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Review Article

Effectiveness of Nurse-Led Interventions on Postpartum Depression among Postnatal Women: A Systematic Review

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ABSTRACT

Postpartum depression (PPD) is a significant mental health disorder affecting women after childbirth and has serious consequences for maternal and neonatal outcomes. It is characterised by sadness, anxiety, irritability, and emotional disturbances. Nurse-led interventions such as counselling, health education, emotional support, home visits, and telehealth services play a vital role in managing postpartum depression. The present systematic review aims to assess the effectiveness of nurse-led interventions in reducing postpartum depression among postnatal women. Data were collected from electronic databases, including PubMed, Scopus, and Google Scholar. A total of 8 relevant studies were selected based on predefined inclusion and exclusion criteria. The findings of the review indicate that nurse-led interventions significantly reduce depressive symptoms and improve maternal well-being. Continuous emotional support, education, and follow-up care provided by nurses contribute to better mental health outcomes.

INTRODUCTION

Postpartum depression is widely recognized as a common mental health condition occurring after childbirth, affecting a considerable proportion of women worldwide. It is typically characterised by

emotional instability, persistent low mood, anxiety, fatigue, and challenges in establishing a bond with the newborn. This condition not only impacts the psychological well-being of the mother but can also influence infant growth, breastfeeding practices, and overall family

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dynamics. In low- and middle-income countries, the burden is often greater due to limited awareness, stigma, and restricted access to mental health services.

Nurses play a crucial role in maternal healthcare. They are often the first healthcare professionals to interact with postnatal mothers and are responsible for early identification and management of postpartum depression. Nursing interventions led by trained professionals have been identified as essential components in the management of postpartum depression, particularly in providing continuous care and emotional support. Therefore, it is essential to systematically review the available literature to evaluate the effectiveness of these interventions.

However, despite the availability of several studies, there is limited consolidated evidence focusing specifically on the effectiveness of nurse-led interventions in managing postpartum depression. Therefore, this systematic review aims to bridge this gap. Postpartum depression affects approximately 10–20% of women globally (Beck, 2001). It has significant consequences on maternal mental health and infant development (Cooper *et al.*, 2003). Nurse-led interventions such as counselling and support are effective in managing postpartum depression (Dennis *et al.*, 2009; Milgrom *et al.*, 2011).

NEED FOR THE STUDY

Postpartum depression is often underdiagnosed and undertreated, especially in developing countries. Early intervention through nursing care can significantly improve maternal outcomes. Evaluating the effectiveness of nurse-led interventions will help in strengthening maternal healthcare services and improving the quality of care.

OBJECTIVES OF THE STUDY

1. To assess the effectiveness of nurse-led interventions on postpartum depression
2. To identify different types of nursing interventions
3. To analyse research trends based on year, country, and journal

RESEARCH METHODOLOGY

A systematic review of literature was conducted using electronic databases such as PubMed, Scopus, and Google Scholar.

INCLUSION CRITERIA

- Studies related to postpartum depression
- Studies focusing on nurse-led interventions
- Studies conducted among postnatal women
- Studies published in English

EXCLUSION CRITERIA

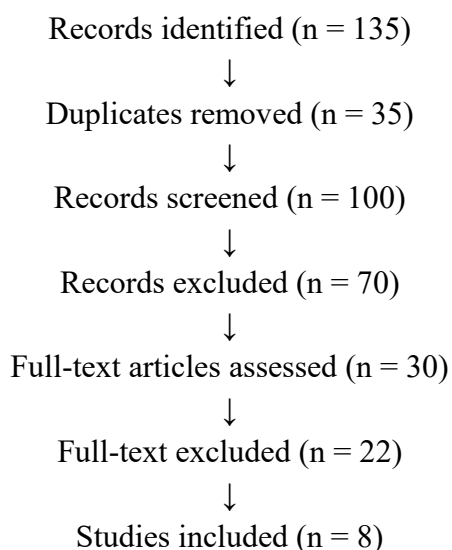
- Irrelevant studies
- Case reports and editorials
- Non-English publications

SEARCH STRATEGY

The literature search was conducted using keywords such as “postpartum depression,” “nurse-led intervention,” “maternal mental health,” and “postnatal care” using Boolean operators.

