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Evidence-Based Psychotherapies for Perinatal Mental Health

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Arizona Perinatal Psychiatry Access Line (APAL)
Grand Rounds

November 21st, 2025

Disclosures



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I do not have any relevant financial relationships with a commercial interest to disclose.

Road Map & Learning Objectives



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1. What is the evidence-base for types of psychotherapy in the perinatal population?
2. What are key considerations for psychotherapy in the perinatal population?
 - A spotlight on CBT and case examples
3. What are key gaps in treatment and novel delivery approaches?

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- 1. What is the evidence-base for types of psychotherapy in the perinatal population?**
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3. What are key gaps in treatment and novel delivery approaches?



“While women clearly need interventions tailored for pregnancy and subsequent relationships with their infant, there seems to be no reason to assume that treatments which are effective at other times in a woman’s life would not be effective in the perinatal period.”

(Howard & Khalifeh, 2020)

Preferences of Perinatal Women



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Women's Attitudes, Preferences, and Perceived Barriers to Treatment for Perinatal Depression

Janice H. Goodman, PhD

ABSTRACT: **Background:** Perinatal depression is associated with potential negative consequences for the mother and infant, and therefore efforts to improve treatment access and efficacy are warranted. The purpose of this study was to examine pregnant women's preferences and attitudes about treatment for depression, and perceived potential barriers to accessing treatment. **Methods:** Data were collected by means of a questionnaire from a convenience sample of 509 predominantly well-educated, high-income, married women in the northeastern United States during the last trimester of pregnancy. Participants were queried as to treatment modalities in which they would most likely participate if they wanted help for depression, their attitudes toward psychotherapeutic and pharmacological treatments, and perceived barriers to receiving help. **Results:** Most women (92%) indicated that would likely participate in individual therapy if help was needed. Only 35 percent stated that they would likely take medication if recommended, and 14 percent indicated that they would participate in group therapy. The greatest perceived potential barriers to treatment were lack of time (65%), stigma (43%), and childcare issues (33%). Most women indicated a preference to receive mental health care at the obstetrics clinic, either from their obstetrics practitioner or from a mental health practitioner located at the clinic. Factors associated with acceptability of various depression treatments are presented. **Conclusions:** Understanding what prevents women from seeking or obtaining help for depression and determining what they prefer in the way of treatment may lead to improved depression treatment rates and hold promise for improving the overall health of childbearing women. (*BIRTH* 36:1 March 2009)

Key words: perinatal depression, perinatal depression treatment, women's preferences, treatment barriers

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J Psychiatr Pract. 2013 November ; 19(6): 443–453. doi:10.1097/01.pra.0000438183.74359.46.

Perinatal Antidepressant Use: Understanding Women's Preferences and Concerns

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Behaviour Research and Therapy 52 (2014) 53–60



ELSEVIER

Contents lists available at [ScienceDirect](#)

Behaviour Research and Therapy

journal homepage: www.elsevier.com/locate/brat



Cognitive behavioral therapy and pharmacotherapy for anxiety: Treatment preferences and credibility among pregnant and non-pregnant women

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Therapy Approaches – Which to Choose?



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Exposure Therapy?

Group Therapy?

Behavioral Activation?

Cognitive Behavioral Therapy?

Psychodynamic Therapy?

EMDR?

Dialectic Behavioral Therapy?

Acceptance and Commitment Therapy?

...


Evidence-Based Psychotherapy



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<https://www.div12.org/psychological-treatments/>

WWW.MGHCMC.ORG



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Reviewing the Research:

Psychotherapy Interventions in Pregnancy & Postpartum

A Systematic Review & Meta-Analysis: Interventions for Mental Disorders in Pregnancy



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RESEARCH ARTICLE

Interventions to treat mental disorders during pregnancy: A systematic review and multiple treatment meta-analysis

Leontien M. van Ravesteyn¹, Mijke P. Lambregtse - van den Berg^{1,2}, Witte J. G. Hoogendijk¹, Astrid M. Kamperman^{1*}

¹ Department of Psychiatry, Erasmus University Medical Center, Rotterdam, the Netherlands, ² Department of Child and Adolescent Psychiatry, Erasmus University Medical Center, Rotterdam, the Netherlands

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“This meta-analysis found a robust moderate treatment effect of CBT for MDD during pregnancy, and to a lesser extent for IPT.”

van Ravesteyn et al. (2017)

A Systematic Review & Meta-Analysis: Interventions for Mental Disorders in Pregnancy



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MAJOR DEPRESSIVE DISORDER	Source	Study design	Participants (sample size)	Intervention, duration, (number of sessions)	Control condition	Outcome measurement of interest†† and analysis
Cognitive Behavioural Therapy (CBT, k=8)	Austin, 2008	RCT	Pregnant women with an EPDS* of >10 and/or a score of >23 on the Antenatal Risk Questionnaire, or a reported prior history of depression were assessed with the depression and anxiety components of the MINI (n=191)	Group-CBT, weekly 2-hour session for 6 weeks (6)	Booklet control group	EPDS* Per protocol
	Cho, 2008	RCT	Pregnant women with a score of >16 points on BDI** and MDD, verified with SCID (n=27)	Individual CBT, twice weekly 1-hour sessions (9)	Psycho-education	BDI** Per protocol
	Rahman, 2008	RCT	Pregnant women who met criteria for a DSM-IV MDD episode, verified with SCID (n=903)	Individual CBT-like intervention by trained primary health workers, weekly session in the last month of pregnancy and 3 sessions in the first month postpartum (7)	Untrained health workers, equal number of visits	HDRS*** ITT
	Hayden, 2012	RCT	Pregnant women with diabetes and with depression, determined using the DIS (n=34)	Individual CBT, weekly sessions for 10 weeks (10)	Supportive counselling (listening visits)	BDI Per protocol
	Burns, 2013	RCT	Pregnant women who met ICD-10 criteria on the Clinical Interview Schedule-Revised (CIS-R) for depression (n=36)	Individual CBT, weekly sessions for 12 weeks (12)	Usual care	EPDS ITT

van Ravesteyn et al. (2017)

Systematic Review: Treatments for Perinatal Mental Health



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- 78 studies focused on the treatment of depression, anxiety, and trauma-related disorders
- Majority of studies on perinatal depression (n = 73)
- Most studied treatment was CBT (n = 22) followed by IPT (n= 13)

Nilni et al. (2018)



HHS Public Access
Author manuscript
Clin Psychol Rev. Author manuscript; available in PMC 2019 December 01.

