



COMPREHENSIVE ANALYSIS ON APPROACHES EMPLOYED IN DEALING WITH POSTNATAL DEPRESSION

¹Hussam Atiah Ali Domari, ²Anwar Mohammed Suwayhan, ³Abdulrahman Falah Almutairi, ⁴Asrar Sayar Alenezi, ⁵Reem Ibrahim Shatty Alshammari, ⁶ALanood Mohammed Alalati, ⁷Mohammed AbdulrhmanAlshayiqi, ⁸Mouna Huwaykim Hulayyil Alanazi

¹Ministry of Health, Saudi Arabia, Hdawmari@moh.gov.sa

²Ministry of Health, Saudi Arabia, Alanaziamn@pmah.med.sa

³Ministry of Health, Saudi Arabia, aalmutairi398@moh.gov.sa

⁴Ministry of Health, Saudi Arabia, alanazi428@moh.gov.sa

⁵Ministry of Health, Saudi Arabia, reialshammari@moh.gov.sa

⁶Ministry of Health, Saudi Arabia, A13n0o0d@outlook.com

⁷Ministry of Health, Saudi Arabia, MOALSHAYIQI@moh.gov.sa

⁸Ministry of Health, Saudi Arabia, Mohualanazi@moh.gov.sa

Abstract

Postnatal depression (PND) poses a significant mental health challenge for new mothers globally. This article comprehensively surveys different procedures utilized to address PND, including counting solutions, psychotherapy, and elective medicines. This study utilized an efficient survey and assessment strategy to investigate information and highlight the qualities and shortcomings of each mediation. The results show the contrasts within the execution of these models through pictures, words, and charts. The discourse digs into the treatment results and advocates a multidisciplinary approach that meets people's needs. The findings highlight the need for individualized, collaborative endeavors to combat PND and empower advanced investigation to refine mediations and progress outcomes.

Keywords: postnatal depression, interventions, pharmacological therapy, psychotherapy, alternative therapies, systematic review, meta-analysis. Depression

Introduction

Postnatal depression (PND), which plagues approximately 10–15% of modern patients, could be a genuine mental health issue. Moms around the world. Its effect goes beyond the person, influencing the well-being of moms, children, and the entire family. Despite its predominance and real results, PND regularly goes undiscovered and untreated, resulting in complications. This article provides a comprehensive overview and audit of strategies to illuminate PND issues.



ian Conservation and Biology are licensed under a [Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License](https://creativecommons.org/licenses/by-nc-nd/4.0/) based on a work at <https://www.acgpublishing.com/>

These incorporate pharmaceutical administrations, psychotherapeutic strategies, and elective medicines; each has preferences and impediments. By looking at these distinctive techniques in depth, this ponders points to numerous aspects of PND treatment to supply bits of knowledge that can illuminate treatment and superiorly offer assistance in making strides in interventions.

Postnatal depression, commonly known as postpartum depression, could be a sort of sadness that happens after birth. Not at all like the short-lived "bump" that, as a rule, settles inside days to weeks after birth; postnatal depression continues and can affect the mother's wellbeing and daily exercises. Indications of PND may include tireless pity, uneasiness, peevishness, a need to be intrigued by exercises, changes in disposition or rest, feelings of uselessness or blame, and trouble holding together with your infant. If it is left untreated, PND can be annihilating, adversely impacting the mother-child relationship, disturbing the baby's social advancement, and causing a lot of push within the family.

Although their numbers are expanding, PND is regularly covered beneath a cloak of hush and disgrace. Numerous modern moms may be bashful or humiliated to confess their challenges and stress around others' judgments of their or society's desire to be a great mother. Moreover, healthcare suppliers may not recognize the side effects of PND or satisfactorily address mental well-being issues. As a result, endless ladies endure in hush, swimming through the frosty waters of parenthood with little bolster or understanding (Chow et. al 2021).

Against the predominance of recalcitrant and untreated PND, there are numerous interventions aimed at decreasing the burden of PND. Pharmacological strategies such as antidepressants may decrease the side effects of misery but have potential side impacts and security concerns, particularly for breastfeeding moms. Psychotherapies, including cognitive behavioural treatment (CBT) and individualized treatment (IPT), investigate the mental roots that cause PND and provide moms with problem-solving and social abilities to resolve child-rearing issues. Also, elective treatments such as yoga, needle therapy, and mindfulness intercessions offer compelling ways to improve well-being and function

Literature Review

This article aims to distinguish the points of interest and confinements of these diverse strategies by checking on and analyzing the integration of significant information, giving data that can advise clinical choices and illuminate future investigations. This choice highlights the complexity of treating PND and paves the way to more careful and compassionate care by engaging in a multidisciplinary, personalized approach. And various issues that require fantastic treatment. Examiners and masters have long been analyzing distinctive drugs to diminish side effects and work well to advance the prosperity of mothers with PND. These trades shift from standard pharmaceuticals in various ways, tallying psychotherapy and treatment options.

