

Creating a package of psychological interventions during pregnancy to prevent postpartum depression.

Romina Dedi

Department of Psychology and Social Science, University of Shkodra "Luigi Gurakuqi", Albania

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Abstract: The consequences of postpartum depression are multidimensional. He can be a threat to the quality of health of the whole family. It has negative impacts in three major areas which are mother, child and family themselves. Mothers are more likely to develop poor quality of life, recurrence of depressive episodes, insecure relationship with the child, attachment problems, interact less, be less functional, have marital problems. Children are more likely to have social, cognitive and emotional problems. The data show that postpartum depression also has negative effects on the mental health of fathers, suggesting that in such cases an assessment and treatment of the whole family is needed. Given the fact that postpartum depression affects many aspects of family life as a whole and each member in particular, I think it is very important to prevent it. Therefore, this study will analyze different alternative methods that have been used to prevent this phenomenon and based on their success to create a package of psychological intervention. The application of this intervention package to mothers predisposed to postpartum depression, has as its main goal the prevention of postpartum depression in these mothers. From the analysis of various studies on the prevention of postpartum depression, it results that cognitive-behavioral therapy is more effective. Cognitive-behavioral orientation therapy has had the best results in preventing this phenomenon in predisposed mothers.

Keywords: postpartum depression, pregnancy, prevention, psychological therapy.

I. INTRODUCTION

According to Carter et al. (2005), women who are experiencing depressive symptoms during pregnancy or after childbirth, are preferring to pursue alternative therapies instead of antidepressant medications. Developing and improving non-pharmacological methods of treating depression is very important. This tendency is also supported by several studies that have been conducted which have proven the effects that the use of depression medications can have on the baby during pregnancy or breastfeeding. During a research by Einarson et al. (2009) found that there is a small but statistically significant increase in the relationship between miscarriage and the use of antidepressants during early pregnancy. However, it is not known whether this is a result of the adverse effects of medication treatment or the result of depression that the pregnant woman is going through. This conclusion was reached in another study conducted by Nakhai et al. (2010), as well as other studies. However, most doctors do not approve of this connection, explaining that the placenta has protective factors that do not allow these medications to pass to the fetus (Andria Syka, 2013). Studies have also shown that there is no link between the use of depression medication and fetal developmental problems. Such ambiguity has influenced mothers recently to have an orientation towards seeking help for psychological therapeutic methods.

In this study we will analyze methods of psychological interventions that have proven successful in preventing postpartum depression. These are methods that can be performed during pregnancy in mothers who are predisposed to postpartum depression, in order to prevent the onset of depression. Discussing with the mother since pregnancy about the realistic expectations she should have for the part after the baby is born as well as the great emotional support are very important for a prevention of the occurrence of postpartum depression.

II. Literature review

Analysis of studies on psychological intervention during pregnancy to prevent postpartum depression.

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According to studies, the support shown to the new mother reduces the risk of being diagnosed with post-partum depression as well as the faster reduction of symptoms if diagnosed. This support can be marital, family and social. In a study conducted by Mann., McKeown, Bacon, Vesselinov and Bush (2008) it was concluded that having the necessary social and family support can reduce the symptoms of postpartum depression. Another study by Kieffer et al. (2013) focused on realizing an educational intervention called “Healthy MOMs, Healthy Lifestyle” in pregnant women who were at risk for developing postpartum depression. After the implementation of this program, there was a reduction in the occurrence of postpartum depressive symptoms compared to women who were not included. Several other studies have shown the importance of education during pregnancy to prevent post-partum depression, especially in young mothers. In three studies conducted by Ruchala, (2000), Sword and Watt (2005) and Ho et al., (2009), it was found that in women who had received an education package on post-partum depression during pregnancy resulted in lower symptoms of depression compared to the group of women who had not received.

Psychotherapy focuses on the interpersonal changes and challenges that women experience during the postpartum period (Grigoriadis & Ravitz, 2007). This type of therapy has been proven to be helpful in preventing the onset of post-partum depression. It focuses more on current relationships, rather than past interpersonal relationships. Psychotherapy works well with women experiencing post-partum depression. O'hara, Stuart, Gorman, and Wenzel (2000) evaluated the effectiveness of Psychotherapy for women with postpartum depression, and a significant number of women who underwent therapy had reduced depressive symptoms.

The following table summarizes some studies that have been conducted to see the effectiveness of psychotherapy as well as psycho-education during pregnancy for the treatment of depressive symptoms (Akwa, Ashley, 2015). This meta-analysis of various studies was conducted by Ashley.

