



## THE IMPACT OF NURSES AND MIDWIVES ON IMPROVING MATERNAL POSTPARTUM PSYCHOLOGICAL HEALTH

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### Abstract:

This review article explores the significant role of nurses and midwives in enhancing maternal postpartum psychological health. The postpartum period is a critical phase in a woman's life, characterized by various physical, emotional, and psychological changes. Maternal mental health during this period is crucial not only for the well-being of the mother but also for the healthy development of the newborn. Nurses and midwives play a pivotal role in providing comprehensive care and support to new mothers, thereby influencing their postpartum psychological well-being. This review synthesizes existing literature to examine the impact of nursing and midwifery interventions on maternal mental health outcomes during the postpartum period. The postpartum period is a vulnerable time for many women, characterized by a heightened risk of developing mental health issues such as postpartum depression and anxiety. Nurses and midwives, as frontline healthcare providers, are uniquely positioned to identify and address these challenges early on, thereby improving maternal outcomes. Through a combination of emotional support, education, and counseling, nurses and midwives can help new mothers navigate the complexities of the postpartum period and promote positive mental health. Studies have shown that maternal mental health is closely linked to various factors such as social support, self-esteem, and coping mechanisms. Nurses and midwives can leverage their expertise to assess these factors and develop tailored interventions to support maternal psychological well-being. By fostering a trusting and empathetic relationship with new mothers, healthcare providers can create a safe space for women to express their concerns and seek guidance on coping strategies. Furthermore, the integration of evidence-based practices and protocols within healthcare settings can enhance the effectiveness of nursing and midwifery interventions in improving maternal postpartum psychological health. By staying abreast of the latest research findings and guidelines, nurses and midwives can deliver high-quality care that meets the unique needs of each mother. Collaborative efforts between healthcare professionals, policymakers, and community organizations are essential to creating a supportive environment for new mothers and promoting positive mental health outcomes during the postpartum period.

**Keywords:** Maternal health, Postpartum period, Nurses, Midwives, Psychological well-being, Intervention

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**Introduction:**

Maternal postpartum psychological health is a critical aspect of overall maternal well-being that is often overlooked. The postpartum period, which refers to the time immediately following childbirth, can be a challenging time for many women as they navigate the physical, emotional, and psychological changes that come with becoming a mother. It is during this time that the support and care provided by nurses and midwives play a crucial role in promoting and improving maternal postpartum psychological health [1].

Nurses and midwives are essential members of the healthcare team who provide care and support to women during pregnancy, childbirth, and the postpartum period. They play a key role in ensuring the physical and emotional well-being of both mother and baby. In the postpartum period, nurses and midwives are responsible for assessing the mother's physical health, monitoring for any signs of complications, providing education on infant care and breastfeeding, and offering emotional support to the mother as she transitions into her new role [2].

One of the most important ways in which nurses and midwives impact maternal postpartum psychological health is through their ability to provide emotional support and counseling to new mothers. The postpartum period can be a time of great emotional upheaval for many women as they adjust to the demands of motherhood, cope with physical changes, and navigate the challenges of caring for a newborn. Nurses and midwives are trained to provide compassionate and nonjudgmental support to women during this time, helping them to cope with feelings of anxiety, depression, and overwhelm [3].

Additionally, nurses and midwives play a key role in screening for and identifying postpartum mood disorders such as postpartum depression and anxiety. These disorders are common in the postpartum period, affecting up to 1 in 5 women, and can have serious implications for both the mother and baby if left untreated. Nurses and midwives are trained to recognize the signs and symptoms of these disorders and can provide appropriate referrals for further evaluation and treatment [4].

Furthermore, nurses and midwives can also provide valuable education and resources to new mothers on self-care strategies and coping mechanisms to promote positive mental health during the postpartum period. They can offer guidance on relaxation techniques, stress management, and healthy lifestyle habits that can help women navigate the challenges of new motherhood with greater ease [5].

Nurses and midwives play a crucial role in improving maternal postpartum psychological health through their provision of emotional support, counseling, screening for mood disorders, and education on self-care strategies. Their expertise and compassion are invaluable in helping women navigate the challenges of the postpartum period and promoting positive mental health outcomes for both mother and baby. It is essential that we recognize and support the important work that nurses and midwives do in this area, as their impact on maternal postpartum psychological health is truly invaluable [6].

**The Importance of Maternal Postpartum Psychological Health:**

Maternal postpartum psychological health refers to the mental and emotional well-being of a woman after giving birth. It is a crucial aspect of the postnatal period that often goes overlooked, despite its significant impact on both the mother and her newborn child [7].