Figure 1:





Flow Diagram

TABLE 1: detailed summary of selected studies

| Sr. No | Author & Year | Country | Sample Size | Study Design | Intervention | Duration | Tool Used | Major Findings |
|--------|-------------------------|-----------|-------------|---------------|----------------------|-----------|-----------|-------------------------------------|
| 1 | Dennis et al. (2009) | Canada | 701 | RCT | Telephone support | 12 weeks | EPDS | Significant reduction in depression |
| 2 | Milgrom et al. (2011) | Australia | 143 | RCT | CBT counseling | 10 weeks | BDI | Improved maternal mental health |
| 3 | Shorey et al. (2018) | Singapore | 200 | RCT | Education program | 4 weeks | EPDS | Reduced depressive symptoms |
| 4 | MacArthur et al. (2002) | UK | 2064 | RCT | Postnatal support | 6 months | EPDS | Improved maternal outcomes |
| 5 | O'Mahen et al. (2014) | UK | 83 | RCT | Online CBT | 8 weeks | PHQ-9 | Reduced depression levels |
| 6 | Rahman et al. (2008) | Pakistan | 903 | Cluster RCT | Community-based care | 12 months | EPDS | Significant improvement |
| 7 | Cooper et al. (2003) | UK | 193 | RCT | Counseling | 6 months | EPDS | Improved emotional health |
| 8 | Beck (2001) | USA | 150 | Observational | Screening support | — | EPDS | Early detection beneficial |

TABLE 2: author and major findings

| Author | Year | Major Findings |
|-----------|------|---|
| Dennis | 2009 | Telephone support reduces postpartum depression |
| Milgrom | 2011 | CBT improves maternal mental health |
| Shorey | 2018 | Education reduces depression levels |
| MacArthur | 2002 | Postnatal care improves outcomes |
| O'Mahen | 2014 | Online CBT effective |



| | | |
|--------|------|---|
| Rahman | 2008 | Community intervention reduces depression |
| Cooper | 2003 | Counseling improves emotional well-being |
| Beck | 2001 | Screening helps early detection |

TABLE 3: year-wise distribution of studies

| Year Range | Number of Studies |
|------------|-------------------|
| 2000–2005 | 2 |
| 2006–2010 | 2 |
| 2011–2015 | 2 |
| 2016–2020 | 2 |

TABLE 4: country-wise distribution

| Country | Number of Studies |
|-----------|-------------------|
| UK | 3 |
| USA | 1 |
| Canada | 1 |
| Australia | 1 |
| Pakistan | 1 |
| Singapore | 1 |

TABLE 5: journal-wise distribution

| Journal Type | Number of Studies |
|------------------------|-------------------|
| Nursing Journals | 3 |
| Medical Journals | 3 |
| Mental Health Journals | 2 |



REVIEW OF LITERATURE

Existing research indicates that interventions led by nurses are effective in reducing symptoms associated with postpartum depression. Peer support delivered through telephone-based methods has demonstrated a positive impact on depressive symptoms (Dennis et al., 2009). Similarly, cognitive behavioral approaches have been shown to enhance maternal psychological well-being (Milgrom et al., 2011). Educational strategies implemented by nursing professionals have also contributed to improved awareness and

reduced severity of depressive symptoms (Shorey et al., 2018). Community-based approaches have proven beneficial in resource-limited settings by improving maternal mental health outcomes (Rahman et al., 2008). Furthermore, structured counselling interventions have been associated with better emotional adjustment among postnatal women (Cooper et al., 2003).

RESULTS AND DISCUSSION

The analysis of the selected studies highlights that nurse-led interventions have a significant positive effect on reducing postpartum depression among postnatal women. Interventions such as counselling and emotional support emerged as particularly effective in enhancing maternal psychological well-being. Educational initiatives contributed to improved understanding and coping abilities among mothers. Home visits and follow-up care enabled early identification and management of depressive symptoms. Telehealth interventions provided continuous support and improved accessibility to care.