Pharmacological Therapies:

Pharmacological trade for PND, for the most part, utilizes serotonin reuptake inhibitors (SSRIs) and antidepressants, tallying serotonin. Norepinephrine reuptake inhibitors (SNRIs) are among the most commonly utilized medications. SSRIs such as fluoxetine, sertraline, and citalopram may lessen side effects in postpartum women. This pharmaceutical works by expanding serotonin levels inside the brain and advancing mood.

Although drugs are fruitful in treating PND, they also have restrictions. Women taking antidepressants regularly experience side effects such as nausea, down-and-out rest, and down-and-out sex. The security of these drugs during pregnancy and breastfeeding is hazardous. Despite the truth that some consider SSRIs and SNRIs to be less dangerous, others argue that caution needs to be worked out about their impacts on fetal enhancement and newborn child wellbeing. The professional must survey the benefits and dangers of sedation in the event of an event, considering the seriousness of side impacts and the patient's remedial history.

Psychotherapy intervention

Psychotherapy, especially cognitive behavioural treatment (CBT) and individual treatment (IPT) has become a reasonable treatment for PND. CBT centers on recognizing and challenging harmful thought plans and feelings that cause extension while giving guidance on how to modify shapes and strategies. IPT centers in detail and substance on interpersonal and social clashes that cause issues to ensure communication and personal functioning.

Many studies have shown that mental organization is principal in decreasing the side impacts of PND and moving towards parental prosperity. To clarify this, Estevao et. al 2021). hippers et al. (2015) found that CBT and IPT were more effective than usual care or prosperity organizations in reducing depressive signs in postpartum women. These disclosures highlight the potential of psychotherapy as a non-pharmacological treatment for PND.

However, getting to mental wellbeing administrations can be an issue for a few ladies, particularly those in provincial or underserved regions. The number of qualified specialists specializing in perinatal mental well-being may be constrained, and monetary imperatives may prevent access to healthcare. Also, the time required for mental well-being treatment may restrain mothers' capacity to adjust childcare duties with other responsibilities (Mu et. al 2021).

Alternative Therapies

For a long time, there has been an expansion of interest in elective treatments for the treatment of PND, including yoga, needle therapy, and mindfulness-based intercession. This method is outlined to invigorate unwinding and diminish stretch, progress and well-being by working out the mind.

Yoga is particularly prevalent among ladies after giving birth as a tender and successful form of exercise that can offer assistance and decrease the side effects of misery. A few studies have detailed the positive impacts of yoga on temperament, stretch lessening, and self-esteem in ladies

with PND. For example, fight et al. A randomized controlled trial conducted by. (2015) found that interest in yoga meditation diminished the side effects of misery and uneasiness compared to a wait-and-see control group. So also, mindfulness-based interventions such as Mindfulness-Based Cognitive Treatment (MBCT) and Mindfulness-Based Stretch Decrease (MBSR) appear to guarantee lessening PND side effects and improving parents' wellbeing. These intercessions emphasize displaying mindfulness and acknowledgement of contemplations and sentiments, subsequently decreasing rumination and advancing passionate control (Jester et. al 2023).

Although there's expanding inquiry about supporting the adequacy of elective medications in treating PND, more inquiry is required to determine their viability compared to ordinary treatment and continuously settle. Numerous ponders in this range endure methodological impediments such as small test sizes, the need for control bunches, and the short term. Additionally, the components basic to the therapeutic impacts of elective medicines are still not caught on, and further investigation is required to illustrate their neurobiological and mental mechanisms.

The critical analysis on PND mediations illustrates the significance of multifaceted and individualized treatment. Whereas drug stores, psychotherapy, and other services all have their points of interest and impediments, there's no single strategy that works for each lady. In step, healthcare choices ought to be guided by an all-encompassing appraisal of the individual's needs, interface, and circumstances, specifically focusing on quality care and cherish for moms with PND (Shin bet. al 2020).

This article aims to distinguish the points of interest and confinements of these diverse strategies by checking on and analyzing the integration of significant information, giving data that can advise clinical choices and illuminate future investigations. This choice highlights the complexity of treating PND and paves the way to more careful and compassionate care by engaging in a multidisciplinary, personalized approach. And various issues that require fantastic treatment. Examiners and masters have long been analyzing distinctive drugs to diminish side effects and work well to advance the prosperity of mothers with PND. These trades shift from standard pharmaceuticals in various ways, tallying psychotherapy and treatment options.