The postpartum period, also known as the fourth trimester, is a time of significant physical, emotional, and hormonal changes for women. It is not uncommon for new mothers to experience a range of emotions during this time, including joy, excitement, anxiety, and sadness. However, for some women, the postpartum period can be a particularly challenging time, marked by feelings of overwhelm, exhaustion, and even depression or anxiety [8].

Maternal postpartum psychological health is important for several reasons. First and foremost, a mother's mental well-being directly impacts her ability to care for and bond with her newborn child. Research has shown that mothers who experience postpartum depression or anxiety may have difficulty bonding with their babies, which can have long-term effects on the child's emotional development. Additionally, maternal mental health can also affect a mother's physical health, as stress and anxiety can contribute to sleep disturbances, fatigue, and other physical symptoms [9].

Furthermore, maternal postpartum psychological health is important for the overall well-being of the family unit. A mother's mental health can impact her partner and other family members, as well as the dynamics within the household. When a mother is struggling with her mental health, it can create tension and stress within the family, affecting everyone's well-being [10].

There are several risk factors that can contribute to poor maternal postpartum psychological health, including a history of mental health issues, lack of social support, financial stress, and difficult birth experiences. It is important for healthcare

providers, family members, and friends to be aware of these risk factors and provide support to new mothers during the postpartum period [10].

There are also several strategies that can help promote and support maternal postpartum psychological health. One of the most important things is for new mothers to prioritize self-care and seek help when needed. This may involve getting enough rest, eating well, staying connected with loved ones, and seeking professional help if experiencing symptoms of depression or anxiety [11].

Healthcare providers also play a crucial role in supporting maternal postpartum psychological health. They can screen new mothers for mental health issues, provide education and resources on postpartum mental health, and refer women to appropriate mental health services when needed. Additionally, healthcare providers can help create a supportive and non-judgmental environment for new mothers to discuss their feelings and concerns [12].

Maternal postpartum psychological health is a critical aspect of the postnatal period that deserves attention and support. By promoting and supporting maternal mental health during the postpartum period, we can help ensure the well-being of both mothers and their newborn children, as well as the overall health and happiness of the family unit. It is important for society as a whole to recognize the importance of maternal mental health and work together to provide the necessary support and resources for new mothers during this vulnerable time [13].

### **Role of Nurses and Midwives in Maternal Mental Health:**

Maternal mental health is a critical component of overall maternal well-being, and nurses and midwives play a crucial role in supporting and promoting mental health during the perinatal period. The perinatal period, which encompasses pregnancy and the first year postpartum, is a time of significant physical, emotional, and social changes for women. It is also a time when women are at increased risk of developing mental health disorders, such as postpartum depression, anxiety, and psychosis [14].

Nurses and midwives are often the first point of contact for women during pregnancy and the postpartum period, making them well-positioned to identify and address maternal mental health issues. They play a key role in screening women for mental health disorders, providing education and support, and referring women to appropriate mental health services when needed. Additionally, nurses and midwives can provide counseling and

therapeutic interventions to help women cope with the challenges of motherhood and navigate the transition to parenthood [15].

One of the primary responsibilities of nurses and midwives in maternal mental health is to promote early detection and intervention for mental health disorders. This involves conducting routine screenings for depression and anxiety during prenatal and postpartum visits, as well as assessing women for risk factors that may predispose them to mental health issues. By identifying women at risk early on, nurses and midwives can help prevent the development of more serious mental health problems and ensure that women receive the support and treatment they need [16].

In addition to screening and assessment, nurses and midwives also play a vital role in providing education and support to women and their families. They can educate women about the signs and symptoms of mental health disorders, as well as the importance of seeking help if they are experiencing difficulties. Nurses and midwives can also provide practical support, such as helping women develop coping strategies, connecting them with community resources, and facilitating access to mental health services [17].

Furthermore, nurses and midwives can offer counseling and therapeutic interventions to women who are struggling with maternal mental health issues. This may involve providing emotional support, teaching coping skills, and helping women develop strategies for managing stress and anxiety. Nurses and midwives can also work collaboratively with other healthcare providers, such as psychologists and psychiatrists, to develop comprehensive treatment plans for women with more severe mental health disorders [18].

