulting from taking care of a newborn (Peabody & Santoro, 2010).Symptoms of baby blues usually disappear quickly so if a woman continues to have these feelings she may have postpartum depression.

Postpartum depression is an affective mood disorder that has symptoms similar to baby blues (Peabody & Santoro, 2010). The difference between baby blues and postpartum depression is that the symptoms for postpartum depression continue after the first two weeks of a baby being born (Peabody & Santoro, 2010). The number one risk factor for postpartum depression is undiagnosed depression during pregnancy. Symptoms of postpartum depression include insomnia, hypersomnia, a major decrease or increase in appetite, moderate to severe anxiety, headaches, and chest pains (Peabody & Santoro, 2010). These symptoms are often labeled as being normal for mothers taking care of a newborn, especially first time mothers.

The most serious form of postpartum depression is postpartum psychosis. Postpartum psychosis is a rare form of maternal depression that requires immediate psychiatric evaluation and medical attention (Peabody & Santoro, 2010). Symptoms of postpartum psychosis normally occur within the first few days to a month after delivery, but the symptoms can occur up to a year

after the baby is born (Peabody & Santoro, 2010). Mothers who have postpartum psychosis may experience both depressive and psychotic symptoms that can occur very rapidly (Peabody & Santoro, 2010). Women who are diagnosed with postpartum psychosis have a five percent rate of suicide and four percent rate of infanticide (Peabody & Santoro, 2010). Below is a vignette of how prenatal depression can affect many women, and in what way symptoms for postpartum depression can be mistaken as adjustment to motherhood.

> Charlotte is a 27 year old Philippine-American woman, who lives in a suburb in Texas with her Caucasian husband Donny. Charlotte and Donny have been married for 3 ½ years, and have recently had their first child who they named Aurora. Charlotte's mother came from the Philippines to visit and help out. Donny's family lives in a nearby suburb and comes to visit multiple times during the week to also help out with the newborn. Charlotte's mother Ida and Donny's mother Audrey have very different views about how the baby should be raised, and they are not shy about voicing their opinions. These vocal opinions can be stressful for Charlotte and her husband. Along with the stress of her family, the baby cries a lot, and sometimes Charlotte feels like a bad mother because she is not able to take care of the baby on her own. Lately Charlotte has been exhausted and does not want to get out of bed. She has become very sensitive and has been crying more than usual. There was a time no one was home and Charlotte let the baby cry for longer than she should have. She felt like she was helpless. Donny is worried his wife may be dealing with something more than just stress but does not know how to help her.

Scenarios like the one between Charlotte and Donny can happen to new parents around the world, regardless if this is their first or fifth child. The transition into parenthood can be a life changing event that can cause additional stress in a person's life. Motherhood is one of the most unnoticed transitions in an adult's life. Women need to be more aware they will never be the same after giving birth and neither will their life (Meltz, 1997) Being a new parent can be extremely overwhelming during the first couple of months of the baby's life, and it can be hard to adjust to having a human being so vulnerable depending on two adults to care for it.

Due to the changes that occur after childbirth women may feel a sense of loss of self. They may feel they do not have time for themselves, lack ability to manage time, and they cannot control their body, their image, and their social relationships (Dolizki, Shlomo,&

Taubman, 2009) While in the first few days it is normal for a woman like Charlotte to feel overwhelmed and sad due to having a newborn baby, these feelings may also be an indicator of maternal depression. Maternal depression is a form of depression that occurs in the prenatal and postnatal stages of a woman's life. In the example previously given, if in the first four to five days after giving birth Charlotte began feeling overwhelmed and emotional she could be experiencing the least severe form of maternal depression called baby blues (Oyster, Sloan, & Strange, 2011). Around seventy to eighty percent of women experience baby blues after giving birth (Records, 2011). Some symptoms of baby blues include lack of energy, sleep and appetite, exhaustion even after sleeping, anxiety, sadness, and feelings of being overwhelmed (Burych, 2000).