Published in final edited form as:
Clin Psychol Rev. 2018 December ; 66: 136–148. doi:10.1016/j.cpr.2018.06.004.

Treatment of depression, anxiety, and trauma-related disorders during the perinatal period: A systematic review

Yael I. Nilni^{a,b,*}, Aydan Mehralizade^c, Laura Mayer^b, and Snezana Milanovic^b

^aNational Center for PTSD, Women's Health Sciences Division at VA Boston Healthcare System, United States

^bDepartment of Psychiatry, Boston University School of Medicine, United States

^cBoston Medical Center, United States

“There is a tremendous need for more studies focused on treatment of perinatal anxiety and trauma-related disorders.”

Systematic Review: Treatments for Perinatal Mental Health



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- Studies on Complementary and Alternative approaches
 - Exercise, 4 RCTs
 - Yoga, 2 OTs & 4 RCTs
 - Massage, 1 pilot & 1 RCT
 - Acupuncture, 3 RCTs
 - Omega-3 fatty acids, 3 RCTs
- “There is some support for complementary and alternative medicine approaches.”

Nilni et al. (2018)

Complementary and Alternative Interventions



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Current: *Psychiatry Reports* (2019) 21: 133
<https://doi.org/10.1007/s11920-019-1121-1>

REPRODUCTIVE PSYCHIATRY AND WOMEN'S HEALTH (CN EPPERSON AND L HANTSOO, SECTION EDITORS)



Innovations in the Treatment of Perinatal Depression: the Role of Yoga and Physical Activity Interventions During Pregnancy and Postpartum

Elizabeth H. Eustis¹ · Samantha Emst² · Kristen Sutton² · Cynthia L. Battle^{2,3,4}



Mindfulness Interventions



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HHS Public Access

Author manuscript

J Consult Clin Psychol. Author manuscript; available in PMC 2017 December 06.

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J Consult Clin Psychol. 2016 February ; 84(2): 134–145. doi:10.1037/ccp0000068.

Staying Well during Pregnancy and the Postpartum: A Pilot Randomized Trial of Mindfulness Based Cognitive Therapy for the Prevention of Depressive Relapse/Recurrence

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Mindfulness (2017) 8:823–847
DOI 10.1007/s12671-016-0673-y

REVIEW

The Effectiveness of Mindfulness-Based Interventions on Maternal Perinatal Mental Health Outcomes: a Systematic Review

Zhenrong Shi¹ · Angus MacBeth¹



Interpersonal Therapy - IPT



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- Includes a focus on relationship between mood and social/interpersonal circumstances
- Goals are to:
 - Improve interpersonal functioning
 - Increase social support/decrease isolation
 - Reduce symptom severity
- Time-limited therapy

IPT for Perinatal Women



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Journal of Affective Disorders 232 (2018) 316–328



Contents lists available at [ScienceDirect](#)

Journal of Affective Disorders

journal homepage: www.elsevier.com/locate/jad



Review article

A systematic review and meta-analysis of interpersonal psychotherapy for perinatal women

Laura E. Sockol

Department of Psychology, Davidson College, Davidson, NC 28035, USA



Highlights from Systematic Review:

- Psychological symptoms and interpersonal problems are common in perinatal women.
- IPT is an effective preventive intervention for perinatal depression.
- IPT is an effective treatment for perinatal depression and anxiety.
- IPT also improves interpersonal functioning in this population.
- Further studies are needed to assess whether adaptations increase IPT's efficacy.

Consideration of Trauma



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“There are effective psychotherapeutic interventions to treat depression during pregnancy and postpartum, yet there is a paucity of literature on the impact of CT on treatment outcomes.”

Archives of Women's Mental Health (2021) 24:367–380

<https://doi.org/10.1007/s00737-020-01066-4>

REVIEW ARTICLE



The impact of childhood trauma on psychological interventions for depression during pregnancy and postpartum: a systematic review

Inbal Reuveni^{1,2} • Maia Lauria² • Catherine Monk^{2,3,4} • Elizabeth Werner^{2,3}

Results suggest that IPT-based interventions are beneficial for women with CT.

The evidence regarding CBT-based interventions is less conclusive.

Psychological Interventions for Perinatal Anxiety



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General Hospital Psychiatry 84 (2023) 203–214

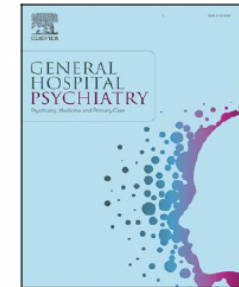


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Contents lists available at [ScienceDirect](#)

General Hospital Psychiatry

journal homepage: www.elsevier.com/locate/genhospsych



Can psychological interventions prevent or reduce risk for perinatal anxiety disorders? A systematic review and meta-analysis

Martha Zimmermann^{*}, Clevanne Julce, Pooja Sarkar, Eileen McNicholas, Lulu Xu, Catherine Carr, Edwin D. Boudreaux, Stephenie C. Lemon, Nancy Byatt

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Perinatal Anxiety: Exposure-based CBT



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Journal of Anxiety Disorders 60 (2018) 26–34

Contents lists available at ScienceDirect

Journal of Anxiety Disorders

journal homepage: www.elsevier.com/locate/janxdis



The efficacy of cognitive behavior therapy for the treatment of perinatal anxiety symptoms: A preliminary meta-analysis

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Arch Womens Ment Health (2012) 15:445–457