Table 4. Effects of psychotherapy on reducing postpartum depression

Researchers	Aim of study	Sample	R/non-R	Results
Ohara et al	Evaluation of the effectiveness of psychotherapy for Post-partum depression	120	R	A significant number of women who attended psychotherapy reduced their depressive symptoms.
Pearlstein, et al; (2006)	Selection of psychotherapy as the most effective method for treating post-partum depression.	23	R	Most women opted for psychotherapy.
Zlotnick,, et al., (2001)	Evaluating the effectiveness of psychotherapy in preventing post-partum depression.	37	R	None of the women had post-partum depression.

Spinelli, et al, (2003)	Evaluation of the effectiveness of psychotherapy compared to the education package during pregnancy.	50	R	More effective psychotherapy compared to the appearance package.
Ho, et al., (2009)	Evaluating the effectiveness of the psycho-educational package.	200	R	Lower points of the Edinburgh depression rate, compared to the control group.
Evans, Sealey, ; & Simpson, (2009)	Evaluating the effectiveness of the psycho-educational package.	170	R	Lower points of the Edinburgh depression rate, compared to the control group.

In the table below, we will give another summary of some studies that have evaluated the effectiveness of different types of psychological treatments during pregnancy. The research of Bledsoe and Grote (2006) aims to investigate the degree of effectiveness of different types of therapy to treat depressive symptoms during pregnancy and after childbirth. The treatments analyzed in this study were individual psychotherapy, cognitive-behavioral therapy, psychodynamic therapy, counseling, education, medication combined with cognitive-behavioral therapy. From the analysis of the results it was seen that cognitive-behavioral therapy with self, cognitive-behavioral therapy and group therapy had the highest efficacy. These results are similar to those of the American National Institute of Mental Health (Elkin et al, 1989).

Table 5. Summary of studies on the effect of psychological therapies.

Author Year of publicaion	Sample	Instruments	Aim of styzd	Size effect	P	Results
Bledsoe & Grote (2006)	767 pregnant women	Edinburgh Postnatal Depression Scale	Evaluate the effectiveness of different treatment methods and compare them.			Of the eight interventions, four interventions had positive results: from 1.260-3.871.
		Hamilton Scale for Depression	181 Psychotherapy	1.260	P<.001	
		Profile of Mood States.	30 Treatment + Cognitive-behavioral therapy	3.871	P<.001	
			45 treatment	3.048	P<.001	
			95 Psychodynamic therapy	0.526	P= .014	
			147 consultation	0.418	P= .014	
			222 education	0.100	P= .457	
			30 Group therapy	2.046	P<.001	

			17 Cognitive-behavioral therapy	0.642	P<.001	
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Description of cognitive-behavioral therapy

Cognitive therapy is one of the main therapies based on specialized help to clients to change their way of thinking. Beck was the one who formulated the concept of negative cognition, which means that man, trying to make sense of events, ignores positive information about himself and focuses on negative information. In this way he gives events unrealistic individual meanings. Therefore according to him, emotional suffering was related to cognition, to what we think (Tamo, A. 2010). In this line, Beck also gave a definition of cognitive therapy: Cognitive therapy is a number of treatment techniques that aim to eliminate the symptoms of psychological suffering through the direct modification of the ideas that accompany them (Beck, A. 1980). The goal of cognitive therapy is to spot and modify unadaptive thoughts that block the client's ability to deal with their own problems and disrupt emotional life (Tamo, A. 2010). The techniques used in this therapy aim to enable the client to distinguish between reality and their perception of reality.

The ultimate goal of this therapy is for the client to replace unwanted behaviors with healthy behavioral patterns (Orhani, Z. 2016). In clinical practice, cognitive therapists use the behavior therapy technique. That is why often cognitive and behavioral therapy work together called cognitive-behavioral therapy. Cognitive and behavioral therapy focuses on discovering the motives of a maladapted behavior. Behavior therapists try to teach patients how to change behavior, making them aware of their distorted thinking patterns, through the process of cognitive restructuring. The shift of cognition is seen as the main mechanism by which sustained emotional and behavioral changes occur. The treatment is very collaborative, tailored, focused on skills and based on a case conceptualization. Cognitive therapy is a scientifically valid treatment that has been shown to be very effective in treating numerous psychological problems and disorders. Cognitive therapy has been the subject of more than 300 scientific studies and is considered to be among the most effective treatments for depression, anxiety and many other problems. Because it is so effective, cognitive therapy is usually shorter than other types of psychological therapies. Compared to other types of psychological therapies, it has a shorter duration, where the treatment lasts from 5 to 20 sessions depending on the problem treated. A typical session lasts about 45 minutes.