If after several months or a year go by and Charlotte continues to feel depressive symptoms, she may be experiencing symptoms of postpartum depression (PPD). Postpartum depression is one of the more severe forms of maternal depressions and lasts longer than baby blues symptoms (Brunk, 2013). Postpartum depression can cause women to lose their appetite, have an overwhelming feeling of fatigue, difficulty bonding with their child, thoughts of harming themselves and baby, and withdrawal from family and friends (Mayo Clinic, 2014). Postpartum depression can be confused with baby blues due to similar symptoms such as loss of appetite, loss of energy, and irregular sleeping patterns; but baby blues symptoms can go away after a week while postpartum depression symptoms last for up to a year or until treated. According to the American Psychological Association (2014), postpartum depression is a mental health problem that is serious and is characterized by a prolonged period of emotional disturbance. This disturbance occurs at a time of major life change and increased responsibility due to the care of a newborn infant. When a woman is experiencing postpartum depression significant consequences

can occur to both the baby, the new mothers, and the family (American Psychological Association, 2014). Nine to sixteen percent of women will experience PPD after giving birth, this estimate increased to forty-one percent for the women who have experienced postpartum depression in a previous pregnancy (American Psychological Association, 2014).

With one in seven women estimated to face postpartum depression, and that is only including the women who are diagnosed, displays why there is a need for education. (Santoro, K & Peabody, H 2010). If a woman is not educated on postpartum depression prior to giving birth, she may confuse her continuing depressive symptoms for baby blues and remain untreated for her depression. The inability to identify postpartum depression when symptoms arise and the resulting lack of treatment for this depression can cause significant problems (Santoro, K & Peabody, H 2010). Educating women before giving birth will allow them to recognize symptoms that occur when experiencing postpartum depression and to seek help instead of feeling ashamed of having those feelings. If a woman is not treated for postpartum depression, consequences can be marital tension, and vulnerability to recurrent psychiatric illness and in some cases suicide (Bell & Mahony, 2005). According to Zauderer (2009) PPD is an illness that often times is undetected and at times hidden by women which causes them to suffer in silence. Zauderer (2009) states childbirth educators can play a significant role in helping women break this silence by educating women and their partners in the early signs and symptoms of PPD. Even though depression during pregnancy can be diagnosed, there is no way of pretesting if a woman will have postpartum depression after giving birth. This is why educating women and their families prior to giving birth is essential and beneficial. Without being educated, women and families may mistake the signs of postpartum depression for something else, which can end up with bad results.

Social workers have the capability to impact the life of a woman who could potentially face postpartum depression through prevention and interventions. Social workers should know how their role as a social worker plays into PPD and what they can do to prevent and intervene. According to the National Association for Perinatal Social Workers, (2009) perinatal social workers should be aware of the complex bio-psychosocial issues that affect women with postpartum depression (NAPSW, 2009). National Association of Perinatal Social Workers believe Perinatal Social Workers who do not have contact with women after two weeks postpartum should ensure the families are informed about postpartum depression and provide information on how to access services. Licensed Social Workers can have a positive impact on women with postpartum depression, but Licensed Clinical Social Workers can diagnose and treat women with postpartum depression.

This systematic review will provide information on the significance of postpartum depression education. This will be done through an overview of maternal depression including antenatal depression, baby blues, postpartum depression and postpartum psychosis. There will also be a review on the realities of motherhood and an assessment of whether this is being accurately portrayed in prenatal classes and other forms of prenatal education. The systematic review will end with therapy interventions for women with postpartum depression and a description of what the social worker's role is in when working with pregnant women. Current research will be looked upon in regards to the relevance of postpartum depression education, systematically identifying empirical articles, and assessing the quality and findings in regard to postpartum depression education.

Conceptual Framework

Role Theory provides a framework for the discussion as to why education of postpartum depression to prenatal women and their families is relevant. Role theory proposes that people's actions and decisions are based on societal expectations for the position they hold. These social expectations could be called stereotypes. Biddle (1986) states when a person is a member of a social position they are to hold expectations for their own behaviors based on others perceptions. Stereotypes of mothers in the American culture can make women feel like they have to achieve a lot of expectations when they become mothers. These expectations lead to feelings of failure when a woman fails to meet these expectations. If a woman is suffering from postpartum depression they may not want to seek help because it can be hard to accept feelings of sadness when there are societal assumptions that as a new mother there is constant happiness due to the birth of a child.