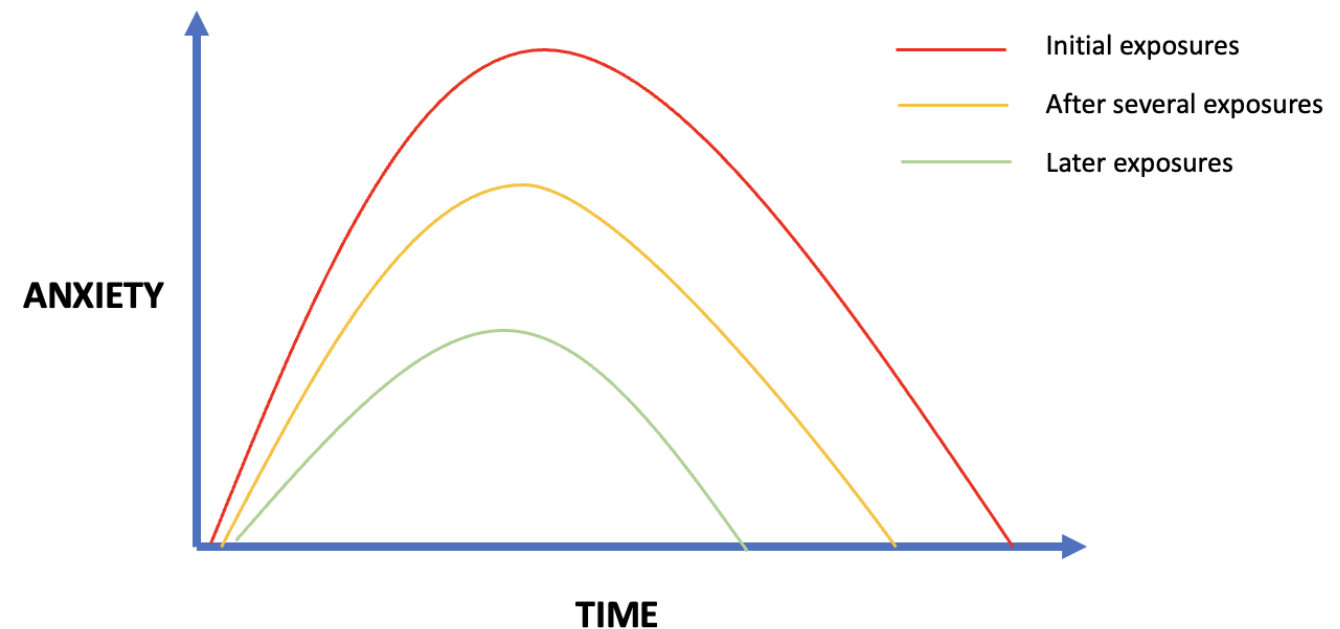
DOI 10.1007/s00737-012-0308-9

ORIGINAL ARTICLE

Are exposure-based cognitive behavioral therapies safe during pregnancy?

Joanna J. Arch · Sona Dimidjian · Cheryl Chessick

Habituation to Exposures over Time



Exposure-based CBT



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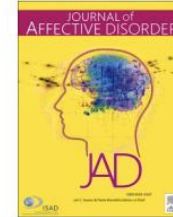
PSYCHIATRY ACADEMY

Journal of Affective Disorders 344 (2024) 414–422

Contents lists available at [ScienceDirect](#)

Journal of Affective Disorders

journal homepage: www.elsevier.com/locate/jad



Exposure Therapy with Patients Who Are Pregnant

https://doi.org/10.1007/978-3-031-04927-9_11

Journal: Clinical Guide to Exposure Therapy, 2022, p. 201-218

Publisher: Springer International Publishing

Authors: Fiona L. Challacombe, Megan A. Jansen



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Research paper

Exposure-based cognitive-behaviour therapy for anxiety-related disorders in pregnancy (ADEPT): Results of a feasibility randomised controlled trial of time-intensive versus weekly CBT

Fiona L. Challacombe^{a,*}, Rose Tinch-Taylor^{b,c}, Katherine Sabin^a, Laura Potts^{b,c},
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Summary:

CBT for Perinatal Mental Health



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CBT in the perinatal period:

- Reduction of depressive symptoms
- Reduction of anxiety symptoms (particularly exposure-based CBT)
- Prevention of perinatal depression symptoms