How does cognitive therapy work?

Cognitive-behavioral therapy is a form of psychotherapy based on the assumption that all psychological distress is caused by dysfunctional thinking (Beck, J, 2011). The cognitive work of therapy is based on what is known as the cognitive model of emotions and behavior. In short, the cognitive model explains the relationship between thoughts, feelings, and behavior. People usually attribute their concerns to difficult situations, but in reality, it is our reactions to situations that are more to blame. Situations can cause overly negative or distorted thinking. These distorted thoughts result in negative emotions and elusive behaviors. In other words, perceptions often dictate how we feel and what we do.

Cognitive-behavioral therapy is an interactive therapy to help cope with problems by changing the way you think and behave. It is one of the most successful therapies that focuses on results.

TKB is based on the concept that thoughts, feelings, physical experiences and behaviors are closely related to each other. Negative thoughts and feelings can fall into the trap of a vicious circle from which there is no way out. TKB aims to help with problems by breaking them down into small pieces and addressing them step by step. During therapy, the main goal is to change these negative traits in order to improve the way the individual feels.

TKB deals mainly with the present, not focusing too much on the past. It examines practical ways to improve mental state on a daily basis. Behavioral cognitive therapy (CBT) is built to focus on several aspects:

- First, together with the therapist, identify problematic or disturbing situations that the client will work with.
- Second, the therapist aims to help the individual become aware of his or her thoughts, emotions, and beliefs about these problems. After the client thinks about it, he is invited to share all this with the therapist. In this case the

therapist, in addition to the content of what he hears, also focuses on the analysis of the way the client speaks, the beliefs he displays and the interpretation he gives to situations.

- Third, the client is guided to understand why and how his emotions, thoughts and actions affect his dysfunction or damage the reactions that should occur to stressful situations. So understand the patterns of thinking and emotional and behavioral responses he exhibits to different situations, which may contribute to further aggravation of the situation.

- Finally, the fourth goal is to help the client develop new emotions, thoughts and behaviors that do not impair his functioning or the way he reacts to stressful situations. So at this stage we are dealing with a reshaping of negative thoughts. This requires effort, through practice positive thoughts and behavior then become commonplace.

TKB has been supported and proven by many studies as a very useful method for treating a range of mental health related problems.

Application of cognitive-behavioral therapy during pregnancy to prevent postpartum depression

During pregnancy, a woman is associated with a natural increase in responsibility and sensitivity to the baby's concerns. If during pregnancy she has symptoms of depression or other similar complaints, this process can be interrupted. Various studies show that depressed women are less responsive to a child's concerns. But the main problem is that this slowed response to the needs of the baby can continue for a long time, even up to a year after the birth of the baby and this can negatively affect the baby. Decreased maternal response to infant signals can lead to emotional, cognitive, and developmental problems in the later formation of the infant.

Various studies have examined the possibility of increased responsibility and sensitivity in mothers who have symptoms of depression, but most studies have focused on treating this condition after the baby is born. Studies that have focused on treating the symptoms of depression during pregnancy in order to prevent the onset of postpartum depression are not numerous in number. Below we mention some studies that have been conducted with this focus and in which it has been found that the method of intervention with cognitive-behavioral therapy during pregnancy has been effective in reducing the symptoms of anxiety and depression (Stewart D; Engl. J, 2011). In a pilot study conducted by Pearson RM, O'Mahen H, Burns A, et al. "The normalization of disrupted attentional processing of infant distress in depressed pregnant women following Cognitive Behavioral Therapy," the researchers examined the impact of cognitive-behavioral therapy (CBT) during pregnancy on mothers predisposed to postpartum depression. The sample consisted of 24 women who met the ICD-10 criteria for depression when the latter was applied between 8-18 weeks of pregnancy. The cognitive-behavioral therapy package they offered consisted of performing 9-12 sessions, once a week, at their home. The intervention included modules for behavioral activation, cognitive restructuring, and interpersonal support, but always with a focus on current pregnancy and the transition to motherhood. Compared to women in the control group, women who followed TKB reported reduction in postpartum depression symptoms. The findings showed that following TKB treatment during pregnancy is not only a way to reduce the level of depressive symptoms, but also a way to improve the mother's ability to respond to the baby's needs.