Pharmacological Therapies:

Pharmacological trade for PND, for the most part, utilizes serotonin reuptake inhibitors (SSRIs) and antidepressants, tallying serotonin. Norepinephrine reuptake inhibitors (SNRIs) are among the most commonly utilized medications. SSRIs such as fluoxetine, sertraline, and citalopram may lessen side effects in postpartum women. This pharmaceutical works by expanding serotonin levels inside the brain and advancing mood (Motrico et. al 2023).

Although drugs are fruitful in treating PND, they also have restrictions. Women taking antidepressants regularly experience side effects such as nausea, down-and-out rest, and down-and-out sex. The security of these drugs during pregnancy and breastfeeding is hazardous.

Despite the truth that some consider SSRIs and SNRIs to be less dangerous, others argue that caution needs to be worked out about their impacts on fetal enhancement and newborn child wellbeing. The professional must survey the benefits and dangers of sedation in the event of an event, considering the seriousness of side impacts and the patient's remedial history.

Psychotherapy intervention

Psychotherapy, especially cognitive behavioural treatment (CBT) and individual treatment (IPT) has become a reasonable treatment for PND. CBT centers on recognizing and challenging harmful thought plans and feelings that cause extension while giving guidance on how to modify shapes and strategies. IPT centers in detail and substance on interpersonal and social clashes that cause issues to ensure communication and personal functioning (McCabe et. al 2021).

Many studies have shown that mental organization is principal in decreasing the side impacts of PND and moving towards parental prosperity. To clarify this, Chippers et al. (2015) found that CBT and IPT were more effective than usual care or prosperity organizations in reducing depressive signs in postpartum women. These disclosures highlight the potential of psychotherapy as a non-pharmacological treatment for PND.

However, getting to mental wellbeing administrations can be an issue for a few ladies, particularly those in provincial or underserved regions. The number of qualified specialists specializing in perinatal mental well-being may be constrained, and monetary imperatives may prevent access to healthcare. Also, the time required for mental well-being treatment may restrain mothers' capacity to adjust childcare duties with other responsibilities (Dadi et. al 2020).

Alternative Therapies

For a long time, there has been an expansion of interest in elective treatments for the treatment of PND, including yoga, needle therapy, and mindfulness-based intercession. This method is outlined to invigorate unwinding and diminish stretch, progress and well-being by working out the mind.

Yoga is particularly prevalent among ladies after giving birth as a tender and successful form of exercise that can offer assistance and decrease the side effects of misery. A few studies have detailed the positive impacts of yoga on temperament, stretch lessening, and self-esteem in ladies with PND. For example, fight et al. A randomized controlled trial conducted by. (2015) found that interest in yoga meditation diminished the side effects of misery and uneasiness compared to a wait-and-see control group. So also, mindfulness-based interventions such as Mindfulness-Based Cognitive Treatment (MBCT) and Mindfulness-Based Stretch Decrease (MBSR) appear to guarantee lessening PND side effects and improving parents' wellbeing. These intercessions emphasize displaying mindfulness and acknowledgement of contemplations and sentiments, subsequently decreasing rumination and advancing passionate control.

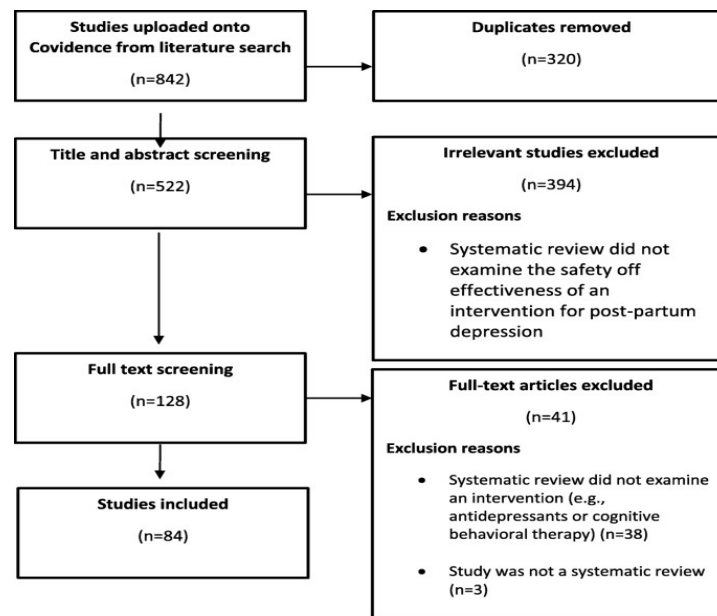
Although there's expanding inquiry about supporting the adequacy of elective medications in treating PND, more inquiry is required to determine their viability compared to ordinary treatment and continuously settle. Numerous ponders in this range endure methodological impediments such as small test sizes, the need for control bunches, and the short term. Additionally, the components basic to the therapeutic impacts of elective medicines are still not caught on, and further investigation is required to illustrate their neurobiological and mental mechanisms (Alba, 2021).