Road Map & Learning Objectives

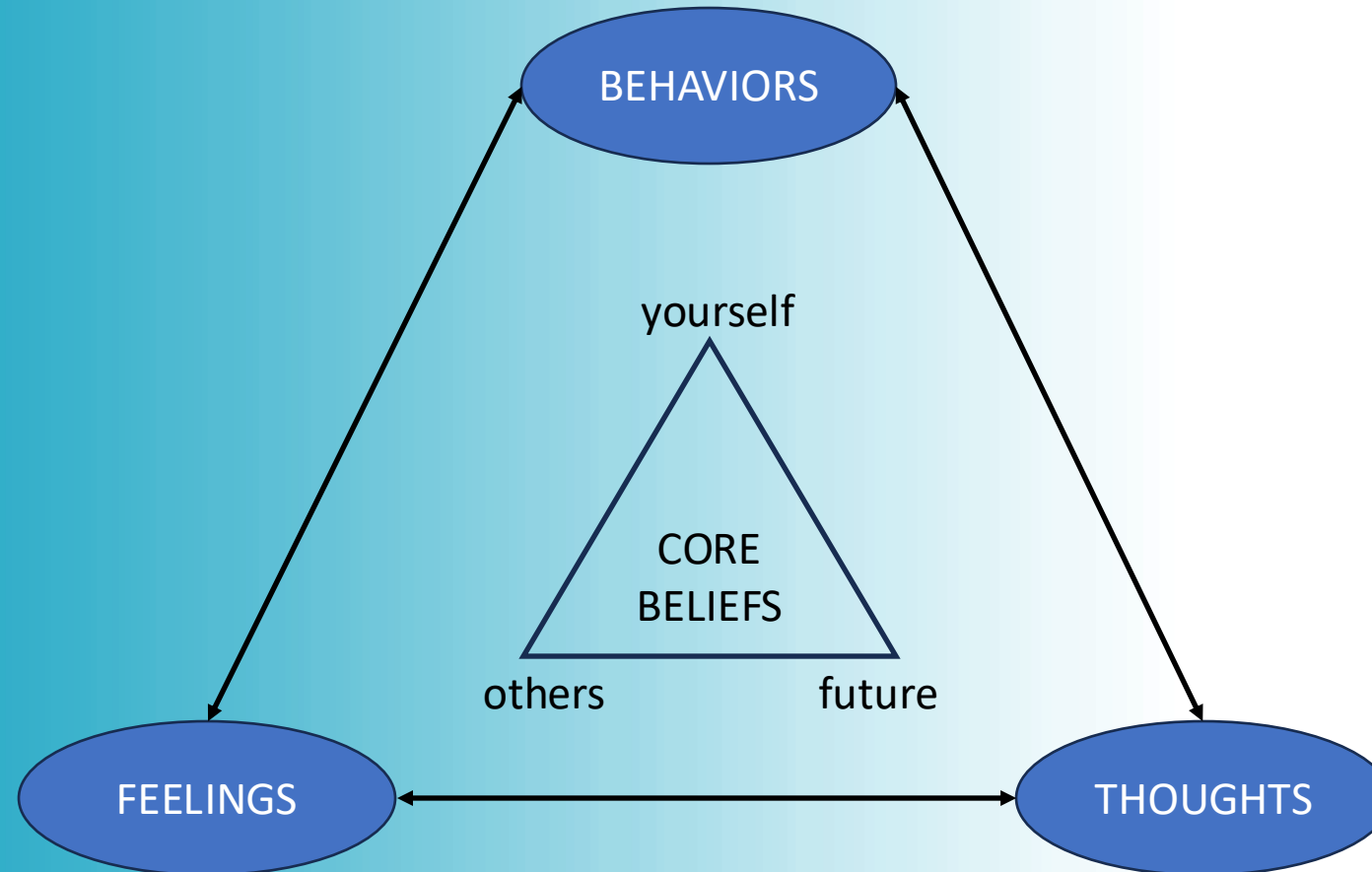


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1. **What is the evidence-base for types of psychotherapy in the perinatal population?**
2. **What are key considerations for psychotherapy in the perinatal population?**
 - **A spotlight on CBT and case examples**
3. **What are key gaps in treatment and novel delivery approaches?**

Spotlight on CBT



Spotlight on CBT



- Common CBT Techniques

- Psychoeducation
- Socratic Questioning
- Homework
- Self-monitoring
- Behavioral Experiments
- Exposure/Systematic Desensitization

- Structured sessions

Example CBT Session Agenda	
1) Check-in	Brief review of key events from past week
2) Set agenda	Collaboratively set agenda for this session
3) Home practice review	Review home practice, adherence and lessons learned
4) Introduce new CBT skill	Introduce and review new CBT skill, tool, or strategy
5) Assign new home practice	Collaboratively set new homework for patient to complete prior to the next session
6) Closing	Summarize key concepts from this session and solicit feedback

Example: Thought Log



THOUGHT RECORD

Directions: When you notice your mood getting worse, ask yourself, “What is going through my mind right now?” and as soon as possible jot down the thought or mental image in the automatic thought column.

Date/time	Situation 1. What actual event or stream of thoughts, or daydreams or recollection led to the unpleasant emotion? 2. What (if any) distressing physical sensations did you have?	Automatic thought(s) 1. What thought(s) and/or image(s) went through your mind? 2. How much did you believe each one at the time?	Emotion 1. What emotion(s) (sad/anxious/angry/etc.) did you feel at the time? 2. How intense (0-100%) was the emotion?

Unhelpful Thinking Styles



<p>All or nothing thinking</p>  <p>Sometimes called 'black and white thinking'</p> <p><i>If I'm not perfect I have failed</i></p> <p><i>Either I do it right or not at all</i></p>	<p>Over-generalizing</p>  <p>Seeing a pattern based upon a single event, or being overly broad in the conclusions we draw</p>
<p>Mental filter</p>  <p>Only paying attention to certain types of evidence</p> <p><i>Noticing our failures but not seeing our successes</i></p>	<p>Disqualifying the positive</p>  <p>Discounting the good things that have happened or that you have done for some reason or another</p> <p><i>That doesn't count</i></p>
<p>Jumping to conclusions</p>  <p>There are two key types of jumping to conclusions:</p> <ul style="list-style-type: none">• Mind reading (imagining we know what others are thinking)• Fortune telling (predicting the future)	<p>Magnification (catastrophizing) & minimization</p>  <p>Blowing things out of proportion (catastrophizing), or inappropriately shrinking something to make it seem less important</p>
<p>Emotional reasoning</p>  <p>Assuming that because we feel a certain way what we think must be true</p> <p><i>I feel embarrassed so I must be an idiot</i></p>	<p>should must</p> <p>Using critical words like 'should', 'must', or 'ought' can make us feel guilty, or like we have already failed</p> <p>If we apply 'shoulds' to other people the result is often frustration</p>

Challenging Thoughts



challenging unhelpful thinking styles

Evidence Testing is all about trying to be objective about our thoughts. It is about asking yourself questions that will help you look for other information and make an informed decision about your thoughts, instead of just accepting them as fact.

1. CHECK THE EVIDENCE



If this thought was put on trial, what evidence would the defence present (what facts support the thought being true)?

What evidence would the prosecution present against (what information works against the thought or shows that it isn't true all the time)?

2. CHALLENGE UNHELPFUL THINKING STYLES

Unhelpful Thinking Style	Disputation Questions
Mental Filter →	Consider the whole picture <ul style="list-style-type: none">- Am I taking all the information into account?- What else is going on that I'm ignoring?
Jumping to Conclusions →	You know what they say about assuming... <ul style="list-style-type: none">- How do I know this?- What are some alternative explanations for this?- If I was feeling differently, would I still think this?
Personalisation →	Find all the causes <ul style="list-style-type: none">- Was this entirely my responsibility?- What other factors might have affected the outcome?
Catastrophising →	Put it in perspective <ul style="list-style-type: none">- What are the possible outcomes – best, worst, most likely?- Am I jumping ahead of myself?- How important is this in the scheme of things?
Black and White Thinking →	Find the shades of grey <ul style="list-style-type: none">- Am I being extreme or rigid?- Is there an in-between where things are not perfect but not a disaster?
Shoulding and Musting →	Be flexible <ul style="list-style-type: none">- Is this a strict rule, or is it a desire or possibility that didn't work in this instance?- Can I replace this with a "could" or "would have liked to"?

Worksheet from:
Centre for Clinical
Interventions

Challenging Thoughts



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THOUGHTS



FACTS

Example: Mood and Activity Tracking



Activity Monitoring Chart – Monitoring Activity/Mood

Instructions: Record your activity for each hour of the day (what were you doing, with whom, where, etc.). Record a mood rating associated with each activity. Mood is rated between 0-10, with “0” indicating “most negative” and “10” indicating “most positive.”