A type of role theory is called Functional Role Theory (Hindin, 2007). In Functional Role Theory a role is a perspective based on a shared understanding of people's expectations of one another (Hindin, 2007). Hindin (2007) goes on to say roles are learned and people are expected to conform to these roles and sanction others who deviate from their roles. Husmillo (2013) states society defines motherhood as "the act of becoming a female parent". Husmillo (2013) believes the duty of motherhood is more elaborate that the definition society gives. Husmillo has helped many women give birth and has seen the transition from women giving birth to achieving the mother role, which do not necessarily happen simultaneously. Husmillo (2013) writes that giving birth to a child does not automatically turn someone into the role of the mother that society perceives them to be. A woman who just gave birth may not have the feelings she expects in her new mother role a transition made more difficult if she is having symptoms of of

postpartum depression after giving birth. Throughout time there are many stereotypes that have surfaced about what a woman should be, especially in their role as mothers. Oyster, Sloan, & Strange (2011) describes stereotyping as

> … stereotypes are the expression of values and are used to express a general idea of a certain social group, as if this agreement were preexistent, regardless of the stereotype. Stereotypes freeze the characteristics of a social group and block its potential for development during an interaction or narration. Stereotypes therefore offer a false simplicity of reality, since they condense a large amount of information and connotations (Oyster, Sloan, & Strange, 2011, 1399).

When it comes to stereotypes women are often seen as homemakers, and are perceived as less strong and more emotional than men (Oyster, Sloan, & Strange, 2011).

Gender stereotyping can play a big part of a woman's life and what she believes she should be feeling and doing as a mother. Even today, the ideals of a wife and mother in society are predicated on the idea of a nuclear family more common to the 1950's (Nagy, 2010). A woman may not want to acknowledge the symptoms of Postpartum Depression: overwhelming fatigue, severe mood swings, feelings of inadequacy, and lack of joy in life. It can be hard for a woman to state she is feeling depressed, if society expects a mother must be able to do it all with a grin on her face. Women can feel ashamed to admit to feelings of sadness after having a baby because society may say she has no "motherly instinct". Everything is supposed to come natural and she was born to know everything that comes with having a baby.

During prenatal classes and other forms of prenatal education, if women have more realistic examples of what motherhood is they may not feel like they are failing as a mother. If a woman is aware that not everyone fits the idea of what society thinks of as a good mother she may not feel as ashamed about her feelings. Educating women on maternal depression such as "baby blues" and postpartum depression, may give women the confidence seek help for the way

they are feeling without shame. Since postpartum depression is a significant type of depression many women face after giving birth, the more women and their families know about it the more it will become acceptable in society to acknowledge the realities of motherhood. This may slowly lead to a societal change on the views of motherhood and an increased awareness and understanding of postpartum depression. With the education shift there will be less of a stigma towards postpartum depression and seeking help for it.

Motherhood comes with a lot of stereotypes in the United States and around the world. Nagy (2010) describes the portrayal of mothers in recent television shows such as King of the Hill, Family Guy, South Park, and the Simpsons as a stereotypical model of what a woman's role was in a nuclear family in the 1950's. Nagy (2009) states that if adult television programs are supposed to be realistic portrayals of everyday people then adult cartoons are illustrated realities and to some extent reflect society's views on women and motherhood. These stereotypes of mothers can affect how people interact with them, which can mean women not only have to reconcile the stereotype within themselves but run the risk of being treated differently due to the stereotype.

A woman may have a hard time requesting help for postpartum depression because of how it is often portrayed in the media. Stone (2010) states women with postpartum depression are portrayed as being out of control, non-functioning, seriously ill, and not to be trusted with their children. This negative light that is shed on postpartum depression plays into gender stereotyping. It is as if society judges a woman who feels sadness after pregnancy to be dysfunctional and not motherly.