A study by Hyun Ju Cho, Jung Hye Kwon, and Jeong Jae Lee, "Antenatal Cognitive-Behavioral Therapy for the Prevention of Postpartum Depression," examined the effectiveness of cognitive-behavioral therapy in preventing postpartum depression in "at-risk" women. . The aim of the study was to understand whether cognitive behavioral therapy improves depressive symptoms and the marital relationship of the pregnant woman as well as whether it prevents postpartum depression. 927 pregnant women were recruited from 6 obstetric-gynecological clinics and Beck's depression inventory was performed, of which 99 resulted in high DUI symptoms. 27 of them were randomly selected to participate in the study, they were also evaluated through SCID-IV. Among them, 15 were included in the experimental group and 12 in the control group. All participants were measured for depressive symptoms one month before treatment and one month after the baby was born. Cognitive-behavioral therapy focused on the use of techniques changing altered negative thinking and behavior patterns, as well as focusing heavily on couple conflicts and negative thoughts. The intervention package included nine sessions. Covariance analysis (ANCOVA) showed that there were significant differences in all postpartum measurements between the two groups, indicating that intervention with cognitive-behavioral therapy during pregnancy was effective in

reducing depressive symptoms and improving satisfaction in the couple. So this study showed that the intervention can be an effective preventative treatment for postpartum depression.

Among the contributing factors to the onset of postpartum depression as we have noted above is the experience of anxiety symptoms during pregnancy. Therefore a treatment of these symptoms during pregnancy would help prevent postpartum depression. In the study, published in the Archives of Women's Mental Health, researchers from the University of Canada and the Center for Health Care conducted a pilot project to analyze the usefulness of TKB in this regard. The researchers undertook this project based on the fact that ICT is very effective in treating anxiety in general, but wanted to know more about the effectiveness of using this therapy.

In another study conducted by Milgrom J, Holt C, Holt CJ, Ross J, Ericksen J, "Feasibility study and pilot randomized trial of an antenatal depression treatment with infant follow-up", the effectiveness of TKB during pregnancy in women was analyzed. who had symptoms of depression and anxiety during pregnancy. The study included 25 women, less than 30 weeks pregnant, who were diagnosed with depressive symptoms based on the DSM-IV diagnostic criteria for depression, as well as the completion of the Edinburgh Postpartum Depression Scale (EPDS). Beck's measuring instrument for depression and anxiety was then sampled before the start of therapy and at the end of therapy. After treatment, depression scores were reduced from a general mean BDI-II = 30.07 to a mean BDI-II-12.81 in the intervention group and from BDI-II = 30.77 to BDI-II = 18.42 in the control group. Anxiety scores were also reduced from a general mean BAI-II = 22.37 to a mean BAI-II-10.40 in the intervention group and from BAI-II = 20.59 to BAI-II = 17.38 in the control group. This study showed that a brief TKB-based intervention is useful for treating antenatal depression and anxiety. What should be emphasized in this study is that in almost all women the symptoms of depression were severe (an average 30-point score of the Beck instrument for depression) or were diagnosed with major depression. Therefore, taking into account this fact, the effectiveness of this intervention was very positive.

Nieminen et al., Concluded that participants' realistic expectations improved and they showed more self-confidence and effective coping strategies (Nieminen K, Malmquist A, Wijma B, Ryding EL, Andersson G, Wijma KBJOG. 2015), upon completion of TKB. Green et al., Also showed a significant decrease in anxiety and depression symptoms after using TKB (Green SM, Haber E, Frey BN, McCabe RE. 2015). Whereas, Netsi et al., Found that depressed women who had followed TKB had a better night's sleep than the control group. This was also supported by Carta et al, who showed that TKB was effective in reducing postpartum depression in mothers who received this treatment versus mothers who did not receive this treatment (Carta G, D'Alfonso A, Parisse V, Di Fonso A, Casacchia M, Patacchiola F Clin Exp Obstet Gynecol. 2015). Also Meijer et.al., showed that anxiety and depression during pregnancy and after childbirth were reduced in mothers who had followed TKB (Meijer L, Bockting LH, Beijers C, Verbeek T, Stant D, Ormel J, 2013).

III. Realization of the intervention

Preventive intervention consists of conducting sessions with cognitive-behavioral orientation, focusing on improving depressive mood. The duration of the session is 45-60 min and the intervention package includes the realization of eight sessions with frequency twice a week. This intervention is built relying on similar studies conducted in other countries. Therefore the two main components with which this intervention is built are: improving mood and increasing the satisfaction perceived by the relationship in the couple. In general, the objectives of the sessions are intended to be as follows:

Sessions 1-2-3 are focused on improving mood, setting goals in life and using skills to achieve them as well as increasing involvement in enjoyable activities.

Sessions 4-5-6 are focused on cognitive restructuring, which means identifying and challenging negative and irrational thoughts, as well as building skills for managing stress and anxiety.

Sessions 7-8 are focused on improving communication skills in the couple, as well as increasing positive emotions in the couple.

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