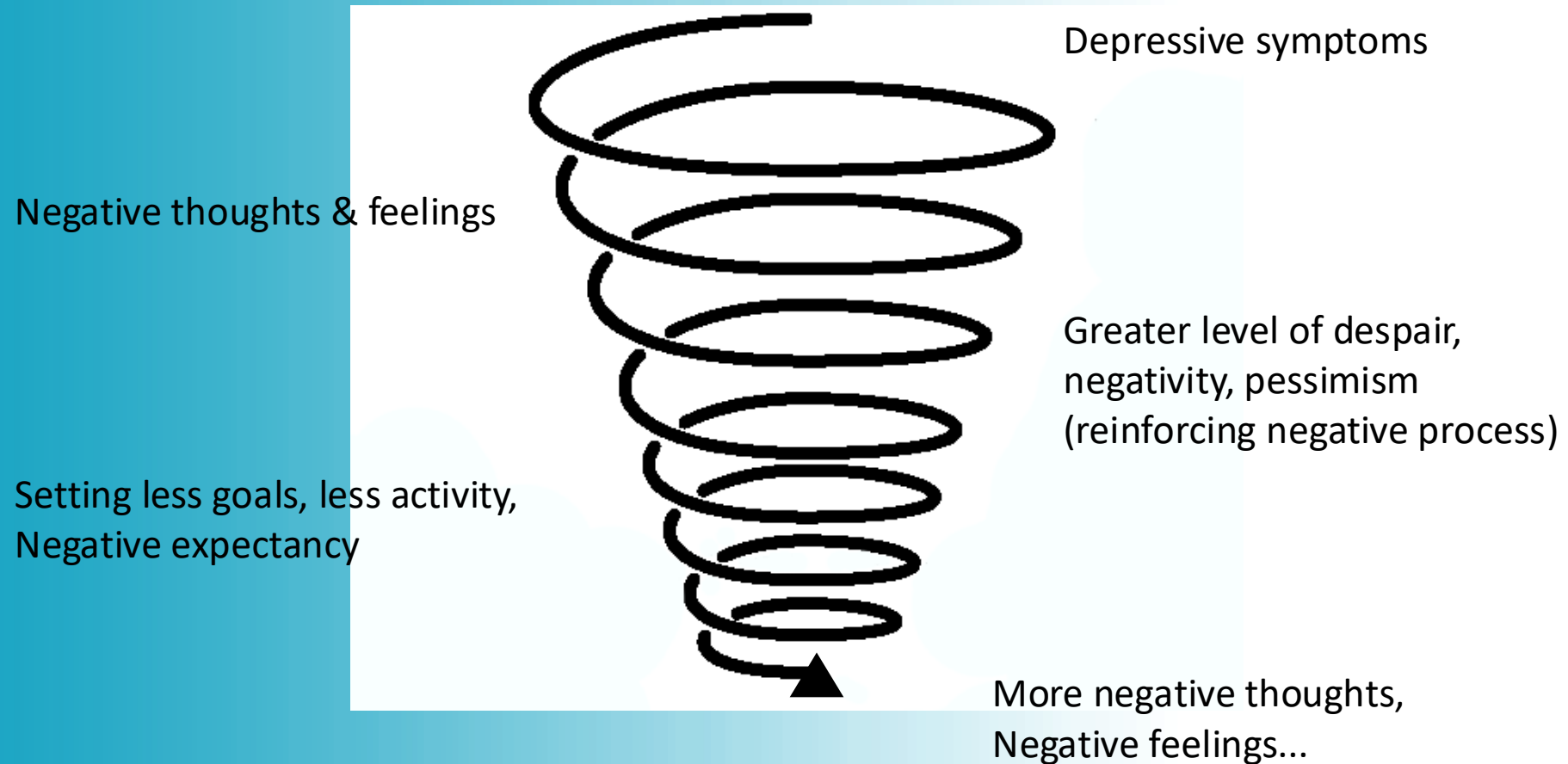
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11:00am							
12:00pm							
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Downward Spiral of Depression



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www.cambridge.org/gmh

Overview Review

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<https://doi.org/10.1017/gmh.2023.8>

Optimizing cognitive and behavioral approaches for perinatal depression: A systematic review and meta-regression analysis

Ahmed Waqas¹ , Syeda Wajeeha Zafar², Parveen Akhtar³, Sadiq Naveed⁴ and Atif Rahman¹ 

¹Department of Primary Care & Mental Health, Institute of Population Health, University of Liverpool, Liverpool, UK; ²Global Institute of Human Development, Shifa Tameer-e-Millat University, Islamabad, Pakistan; ³Department of Psychology, Capital University of Science and Technology, Islamabad, Pakistan and ⁴Department of Psychiatry, Eastern Connecticut Health Network, Manchester, CT, USA

Abstract

CBT with Perinatal Individuals



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Key Considerations...

CBT with Perinatal Individuals



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Key Considerations:

1. Checking expectations

CBT with Perinatal Individuals



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DEPRESSION AND ANXIETY 22:121-129 (2005)

Research Article

NEGATIVE THOUGHTS AFTER CHILDBIRTH: DEVELOPMENT AND PRELIMINARY VALIDATION OF A SELF-REPORT SCALE

Pauline L. Hall, M.A., R.M.N., M.Sc., D.Clin.Psy* and Costas Papageorgiou, B.Sc., M.A., D.Clin.Psy, Ph.D.

FEATURES



An Exploration of Negative Thoughts as a Normal Phenomenon After Childbirth

Pauline L. Hall, DClinPsy, and Anja Wittkowski, ClinPsyD

CBT with Perinatal Individuals



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Key Considerations:

1. Checking expectations
2. Normalization
3. Validation

CBT with Perinatal Individuals



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Key Considerations:

1. Checking expectations
2. Normalization
3. Validation
4. Baby steps

CBT with Perinatal Individuals



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Key Considerations:

1. Checking expectations
2. Normalization
3. Validation
4. Baby steps
5. Engagement of partner/loved ones

Case Example #1



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- 37 F, history of GAD and MDD
- CBT referral during pregnancy following IVF for anxiety with physical symptoms and difficulty controlling worries
- Followed across pregnancy and into postpartum
- Coordinating efforts with referring psychiatrist

Case Example #2



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- 30 F, history of anxiety (no formal hx of OCD)
- 16 weeks gestation; increase in anxiety about eating contaminated foods or contacting something to harm pregnancy
- Restricted diet, excessive cleaning and researching of ingredients in products/foods, avoidance of activities (e.g., shopping, public transportation)
- Psychoeducation of exposure-based therapy and evaluation of risk
- Engagement of partner to understand behaviors and develop alternative responses to reassurance (e.g., support exposure work, praise her efforts to delay reassurance seeking behaviors).