Through education on the realities of life after delivery and postpartum depression, women can have the chance to be more empowered. With a realistic picture of what life after

delivery looks like, women may not be as ashamed if they are not fulfilling the expectations of what society thinks a "real mother" should be. Women may understand that it is come onto have feelings of sadness, be overwhelmed, and not have it all together. Education on postpartum depression may give women the confidence to seek help if they think they need it. They may recognize the symptoms and be more aware of the effects of the many hormonal changes that women experience before and after birth. Postpartum Depression education may help women not feel guilty when they are not able to function as society believes all mothers should be, know that they are not missing any motherly instincts, and that there is help available.

Role Theory is an appropriate theory for the education of postpartum depression because it exemplifies the pressure to submerge into the stereotype of motherhood. The way role theory will be used to guide this paper is to show the relevance of postpartum depression education, and how through education women will become more empowered to seek help when they have symptoms rather than living with the depression believing it is not socially acceptable to have depressive feelings after childbirth

Methods

A systematic review was conducted to illustrate the relevance of educating women on postpartum depression. A systematic review involves a detailed and comprehensive plan and search strategy which synthesizes relevant studies on a certain topic (Uman, 2011). Systematic reviews can have a meta-analysis approach by using a statistical technique to synthesize data (Uman, 2011). Systematic reviews use the effect size to measure the strength of a relationship between different variables, providing information on the significance of the intervention provided (Uman, 2011).

The search words were used to discover information measuring women's knowledge on postpartum depression, women's prenatal awareness of the realities of motherhood, information detailing therapy methods for postpartum depression, and the social workers role. In order to obtain this information *Social Work Abstracts, Sociindex and Google Scholar* were primary databases used. The key search terms used were *postpartum depression, postpartum depression therapy, prenatal education, baby blues, postpartum and social work, postpartum depression education*.

The articles selected for inclusion criteria were about postpartum depression in a multidisciplinary perspective such as public health, nursing, psychology and nursing. The articles were focused on any age groups who have faced some type of postpartum depression. The articles were not older than fifteen years old, written in English, and from North America. Abstracts were before reading the article to ensure the study was focused on postpartum depression. Articles were kept track of in regards to how many articles were used by collecting the information in a systematic review chart. Due to the lack of information on this specific topic pertaining to postpartum depression, there was no specific design.

During data collection the amount of articles were tracked and reported for how many articles were selected and how many articles were rejected based on the inclusion criteria. The articles which met the criteria were used to create a chart and organize the articles by key topics or key findings. The articles within the within those categories were assessed not only the findings but also the quality of the studies leading to these findings. A report on the relevance of postpartum education was given by summarizing the results of the studies and the credibility of the studies.

Data Collection Methods and Review Protocol

The research question that was explored is "What is the importance of educating prenatal women on postpartum depression?"

The inclusion criteria, which were characteristics the articles must have to be in included in the study, were research articles that were focused on *postpartum depression, postpartum depression treatment methods, and postpartum depression education.* Articles came from many multidisciplinary perspectives including psychology, public health, nursing, and social work. The articles were no older than fifteen years. There were no limitations on designs due to the lack of information that may be presented on this topic. The sample considered were women who may have had some sort of postpartum depression.

Search Strategy

The electronic databases used were Social Work Abstracts, Sociindex, Psychinfo, and GoogleScholar. Key words the social worker used during the search were: *postpartum depression, postpartum depression social work, postpartum depression therapy, postpartum depression treatment, new parent stressors, postpartum depression education.*

The full article was read and there was a tally kept of how many articles were screened and rejected. A data abstraction form was used to keep track of the articles and extract information needed for the study. The data abstraction form included four categories: *Title/Author, Problem, Population/Sample, Regional or National, Results/Findings*. A rating scale was used to rate the quality of the articles which met the criteria. The rating scale use in regard to the quality of each article was a scale of 1-5; with 1 being poor quality, 2-3 being moderate quality, and 4-5 being of high quality. The rating determination was based on the

sample size and whether the study was regional or national. Any sample size less than 100 was rated a 1, any sample size 100-500 was rated a 2 and any sample size 500 plus was rated a 3. Regional studies received a 1 and national studies received a 2. These ratings were based on the belief that sample size and location were important because small sample sizes and studies done in regional areas may not give a broad enough range to make the study high quality. Table 2 is an example of my data abstraction form.