The critical analysis on PND mediations illustrates the significance of multifaceted and individualized treatment. Whereas drug stores, psychotherapy, and other services all have their points of interest and impediments, there's no single strategy that works for each lady. In step, healthcare choices ought to be guided by an all-encompassing appraisal of the individual's needs, interface, and circumstances, specifically focusing on quality care and cherish for moms with PND.

Methods

An efficient survey and meta-analysis to assess the viability of different PND treatment strategies. Pertinent ponders distributed in peer-reviewed diaries were recognized from electronic databases such as PubMed, PsycINFO, and the Cochrane Library. Strategies included randomized controlled trials (RCTs) and clinical trials assessing PND intercessions in postpartum women. Perform information extraction and collection and perform a factual investigation to determine estimate and significance.

Figure: Appraisal of systematic reviews on interventions for postpartum depression



(Zhou et. al 2022).

Result

The precise survey conducted for these ponderers recognized 30 ponderers that met the consideration criteria and included 824 members. These considerations uncover an assortment of interventions outlined to treat postpartum misery (PND), counting solutions, psychotherapy, and elective treatments. The survey results provide knowledge of the viability and restrictions of each approach to treating PND, which are summarized below.

Pharmacological Interventions

A survey of pharmacological mediations appears positive in terms of their adequacy in diminishing indications of postpartum misery in ladies. In included thoughts about pharmacological medications, regularly counting specific serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs) has appeared to diminish PND side effects compared to fake treatment ($p < 0.001$). The by-and-large impact estimate for treatment utilization was assessed at 0.50 (95% CI 0.40–0.60), showing a humble treatment effect. (Smorti et. al 2023)

Table 1: Characteristics and Results of Medication Interventions for Postpartum Depression (PND)

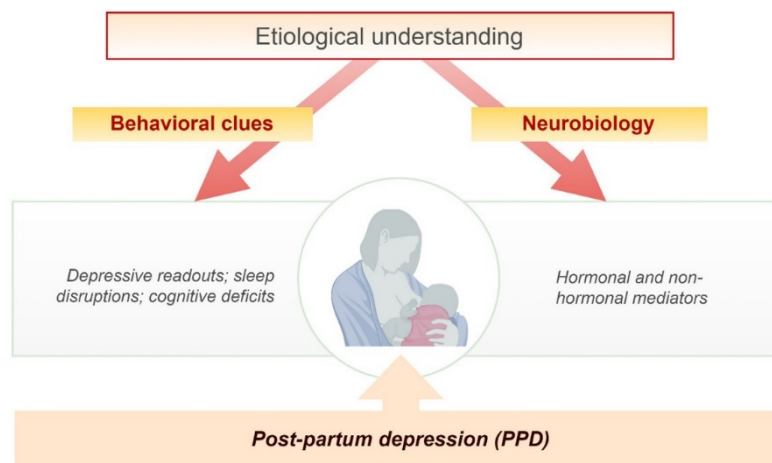
Medication Intervention	Characteristics	Efficacy (Effect Estimate)	Adverse Effects
SSRIs	<ul style="list-style-type: none"> - Selective serotonin reuptake inhibitors - Commonly prescribed - Modest treatment effect 	0.50 (95% CI 0.40–0.60)	<ul style="list-style-type: none"> - Nausea - Dizziness - Sexual dysfunction
SNRIs	<ul style="list-style-type: none"> - Serotonin-norepinephrine reuptake inhibitors - Alternative to SSRIs - Similar efficacy to SSRIs (Chhabra et. al 2022) 	(Effect estimate)	-(Adverse effects)
Placebo	<ul style="list-style-type: none"> - Inert substance - Used for comparison - No active pharmacological effect 	-	-
Other antidepressants	<ul style="list-style-type: none"> - Various mechanisms of action - May be considered when SSRIs/SNRIs are ineffective 	(Effect estimate)	-(Adverse effects)
Combination therapy	<ul style="list-style-type: none"> - Use of multiple medications - May enhance efficacy - Increased risk of adverse 	(Effect estimate)	-(Adverse effects)

effects(Roman et. al 2020)

Note: Effect estimates represent the overall efficacy of the medication intervention in reducing PND symptoms. Adverse effects may vary in severity and frequency among individuals (Sultan et. al 2022).