(Challacombe & Jansen, 2022)

Case Example #2



Defining and Evaluating Problems with CBT Lens

The problem is I must do everything possible to keep my baby safe or I will be responsible for harm [OCD says this is true]	The problem is I am afraid of things going wrong [OCD <i>is</i> this problem]
Evidence	
Babies can be harmed by contamination	<p>...but I am not at more risk than the average person I have lost a baby in the past...although this was not due to contamination</p> <p>Other pregnant women do not follow these rules and this is fine. No evidence that OCD keeps you safe and evidence that if you are very stressed, this can be bad for your pregnancy</p> <p>I have a tendency to be anxious Husband, friends and family have all said that what I'm doing is excessive</p>
What do I do if this is true?	
More checking, reassurance and avoidance Don't go out at all!	<p>Follow the guidance for pregnant women, which doesn't include having OCD!</p> <p>Reduce excessive checking and reassurance seeking Make sure I look after myself – Go to yoga, eat well</p>
Where will this lead?	
Misery; lots of anxiety in pregnancy	<p>Will feel better Will have a better pregnancy and relationship</p>

(Challacombe & Jansen, 2022)

Case Example #2



Example Treatment Goals

Short-term goals

Increase food intake and variety

Reduce handwashing (from 30 times a day to before food prep and after toilet)

Go to Yoga class

Reduce seeking reassurance from husband and obstetrician.

Stop googling!

Medium-term goals

Allow husband to cook meal

Use favourite shampoo

Eat something on best before date

Long-term goals

Reduce anxiety before baby comes

Be a relaxed parent – not too much checking of the baby

Take baby to groups and allow baby to explore

(Challacombe & Jansen, 2022)

Road Map & Learning Objectives



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1. What is the evidence-base for types of psychotherapy in the perinatal population?
2. What are key considerations for psychotherapy in the perinatal population?
 - A spotlight on CBT and case examples
3. **What are key gaps in treatment and novel delivery approaches?**

Treatment Gaps



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Date created: 2012

Research Shows Psychotherapy Is Effective But Underutilized

Consumers need better understanding of and access to psychological and behavioral health care, says American Psychological Association

WASHINGTON—Psychotherapy is effective, helps reduce the overall need for health services and produces long-term health improvements, according to a review of research studies conducted by the American Psychological Association.



Common Barriers



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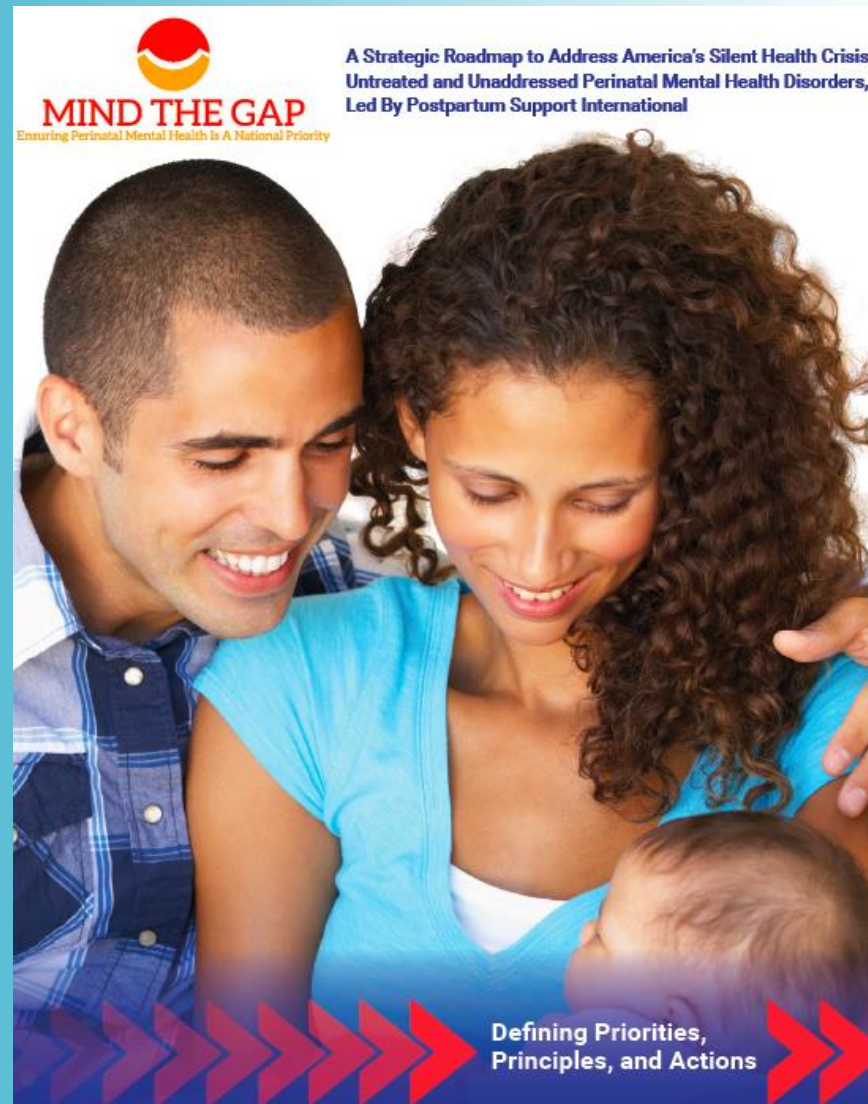
- Time
- Costs
- Childcare demands
- Limited access
- Perceptions of need, stigma

Mind the Gap Report



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Addressing Disparities



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»» WHAT IS THE GAP?

Perinatal depression alone ranks as the most underdiagnosed complication of pregnancy in the United States and may not manifest itself until many months after delivery.⁸



Women at Higher Risk

African American and Hispanic women have the highest prevalence of perinatal depression, primarily attributed to a lack of social support, access to care, and a history of trauma and prior depression.⁹ African American women frequently receive poorer quality care, and when care is received, it is more often fragmentary and inconsistent.

Addressing Disparities



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CME Article 

Racial Disparities in Perinatal Mental Health

Bronwyn Huggins, MD; Clancy Jones, MD; Oluwaseyi Adeyinka, MPH; Adaora Ofomata, MD;
Christin Drake, MD; and Cathy Kondas, MD



HHS Public Access

Author manuscript

Clin Psychol Psychother. Author manuscript; available in PMC 2021 March 01.