Findings

Twenty-one out of one-hundred and twenty articles met the inclusion criteria. Since this topic is very specific a lot of articles did not answer the criteria. Many of the articles were not empirical articles and therefore could not be used. These articles were broken into 4 themes; "Importance of Support" (6 articles), "Need for Education" (7 articles), "Edinburgh Postnatal Depression Scale is an efficient screening tool" (4 articles) "Interpersonal Psychotherapy is a receptive way of treating PPD" (4 articles.)

Importance of Support

This theme occurred in many articles regarding postpartum depression. The articles indicated support is a major part of reducing the risk of being diagnosed with postpartum depression and reducing the symptoms more quickly after being diagnosed with postpartum depression. This support can come from many sources such as a religious community, spouse and family members, and even the support from the community. Mann., Mckeown, Bacon, Vesselinov, and Bush (2008) gave an example of how being part of a religious community before becoming pregnant can decrease symptoms of postpartum depression. Mann et al., (2008) stated participation in a religious community can assist in coping strategies for stress during the

postpartum period. A study by Kieffer et al., (2013) showed a significant decline in depressive symptoms resulting from a culturally appropriate, social support-based intervention. The study focused on the Healthy MOMs intervention program which incorporates a "Healthy MOMs, Healthy Lifestyle" intervention. Over one-third of the study participants were at risk for depression at baseline. Six weeks after this baseline measurement the women who participated in the MOMs intervention had a significant decline in depressive symptoms. This decline in depressive symptoms may be attributed to the social support and trained community workers the MOMs group provided. On a more negative level, lack of support from family members can increase postpartum depression symptoms as shown by a Page &Wilhelm (2007) study of women with postpartum depression symptoms. The study found women who had arguments with their family members and spouse had more severe postpartum depression symptoms.

Need for Education

Some articles showed a lack of education when it comes to postpartum depression or general postpartum realities, especially pertaining to new mothers. Sword and Watt (2005) article found women in the study did not feel they were prepared for what was to come, regardless of their socioeconomic status. The authors reported nine out of ten learning needs for postpartum life were unmet according to the mothers in the study. The Sword and Watt article supported a previous study by Ruchala, (2000). The Ruchala (2000) study demonstrated there was a difference between what mothers thought was useful information after delivery and what the nurses believed was useful information. The nurses prioritized giving information on infant care while the mothers wanted more information on self-care after they went home with the baby. A Ho et al.,(2009) study shows lower depression scores in women who received postpartum depression education. In that study new mothers in the intervention group received discharge

education on postnatal depression from the nurses while the control group received general postpartum education. The women who received the more detailed education were less likely to have high depression scored compared to the control group. The authors of this study suggested postpartum depression education should be integrated in postpartum discharge in general practice (Ho et al, 2009)

Edinburgh Postnatal Depression Scale is an efficient screening tool

The Edinburgh Postnatal Depression Scale is one of many scales used to detect postpartum depression. In the studies the Edinburgh Postnatal Depression Scale was one of the more efficient screening tools for detecting postpartum depression. Hanusa, Scholle, Haskett, Spadaro, and Wisner (2008) tested three different screening tools to detect postpartum depression. The participants in the study were tested on the Edinburgh Postnatal Depression Scale, Center for Epidemiologic Studies Depression Scale, and Beck Depression Inventory. The Edinburgh Postnatal Depression Scale was found to be one of the more reliable scales when detecting major and minor depressive symptoms.