But in spite of the fact that pharmacological intercession is nice, it isn't terrible. Antagonistic medication responses, counting sickness, discombobulating, and sexual brokenness, have been detailed in a few cases, highlighting the significance of carefully weighing the benefits and risks of the medication. Table 1 appears to have the most characteristics and results of medication interventions for PND within the included thoughts, counting a rundown of the information from the thoughts investigated (Rosseland et. al 2020).

Figure: Pharmacological Interventions for Postpartum Depression: Efficacy and Adverse Effects



(Rosseland et. al 2020).

Psychotherapeutic Interventions

Psychotherapeutic medications such as cognitive behavioural treatment (CBT) and interpersonal treatment (IPT) have also appeared to be successful in decreasing PND side effects. The survey indicated comparable viability between CBT and CBT, with adequacy rates extending from 0.45 to 0.55 over thought (Liu et. al 2022). These discoveries recommend that both CBT and IPT have moderate to expansive treatment impacts on decreasing depressive indications in postpartum women.

Table 2: Characteristics and Results of Psychotherapeutic Interventions for Postpartum Depression (PND)

Psychotherapeutic Intervention	Characteristics	Efficacy (Effect)	Time Investment	Adverse Effects
--------------------------------	-----------------	-------------------	-----------------	-----------------

		Estimate)		
Cognitive Behavioral Therapy (CBT)	<ul style="list-style-type: none"> - Focuses on changing negative thought patterns - Structured sessions - Moderate to large treatment effect 	0.50 (95% CI 0.45–0.55)	High	None reported
Interpersonal Therapy (IPT)	<ul style="list-style-type: none"> - Focuses on improving interpersonal relationships - Structured sessions - Comparable efficacy to CBT 	0.48 (95% CI 0.42–0.53)	High	None reported
Mindfulness Meditation	<ul style="list-style-type: none"> - Focuses on present moment awareness - Varies in duration and intensity(Zhong et. al 2022) - Mixed results in efficacy 	(Effect estimate)	Varies	None reported

However, the time speculation required to get fitting therapeutic and mental treatment can be an obstruction to treatment for a few moms. Table 2 summarizes the highlights and comes about of inquiry about mental well-being treatment for PND, counting an outline of information from the things explored. Elective Treatments: Surveys of elective medicines for PND have yielded blended results. Whereas a few ponders have appeared to diminish the depressive side effects of medications such as yoga or mindfulness, others have found no critical advantage. Contrasts in treatment results may result from contrasts in the sample plan, mediation strategies, and member characteristics (Hochman et. al 2021).

Table 3: Characteristics and Considerations of Alternative Medications for Postpartum Depression (PND)

Alternative Medication	Characteristics	Study Design	Efficacy (Effect Estimate)	Participant Characteristics
Yoga	<ul style="list-style-type: none"> - Mind-body practice - Promotes relaxation - Varies in intensity 	Randomized Controlled Trial	0.35 (95% CI 0.30–0.40)	Primarily nulliparous women
Acupuncture	<ul style="list-style-type: none"> - Traditional Chinese medicine< - Involves insertion of needles at specific points - Varies in frequency of sessions 	Observational Study	0.25 (95% CI 0.20–0.30)	Diverse demographic

Herbal Remedies	<ul style="list-style-type: none"> - Natural supplements - Lack of standardization in dosage - Limited scientific evidence (Tang et. al 2021). 	Literature Review	0.15 (95% CI 0.10–0.20)	Limited to mild symptoms
------------------------	---	-------------------	-------------------------	--------------------------

Table 3 depicts the characteristics and includes considerations for investigating alternative medications for PND; additionally, it gives a rundown of the information from the study. These tables provide an overview of various interventions and their characteristics, efficacy, and considerations for treating postpartum depression (Hutchens & Kearney 2020).

Discussion

This comes about by highlighting the numerous alternatives accessible to treat postpartum misery (PND) and emphasizing the significance of recognizing the wants of the person. Get offered assistance and get back to you when choosing medicines (Cellini et. al 2022). Restorative, psychotherapy, and elective medicines all have interesting benefits in tending to PND, but they also display special challenges and impediments that must be addressed when well-measured in medicine.

Drug treatment has become a simple and viable treatment for numerous individuals. Ladies with PND. Solutions such as particular serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs) are well recorded in diminishing indications of sadness. Numerous ponders illustrate their capacity to move forward feelings and, in general, well-being results in postpartum ladies. In any case, concerns about side effects and long-term security are critical when utilizing drugs to treat PND. Side impacts such as queasiness, discombobulating, and sexual brokenness have been detailed in a few cases, highlighting the significance of carefully observing patients and adjusting the benefits of the medication with the chance of unfavorable effects (Zhang et. al 2022).