Published in final edited form as:

Clin Psychol Psychother. 2020 March ; 27(2): 249–265. doi:10.1002/epp.2424.

Psychological Interventions for Depression and Anxiety in Pregnant Latina and Black Women in the United States: A Systematic Review

Carolyn Ponting, M.A.¹, Nicole E. Mahrer, Ph.D.^{1,2}, Hannah Zelcer, B.A.¹, Christine Dunkel
Schetter, Ph.D.¹, Denise A. Chavira, Ph.D.¹

¹Department of Psychology, University of California, Los Angeles. Los Angeles, CA

²Department of Psychology, University of La Verne, La Verne, CA



ORIGINAL ARTICLE

Racial inequities in the course of treating perinatal mental health challenges: Results from listening to mothers in California

Eugene Declercq PhD , Emily Feinberg ScD, CPNP, Candice Belanoff ScD, MPH,

First published: 30 August 2021 | <https://doi.org/10.1111/birt.12584>



RESEARCH AND PRACTICE

Financial Toll of Untreated Perinatal Mood and Anxiety Disorders Among 2017 Births in the United States

Dara Lee Luca, PhD, Caroline Margiotta, MA, Colleen Staatz, MPH, Eleanor Garlow, BA, Anna Christensen, PhD, and Kara Zivin, PhD, MS, MA

Objectives. To estimate the economic burden of untreated perinatal mood and anxiety disorders (PMADs) among 2017 births in the United States.

Methods. We developed a mathematical model based on a cost-of-illness approach to estimate the impacts of exposure to untreated PMADs on mothers and children. Our model estimated the costs incurred by mothers and their babies born in 2017, projected from conception through the first 5 years of the birth cohort's lives. We determined model inputs from secondary data sources and a literature review.

Results. We estimated PMADs to cost \$14 billion for the 2017 birth cohort from conception to 5 years postpartum. The average cost per affected mother-child dyad was about \$31 800. Mothers incurred 65% of the costs; children incurred 35%. The largest costs were attributable to reduced economic productivity among affected mothers, more preterm births, and increases in other maternal health expenditures.

Conclusions. The US economic burden of PMADs is high. Efforts to lower the prevalence of untreated PMADs could lead to substantial economic savings for employers, insurers, the government, and society. (*Am J Public Health*. Published online ahead of print April 16, 2020: e1–e9. doi:10.2105/AJPH.2020.305619)

during the first several years of life (conception through age 5 years) to highlight the most pressing concerns relevant to the public and decision makers. Although other studies have documented long-term impacts of exposure to untreated PMADs on children, these effects do not manifest themselves for many years. Limiting the model timeframe to 6 years enabled us to generate more concrete estimates than would be possible over a longer period.

METHODS

Our model considered impacts of exposure to untreated PMADs on mother and

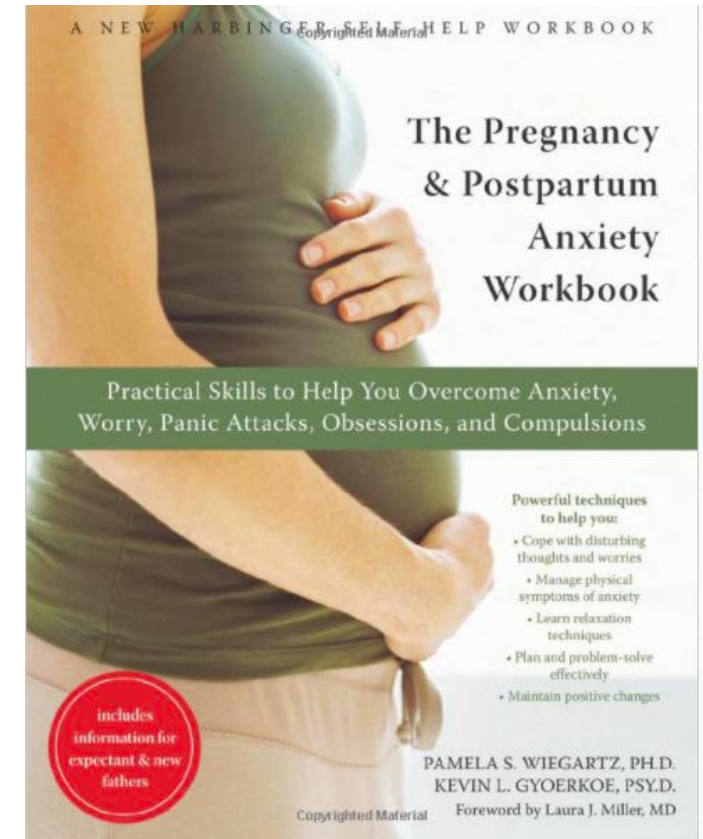
Addressing the Treatment Gap

- Efforts include:
 - Integrated care
 - Task sharing; utilizing non-specialists, lay health workers
 - Peer support
 - Delivery via print; bibliotherapy
 - Leveraging technology; apps, online platforms



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Task Sharing



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Journal of Latina/o Psychology

Perspectives on Task-Shifting Depression Care to Peers for Depressed Latina Mothers

Rachel Vanderkruik and Sona Dimidjian

Online First Publication, March 22, 2018. <http://dx.doi.org/10.1037/lat0000104>



ALMA

An innovative peer-support program for women experiencing perinatal depression.

Alma, launched in 2018, is a research study co-created with Dr. Sona Dimidjian and the CREST Lab of CU Boulder, to provide peer mentoring to depressed pregnant or postpartum women. Alma is informed by an evidenced-based approach for depression, Behavioral Activation, and gives "compañeras" tools to share with pregnant women and mothers of children ages 0-3.