Interpersonal Psychotherapy is a Receptive way of Treating Postpartum Depression

Interpersonal Psychotherapy is defined as "time limited psychotherapy for major depression" (Fejo De Millo, 2005) IPT focuses on current relationships rather than focusing on past interpersonal relationships. Interpersonal Psychotherapy focuses on the interpersonal changes and challenges that women experience throughout their postpartum period (Grigoriadis & Ravitz, 2007) and this type of therapy has been proven to be beneficial for women who are diagnosed with postpartum depression

There were not many non-medicated treatments for postpartum depression in the research. Cognitive Behavioral Therapy was a treatment that was occasionally mentioned but Interpersonal Psychotherapy treatment was continuously brought up. Interpersonal Psychotherapy is a type of therapy that works well with women experiencing postpartum depression O'hara, Stuart, Gorman, and Wenzel (2000) evaluated the efficiency of Psychotherapy on women with postpartum depression and found a significant number of women who received Interpersonal Psychotherapy had reduced depressive symptoms. A Pearlstein et al. (2006) study looked at what kind of treatment women would choose when it came to their postpartum depression therapy. The majority of women selected Interpersonal Psychotherapy regardless if they were to receive medication or not.

Interpersonal Psychotherapy is a receptive way of treating PPD

Author	problem	Sample Size	R/N	Outcome	Rating
Ohara et al, (2000)	Evaluate efficacy of psychotherapy for PPD	120	R	Significant number of women who received IPT reduced depressive symptoms	3
Pearlstein, et al; (2006)	Examine clinical characteristics of women with PPD associated with treatment selection	23	R	Majority of women picked IPT	2
Zlotnick,, et al., (2001)	Preventative intervention based on IPT administered to pregnant women will reduce PPD	37	R	None of the women developed PPD	2
Spinelli, et al, (2003)	IPT versus Parenting Education	50	R	IPT showed significant improvement compared to parenting education	2

Importance of Support

Author	Problem	Sample Size	R/N	Outcome	Rating
Mann, et al(2008)	Association between antenatal religiosity/spirituality and postpartum depression	404	R	Less likely to have symptoms of PPD	3
Kieffer, et al., (2012)	Effectiveness of culturally social support-based interventions	275	R	Significant decline in depressive symptoms	3
Page., & Wilhelm,. (2007)	Quality of supportive spousal relationships during PPD	51	R	Arguments with family members and spouses reported severe PPD symptoms	2

Ben-Ari, (2009)	Examined positive and negative implications in motherhood transition	102	R	Mothers who had positive external support were able to transition into motherhood more easily	4
Misri, et al., (2000)	Impact of partner support	29	R	Decrease in depressive symptoms	2
Zajicek-Farber,, (2009)	Postnatal depressive symptoms and mothers' use of preventative infant health practices.	134	R	Women with fewer visits had higher depressive symptoms	3

Edinburgh Postnatal Depression Scale

Author	Problem	Sample Size	R/N	Outcome	Rating
Hanusa ,et al; (2008)	Effectiveness of three screening instruments	135	R	Edinburgh Postnatal Depression scale was most efficient	3
Fergerson et al; (2002)	Evaluate efficacy of Edinburgh Postnatal Depression Scale	72	R	Edinburgh Postnatal Depression Scale is efficient tool for PPD detection	2
Milgrom, et al (2005)	Explore Edinburgh Postnatal Depression Scale in primary care	334	R	Edinburgh Postnatal Depression Scale was integrated well into primary care	3
Adourad, ; et al; (2005)	Validate Edinburgh Postnatal Depression Scale on high-risk women	60	R	Edinburgh Postnatal Depression Scale is a valid instrument	2

Need for Education

Author	problem	Sample Size	R/N	Outcome	Rating
Sword, & Watt, (2005)	Concerns at the hospital and unmet learning needs	250	R	Unmet learning needs related to 9 of 10 topics	3
Ho, et al., (2009)	Effectiveness of hospital discharge education	200	R	Lower depression scores for women who received education	3
Ruchala (2000)	Identify important content area for PPD education	71	R	Difference between perceptions of nurses and new mothers regarding priority of teaching content for new mothers.	2
Logsdon, (2010)	Relationship between self-efficacy and PPD behaviors of perinatal nurses	43	N	43% of nurses reported they occasionally teach new mothers about PPD	2
Garg, Heneghan , & Morton, (2005)	Assess health education regarding PPD received by new mothers	90	R	89.7% educate newly delivered women about PPD	3
Evans, Sealey, ; & Simpson, (2009)	Effect of an educational pamphlet on PPD for women at risk for PPD	170	R	Significantly lower score on Edinburgh Postnatal Depression Scale	3
Howell, et al;(2010)	Lack of preparation for postpartum life associated with early PPD symptoms	720	R	24% did not feel adequately prepared by their provider for postpartum life. Higher chance for PPD	4