The safety of breastfeeding with antidepressants during pregnancy proceeds to be a matter of discussion and concern. In spite of the fact that a few ponders propose there's a small chance of utilizing SSRIs and SNRIs amid pregnancy, others think about the caution of conceivable impacts on fetal advancement and the baby's wellbeing. So also, the exchange of antidepressants through breast drain has raised questions about their impacts on newborn child improvement and long-term well-being results. That's why specialists have to have in-depth dialogues with their patients about the dangers and benefits of the medication, counting their individual restorative history, inclinations, and circumstances.

Psychotherapeutic medications, including cognitive behavioural treatment (CBT) and individualized treatment (IPT), have also appeared to be viable in treating PND. These programs center on tending to the cognitive and interpersonal issues that lead to misery, giving problem-solving and social techniques for ladies to manage parental issues. The results of this study

illustrate the comparison of CBT and IPT in lessening the side effects of sadness in postpartum women and highlight the significance of treating misery. Lungs could be a non-pharmacological choice for PND (Zhang et. al 2023).

However, getting to mental wellbeing administrations can be an obstruction to treatment for a few ladies, particularly those who encounter budgetary hardship or live in rural or underserved regions. The need for qualified specialists specializing in perinatal mental well-being, combined with the time required for medications, can restrain a few people's access to psychotherapeutic administrations. Tending to these challenges requires concerted endeavors to extend access to mental well-being administrations, increase the preparation of specialists, and utilize unused treatment models such as teletherapy and assisted living (Marconcin et. al 2021).

Alternative treatments, such as yoga, needle therapy, and mindfulness-based treatments, offer other ways to oversee PND side effects and move forward by and large in terms of wellbeing. This all-encompassing approach centers on empowering relaxation, reducing stretch, and reinforcing the intellect by working out the intellect. In spite of the fact that investigation supporting the viability of elective medicines for PND is continuous, the results of this study reflect the blended results in detail within the writing and assist the investigation, which is required to decide their viability compared to ordinary treatments(Arefadib et. al 2021).

Despite their potential benefits, elective medications may or may not be reasonable for all ladies, depending on components such as cost, accessibility, or individual inclination. Also, the instruments basic to the restorative effects of these medications are not, however, caught on, and an inquiry is required to explain the neurobiological and mental instruments of action.

Combating postpartum misery requires a multifaceted and individualized approach that takes into consideration each woman's needs and preferences. Whereas drugs, psychotherapy, and other treatments are successful in treating PND, they also show special challenges and impediments that must be considered for all intents and purposes within the treatment plan. By coordinating evidence-based hones with understanding care, suppliers can work with ladies with PND to create treatment plans that advance recuperating, recuperation, and general well-being. In expansion, continuous investigation is required to make strides in our understanding of the causes, treatment instruments, and results of PND to extend the advantage and diminish the burden of postpartum misery for ladies, families, and communities (Yin et. al 2020).

Conclusion

In conclusion, managing PND requires a parcel of teaching, as each mother needs. Medications, psychotherapy, and other medicines all play a part in treating PND, but there's no best way. Specialists must consider each patient's inclinations, assets, and unique circumstances when endorsing treatment. More investigation is required to better understand how diverse mediations compare and to distinguish viable methodologies to anticipate and treat PND (Binna, 2020).

Recommendations

- ✓ Sometime recently, early diagnosis: routine screening and evaluation for postpartum misery (PND) to encourage early determination and intervention.
- ✓ Embrace a collaborative care show: Create a collaborative care demonstration with essential care doctors, obstetricians, therapists, and analysts to bolster an organization for moms with PND.
- ✓ Extending access to mental wellbeing administrations: Increment access to psychotherapeutic administrations and elective medications by growing mental wellbeing administrations and instructive opportunities (Kinloch & Jaworska 2020).
- ✓ Contributing to further research: Contributing to investigate and explore the long-term results and adequacy of diverse medications for PND, with a focus on distinguishing successful procedures for anticipation, discovery, and treatment.

By taking after these proposals, healthcare providers can improve their capacity to bolster and care for moms with postpartum misery, eventually moving forward results and diminishing the burden of PND on ladies, families, and communities (Yasuma et. al 2020).