Moms supporting moms



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WELCOME TO THE SUMMIT TRIAL WEBSITE

A study to increase access to mental health care for pregnant women and new mothers



Peer Support Groups



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PSI POSTPARTUM SUPPORT INTERNATIONAL

Get Help Learn More Professionals

Available Support Groups

Support for Perinatal (Pregnancy and Postpartum) Mood and Anxiety Disorders

- + Bipolar Support for Perinatal (Pregnancy and Postpartum) Moms and Birthing People
- + Birth Moms Support Group
- + Birth Trauma Support
- + Birth Trauma Support for Black, Indigenous, People of Color (BIPOC) Birthers
- + Black Moms Connect
- + Dad Support Group
- + Mental Health Support for Special Needs and Medically Fragile Parenting

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TYPE Systematic Review
PUBLISHED 20 June 2024
DOI 10.3389/fpsy.2024.1389545

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RECEIVED 21 February 2024

Identifying and synthesizing components of perinatal mental health peer support – a systematic review

Laura Hölzle^{1,2}, Philipp Schöch^{1,2}, Christine Hörtnagl¹, Anna Buchheim², Astrid Lampe³, Ingrid Zechmeister-Koss^{4†} and Jean Lillian Paul^{1*†}

¹Department of Psychiatry, Medical University Innsbruck, Psychotherapy, Psychosomatics, and Medical Psychology, Division of Psychiatry I, Innsbruck, Austria, ²University of Innsbruck, Institute of Psychology, Innsbruck, Austria, ³Ludwig Boltzmann Gesellschaft Institute for Rehabilitation, Vienna, Austria, ⁴Austrian Institute of Health Technology Assessment, Vienna, Austria

Leveraging Technology



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Behavior Therapy 51 (2020) 1–14

Behavior
Therapy

www.elsevier.com/locate/bt

Cognitive-Behavioral Therapy in the Digital Age: Presidential Address

Sabine Wilhelm*

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Application	Last Updated	Rating	Platforms			Developer Type					Free to Download	
			Android	iOS	Web	Government	For Profit	Non-Profit	Healthcare	Academic		
CBT-i Coach by US Department of Veterans Affairs	Tue Apr 13th 9:08 AM		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Insight Timer - Free Meditation App by Insight Network Inc	Tue Apr 13th 9:09 AM		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Woebot: Your Self-Care Expert by Woebot Labs	Tue May 4th 8:57 PM		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
iCouch CBT by iCouch Inc.	Wed Apr 21st 6:58 PM		<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OCD Daily Exercise by GG (GGOC) by GG Apps Platform	Tue May 4th 9:00 PM		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Happier You-Community, therapy by Mental Clutter Limited	Fri May 14th 5:47 PM		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
SuperBetter by SuperBetter, LLC	Mon May 17th 10:19 PM		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Overcoming Depression by Trellisys.net	Wed July 14th 11:41 AM		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
myStrength by myStrength, Inc.	Sat July 17th 12:29 AM		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calm - Meditate, Sleep, Relax by Calm.com, Inc.	Tue Apr 27th 9:19 AM		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Joyable: An AbleTo Program by Joyable Team	Sat May 29th 2:31 PM		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Perinatal Depression

Not sure? Watch this short video!

Poppy Seed Health
Poppy Seed Health
iOS Web
Multiple Associated Costs
24/7 access to doulas, midwives, and nurses for birthing.

Nourish (wellbeing f...
Nourish Parents Ltd
Android iOS Web
Multiple Associated Costs
"Magical calm at your fingertips"
***** Alice Marksy Calm,

APGO Perinatal Dep...
APGO Assn of Professors of Gy...
Android iOS Web
Free to Download | Totally Free
This app was developed by the Association of Professors of

Miura et al. *BMC Pregnancy and Childbirth* (2023) 23:441
<https://doi.org/10.1186/s12884-023-05749-5>

BMC Pregnancy and Childbirth

RESEARCH

Open Access

App-based interventions for the prevention of postpartum depression: a systematic review and meta-analysis

Yumika Miura¹, Yusuke Ogawa², Ayako Shibata³, Kyosuke Kamijo⁴, Ken Joko⁵ and Takuya Aoki^{6,7*}

SYSTEMATIC REVIEW | ARTICLES IN PRESS

The effect of digital health interventions on postpartum depression or anxiety: a systematic review and meta-analysis of randomized controlled trials

Adam K. Lewkowitz, MD, MPH • Anna R. Whelan, MD • Nina K. Ayala, MD, ScM • ...

Methodius G. Tuuli, MD, MPH • Megan L. Ranney, MD, MPH • Emily S. Miller, MD, MPH • Show all authors

Published: June 14, 2023 • DOI: <https://doi.org/10.1016/j.ajog.2023.06.028>

Archives of Women's Mental Health (2023) 26:423–439
<https://doi.org/10.1007/s00737-023-01327-y>

REVIEW ARTICLE

Effectiveness of digital psychological interventions in reducing perinatal depression: a systematic review of meta-analyses

Caifeng Chen¹ · Xiaoying Wang¹ · Han Xu¹ · Yuhong Li¹

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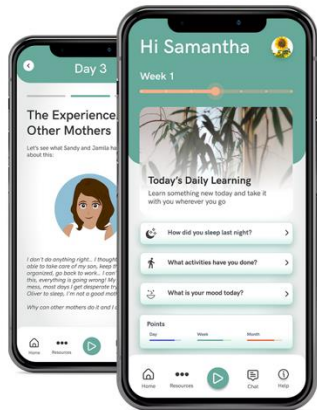


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NOW FDA
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Announcing the first
and only prescription
app for the treatment
of postpartum
depression symptoms

Curio Digital Therapeutics Inc. Announces the U.S. Food and Drug Administration (FDA) Clearance of MamaLift Plus™, the First Prescription Digital Therapeutic Authorized for the Treatment of Postpartum Depression (PPD)

NJ-based digital health company Curio Digital Therapeutics Inc. announces 510(k) clearance for MamaLift Plus™, an eight-week prescription digital therapeutic (PDT) for symptomatic treatment for postpartum depression (PPD). Use of MamaLift Plus should be undertaken only under the supervised care of a healthcare provider.

The clearance is based on results of the Supporting Maternal Mental Health and Emotional Regulation (SuMMER) study, a national, sham-controlled, pivotal randomized controlled trial (RCT). The SuMMER study successfully met primary and key secondary endpoints for efficacy, as measured by EPDS scores.

April 23, 2024 05:55 PM Eastern Daylight Time

Future Directions



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World Psychiatry
OFFICIAL JOURNAL OF THE WORLD PSYCHIATRIC ASSOCIATION (WPA)



Forum – Progress and Challenges in Perinatal Mental Health |  [Free Access](#) |

Perinatal mental health: a review of progress and challenges

Louise M. Howard, Hind Khalifeh

First published: 15 September 2020 | <https://doi.org/10.1002/wps.20769> | Citatic



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Thank you!

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