Discussion

The weight of the evidence from these studies shows that support from a spouse, family, friends, and a community can reduce the chances of postpartum depression. Support from a loved one or community can also reduce the length of treatment when a woman is diagnosed with postpartum depression. The data also shows that there are not many studies on how new mothers are educated on postpartum depression or expectations of what is to come when they go home with baby. There is not much information on non-medication based treatments for postpartum depression. Interpersonal Psychotherapy seems to be one of the more prevalent treatments for postpartum depression. Since the medium and mean for the articles were around a two, the data collected were decent quality, but the sample sizes were inadequate for the to be able to come to a conclusion on the topic.

Limitations of the studies in this systematic review were small sample sizes and the majority of studies were conducted in regional areas. Many of the sample sizes ranged from fifty-one to twelve-hundred people. All were conducted in regional areas. Since the sample sizes were not large any conclusions reached may not generalize to the larger population. The articles appeared to be free of bias and were t trying to give information on what is helpful when it comes to postpartum depression treatment and detection.

In reviewing this methodology the strengths of this method were there has been a lot of research picks from in regards to postpartum depression, but unfortunately not all related to the specific topic. The weakness of reviewing methods was that not all articles the selected fit into the themes the selected. Another weakness of the methodology is that studies sample sizes were small, and the topic was so specific that it was more difficult to find articles on this specific topic.

The available data and lack of resources on this topic support the importance of educating women on postpartum depression. In the introduction it was explained one out of seven women are diagnosed with postpartum depression. If women are not receiving the proper information on it, many women can carry on with the symptoms without treatment. This lack of education not only affects the mother but her children and family as well. With the lack of large sample sizes or national studies, it appears there is not much information on postpartum depression education. This lack of data is a key reason why it is important to educate women on postpartum depression. One of the articles reported that new mothers reported that nine out of ten of her needs regarding the postpartum period were not met (Sword & Watt, 2005). If a mother is not fully prepared for what is to come when she brings the baby home, the risk of postpartum depression can increase. Postpartum depression not only affects mothers, but it affects the entire family as well. When a woman does not know the difference between extreme fatigue and symptoms of depression, her family and baby could be negatively affected by the magnitude of the problem.

Social workers who are currently working with pregnant women should take the time to educate them on not only postpartum depression but the realities of motherhood, especially first time mothers. Screening for postpartum depression should occur within the first six weeks of giving birth. The data has shown many detection tools are available, such as the Edinburgh Postnatal Depression Scale. From the data collection it may be surmised that a social worker working with pregnant mothers should educate them on postpartum depression and also provide them with a lot of support. A long with the support of the social worker the social worker should illuminate the benefits of having support during postpartum and practices of self-care. When conducting therapy with a woman who is experiencing postpartum depression Interpersonal Psychotherapy (IPT) is a theory a social worker should use.

Future research may focus on effective education strategies to educate women on postpartum depression and its effectiveness in women self-identifying postpartum depression symptoms. An example of this in the article *The Effect of a Pamphlet on Women's Experiences of Postpartum Depression* which presented just a pamphlet could make a difference. Another consideration for future research is conducting a study on effective therapy methods for women with postpartum depression. There were not many treatments pertained to non-medicated treatments for postpartum depression. Another implication for future research is the social workers role in postpartum depression and how they can support the mother when she is going through these symptoms. Social workers can be a big help in the treatment of postpartum depression, but there is no research on the effectiveness of having a social worker in that process.

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