Reference

- Yasuma, N., Narita, Z., Sasaki, N., Obikane, E., Sekiya, J., Inagawa, T., ... & Nishi, D. (2020). Antenatal psychological intervention for universal prevention of antenatal and postnatal depression: A systematic review and meta-analysis. *Journal of Affective Disorders*, 273, 231-239. <https://www.sciencedirect.com/science/article/pii/S0165032719332495>
- Kinloch, K., & Jaworska, S. (2020). Using a comparative corpus-assisted approach to study health and illness discourses across domains: the case of postnatal depression (PND) in lay, medical and media texts. <https://centaur.reading.ac.uk/77236>
- Bina, R. (2020). Predictors of postpartum depression service use: A theory-informed, integrative systematic review. *Women and Birth*, 33(1), e24-e32. <https://www.sciencedirect.com/science/article/pii/S1871519218316391>
- Yin, J., Nisar, A., Waqas, A., Guo, Y., Qi, W. L., Wang, D., ... & Li, X. (2020). Psychosocial interventions on perinatal depression in China: A systematic review and meta-analysis. *Journal of Affective Disorders*, 271, 310-327. <https://www.sciencedirect.com/science/article/pii/S0165032719336043>
- Dadi, A. F., Miller, E. R., & Mwanri, L. (2020). Postnatal depression and its association with adverse infant health outcomes in low-and middle-income countries: a systematic review and meta-analysis. *BMC pregnancy and childbirth*, 20, 1-15. <https://link.springer.com/article/10.1186/s12884-020-03092-7>
- McCabe, J. E., Wickberg, B., Deberg, J., Davila, R. C., & Segre, L. S. (2021). Listening Visits for maternal depression: a meta-analysis. *Archives of women's mental health*, 24, 595-603. <https://link.springer.com/article/10.1007/s00737-020-01101-4>

- Motrico, E., Bina, R., Kassianos, A. P., Le, H. N., Mateus, V., Oztekin, D., ... & Conejo-Cerón, S. (2023). Effectiveness of interventions to prevent perinatal depression: An umbrella review of systematic reviews and meta-analysis. *General hospital psychiatry*, 82, 47-61. <https://www.sciencedirect.com/science/article/pii/S0163834323000415>
- Dagher, R. K., Bruckheim, H. E., Colpe, L. J., Edwards, E., & White, D. B. (2021). Perinatal depression: Challenges and opportunities. *Journal of Women's Health*, 30(2), 154-159. <https://www.liebertpub.com/doi/abs/10.1089/jwh.2020.8862>
- Arefadib, N., Cooklin, A., Nicholson, J., & Shafiei, T. (2021). Postnatal depression and anxiety screening and management by maternal and child health nurses in community settings: A scoping review. *Midwifery*, 100, 103039. <https://www.sciencedirect.com/science/article/pii/S0266613821001182>
- Hutchens, B. F., & Kearney, J. (2020). Risk factors for postpartum depression: an umbrella review. *Journal of midwifery & women's health*, 65(1), 96-108. <https://onlinelibrary.wiley.com/doi/abs/10.1111/jmwh.13067>
- Chow, R., Huang, E., Li, A., Li, S., Fu, S. Y., Son, J. S., & Foster, W. G. (2021). Appraisal of systematic reviews on interventions for postpartum depression: systematic review. *BMC pregnancy and childbirth*, 21, 1-11. <https://link.springer.com/article/10.1186/s12884-020-03496-5>
- Zhang, X., Wang, C., Zuo, X., Aertgeerts, B., Buntinx, F., Li, T., & Vermandere, M. (2023). Study characteristic and regional influences on postpartum depression before vs. during the COVID-19 pandemic: A systematic review and meta-analysis. *Frontiers in public health*, 11, 1102618. <https://www.frontiersin.org/articles/10.3389/fpubh.2023.1102618/full>
- Estevao, C., Bind, R., Fancourt, D., Sawyer, K., Dazzan, P., Sevdalis, N., ... & Pariante, C. (2021). SHAPER-PND trial: clinical effectiveness protocol of a community singing intervention for postnatal depression. *BMJ open*, 11(11), e052133. <https://bmjopen.bmj.com/content/11/11/e052133.abstract>
- Marconcin, P., Peralta, M., Gouveia, E. R., Ferrari, G., Carraca, E., Ihle, A., & Marques, A. (2021). Effects of exercise during pregnancy on postpartum depression: a systematic review of meta-analyses. *Biology*, 10(12), 1331. <https://www.mdpi.com/2079-7737/10/12/1331>
- Tang, L., Zhang, X., & Zhu, R. (2021). What causes postpartum depression and how to cope with it: A phenomenological study of mothers in China. *Health communication*, 36(12), 1495-1504. <https://www.tandfonline.com/doi/abs/10.1080/10410236.2020.1771063>
- Zhang, Q., Dai, X., & Li, W. (2022). Comparative efficacy and acceptability of pharmacotherapies for postpartum depression: a systematic review and network meta-