FINDINGS

The current systematic review examined multiple studies to evaluate the impact of nurse-led interventions on postpartum depression among postnatal women. The findings from the reviewed studies reveal several important outcomes. Firstly, nurse-led interventions such as counselling, cognitive behavioural therapy (CBT), and emotional support were found to be highly effective in reducing postpartum depression scores. Most of the studies reported a significant improvement in maternal mental health among women who received structured nursing

interventions compared to those who received routine care.

Secondly, educational interventions conducted by nurses improved awareness regarding postpartum depression, coping strategies, and self-care practices. These interventions helped mothers better understand their emotional changes and seek timely support.

Home visits and community-based interventions also played a crucial role in the early identification and management of depressive symptoms. Continuous follow-up care provided by nurses ensured better monitoring and support, which contributed to improved outcomes.

Furthermore, telehealth and online interventions such as internet-based cognitive behavioural therapy showed promising results, especially in improving accessibility to mental health services for women in remote areas.

The analysis also indicated that early screening using standardized tools such as the Edinburgh Postnatal Depression Scale (EPDS) was effective in identifying at-risk mothers and initiating timely intervention.

Overall, the findings clearly demonstrate that nurse-led interventions significantly contribute to the reduction of postpartum depression and improvement of maternal well-being.

The findings of the present review are consistent with previous research indicating that nurse-led interventions significantly reduce postpartum depression (*Dennis et al., 2009; Rahman et al., 2008*).

CONCLUSION

Based on the evidence reviewed, nurse-led interventions are effective in minimizing

symptoms of postpartum depression and promoting better maternal mental health outcomes. Interventions such as counselling, health education, home visits, and telehealth services play a vital role in improving maternal mental health outcomes. Nurses, being primary caregivers, are in a unique position to identify early symptoms of postpartum depression and provide timely and appropriate interventions. Their continuous support, emotional care, and follow-up significantly enhance the recovery process. The integration of nurse-led mental health interventions into routine postnatal care services is essential for improving maternal and child health outcomes. Strengthening these interventions, along with proper training and awareness programs for nurses, can further enhance the quality of care. Future research should focus on developing standardised intervention protocols and exploring the long-term effectiveness of nurse-led strategies in diverse populations.

RECOMMENDATIONS

Based on the findings of the present systematic review, the following recommendations are proposed:

Integration into Routine Care-Nurse-led interventions for postpartum depression should be incorporated into routine postnatal care services in hospitals and community settings to ensure early identification and management.

Training of Nursing Professionals-Nurses should be provided with specialized training in mental health assessment, counseling techniques, and communication skills to effectively manage postpartum depression.

Regular Screening Programs-Standardized screening tools such as the Edinburgh Postnatal Depression Scale (EPDS) should be used regularly

in postnatal care to identify mothers at risk of depression.

Strengthening Community-Based Care-Community health nurses should conduct regular home visits and follow-up care to provide continuous emotional support and monitor maternal mental health.

Use of Telehealth Services-Tele-nursing and digital health interventions should be promoted to improve access to mental health services, especially in rural and remote areas.

Awareness and Education Programs-Awareness programs should be conducted for mothers and families to reduce stigma associated with postpartum depression and encourage early help-seeking behaviour.

Policy Implementation-Healthcare policymakers should develop guidelines and protocols for integrating mental health services into maternal healthcare programs.

Further Research: More large-scale studies should be conducted to evaluate the long-term effectiveness of nurse-led interventions and to develop standardized intervention models.

LIMITATIONS

The present review has certain limitations that should be considered. The number of studies included was relatively small, which may limit the generalizability of the findings. Only studies published in English were included, potentially introducing language bias. Additionally, variations in study design, intervention methods, and sample characteristics across the included studies may influence the consistency of the results. The absence of formal quality assessment is another limitation.

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