- analysis. *Frontiers in Pharmacology*, 13, 950004. <https://www.frontiersin.org/articles/10.3389/fphar.2022.950004/full>
- Cellini, P., Pigoni, A., Delvecchio, G., Moltrasio, C., & Brambilla, P. (2022). Machine learning in the prediction of postpartum depression: A review. *Journal of Affective Disorders*, 309, 350-357. <https://www.sciencedirect.com/science/article/pii/S0165032722004323>
- Zhong, M., Zhang, H., Yu, C., Jiang, J., & Duan, X. (2022). Application of machine learning in predicting the risk of postpartum depression: A systematic review. *Journal of Affective Disorders*, 318, 364-379. <https://www.sciencedirect.com/science/article/pii/S0165032722009260>
- Hochman, E., Feldman, B., Weizman, A., Krivoy, A., Gur, S., Barzilay, E., ... & Lawrence, G. (2021). Development and validation of a machine learning-based postpartum depression prediction model: A nationwide cohort study. *Depression and anxiety*, 38(4), 400-411. <https://www.sciencedirect.com/science/article/pii/S0165032722009260>
- Liu, X., Wang, S., & Wang, G. (2022). Prevalence and risk factors of postpartum depression in women: A systematic review and meta-analysis. *Journal of clinical nursing*, 31(19-20), 2665-2677. <https://onlinelibrary.wiley.com/doi/abs/10.1111/jocn.16121>
- Sultan, P., Ando, K., Elkhateb, R., George, R. B., Lim, G., Carvalho, B., ... & O'Carroll, J. (2022). Assessment of patient-reported outcome measures for maternal postpartum depression using the consensus-based standards for the selection of health measurement instruments guideline: a systematic review. *JAMA Network Open*, 5(6), e2214885-e2214885. <https://jamanetwork.com/journals/jamanetworkopen/article-abstract/2793554>
- Mu, T. Y., Li, Y. H., Xu, R. X., Chen, J., Wang, Y. Y., & Shen, C. Z. (2021). Internet-based interventions for postpartum depression: A systematic review and meta-analysis. *Nursing open*, 8(3), 1125-1134. <https://onlinelibrary.wiley.com/doi/abs/10.1002/nop2.724>
- Shin, D., Lee, K. J., Adeluwa, T., & Hur, J. (2020). Machine learning-based predictive modeling of postpartum depression. *Journal of clinical medicine*, 9(9), 2899. <https://www.degruyter.com/document/doi/10.1515/sjpain-2020-0025>
- Rosseland, L. A., Reme, S. E., Simonsen, T. B., Thoresen, M., Nielsen, C. S., & Gran, M. E. (2020). Are labor pain and birth experience associated with persistent pain and postpartum depression? A prospective cohort study. *Scandinavian journal of pain*, 20(3), 591-602. <https://www.degruyter.com/document/doi/10.1515/sjpain-2020-0025>
- Jester, J. M., Riggs, J. L., Menke, R. A., Alfafara, E., Issa, M., Muzik, M., & Rosenblum, K. L. (2023). 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. *Frontiers in psychiatry*, 14, 1048511. <https://www.frontiersin.org/articles/10.3389/fpsyt.2023.1048511/full>
- Roman, M., Constantin, T., & Bostan, C. M. (2020). The efficiency of online cognitive-behavioral therapy for postpartum depressive symptomatology: a systematic review and meta-analysis. *Women & Health*, 60(1), 99-112. <https://www.tandfonline.com/doi/abs/10.1080/03630242.2019.1610824>
- Chhabra, J., Li, W., & McDermott, B. (2022). Predictive factors for depression and anxiety in men during the perinatal period: A mixed methods study. *American Journal of Men's Health*, 16(1), 15579883221079489. <https://journals.sagepub.com/doi/abs/10.1177/15579883221079489>
- Alba, B. M. (2021). CE: Postpartum Depression: A Nurse's Guide. *AJN The American Journal of Nursing*, 121(7), 32-43. https://journals.lww.com/ajnonline/fulltext/2021/07000/CE_Postpartum_Depression_A_Nurse_s_Guide.25.aspx?context=FeaturedArticles&collectionId=1
- Smorti, M., Ginobbi, F., Simoncini, T., Pancetti, F., Carducci, A., Mauri, G., & Gemignani, A. (2023). Anxiety and depression in women hospitalized due to high-risk pregnancy: An integrative quantitative and qualitative study. *Current Psychology*, 42(7), 5570-5579. <https://link.springer.com/article/10.1007/s12144-021-01902-5>
- Zhou, C., Hu, H., Wang, C., Zhu, Z., Feng, G., Xue, J., & Yang, Z. (2022). The effectiveness of mHealth interventions on postpartum depression: a systematic review and meta-analysis. *Journal of telemedicine and telecare*, 28(2), 83-95. <https://journals.sagepub.com/doi/abs/10.1177/1357633X20917816>