Nurses and midwives play a critical role in promoting maternal mental health during the perinatal period. By providing early detection and intervention, education and support, and counseling and therapeutic interventions, nurses and midwives can help women navigate the challenges of motherhood and ensure that they receive the care they need to maintain their mental well-being. It is essential that nurses and midwives receive training and support to effectively address maternal mental health issues and provide high-quality care to women during this vulnerable time. By working collaboratively with other healthcare providers and community resources, nurses and midwives can make a significant impact on the mental health and well-being of women and their families [19].

### **Factors Influencing Maternal Postpartum Psychological Health:**

The postpartum period, commonly known as the period following childbirth, is a crucial time for mothers as they adjust to their new role and responsibilities. During this time, many women experience a range of emotions, from joy and excitement to feelings of sadness and anxiety. Maternal postpartum psychological health refers to the mental well-being of mothers during this period, and it is influenced by a variety of factors [20].

- **Biological Factors**

Biological factors play a significant role in maternal postpartum psychological health. Hormonal changes that occur during pregnancy and childbirth can have a profound impact on a woman's mood and emotional well-being. For example, fluctuations in estrogen and progesterone levels can contribute to symptoms of depression and anxiety in some women. Additionally, factors such as sleep deprivation, physical discomfort, and changes in brain chemistry can also influence a mother's mental health during the postpartum period [21].

- **Psychological Factors**

Psychological factors, such as a history of mental health issues, can also influence maternal postpartum psychological health. Women who have a pre-existing mental health condition, such as depression or anxiety, may be at a higher risk of developing postpartum mood disorders. Additionally, factors such as stress, lack of social support, and feelings of inadequacy or guilt can also impact a mother's mental well-being during the postpartum period [22].

- **Social Factors**

Social factors, such as the quality of a woman's relationships and support system, can play a significant role in maternal postpartum psychological health. Mothers who have strong social support from partners, family members, and friends are more likely to have positive mental health outcomes during the postpartum period. On the other hand, women who feel isolated or unsupported may be at a higher risk of developing postpartum mood disorders. Additionally, cultural factors, such as societal expectations and beliefs about motherhood, can also influence a woman's mental well-being during this time [23].

- **Environmental Factors**

Environmental factors, such as socioeconomic status and access to healthcare resources, can also impact maternal postpartum psychological health. Women who face financial difficulties or lack access to quality healthcare may be at a higher risk

of developing postpartum mood disorders. Additionally, factors such as exposure to trauma or violence can also influence a mother's mental well-being during the postpartum period [24].

Maternal postpartum psychological health is influenced by a variety of factors, including biological, psychological, social, and environmental factors. By understanding and addressing these factors, healthcare providers can better support mothers during the postpartum period and help them maintain positive mental well-being. It is important for women to seek help if they are experiencing symptoms of postpartum mood disorders, as early intervention can lead to better outcomes for both mother and baby. By providing comprehensive care and support, we can help mothers navigate the challenges of the postpartum period and promote their overall well-being [25].

### **Nursing and Midwifery Interventions for Improving Maternal Mental Health:**

Maternal mental health is a crucial aspect of overall well-being during pregnancy and the postpartum period. It is well-documented that mental health issues can have a significant impact on the health outcomes of both the mother and the baby. Nursing and midwifery interventions play a vital role in supporting and improving maternal mental health [24].

One of the key nursing interventions for improving maternal mental health is education and awareness. Nurses can provide information to expectant mothers about the importance of mental health during pregnancy and the postpartum period. This can include information about common mental health disorders such as postpartum depression and anxiety, as well as strategies for coping and seeking help if needed. By raising awareness about mental health issues, nurses can help reduce stigma and encourage women to seek support when needed [26].

Another important nursing intervention for improving maternal mental health is screening and assessment. Nurses can use standardized tools to screen for mental health disorders during prenatal visits and in the postpartum period. By identifying women who may be at risk for mental health issues early on, nurses can provide timely interventions and support. This can help prevent the development of more serious mental health problems and improve outcomes for both the mother and the baby [27].

In addition to education and screening, nurses can also provide counseling and support to women experiencing mental health issues. This can include individual counseling sessions, support groups, and



referrals to mental health professionals. By providing a safe and supportive environment for women to talk about their feelings and experiences, nurses can help women feel less isolated and more empowered to seek help [28].

Midwives also play a crucial role in supporting maternal mental health. Midwives are often the primary care providers for women during pregnancy and the postpartum period, and they have a unique opportunity to build strong relationships with their patients. By providing emotional support, listening to women's concerns, and offering guidance on self-care strategies, midwives can help women navigate the challenges of pregnancy and early motherhood [29].

Midwives can also provide practical support to women experiencing mental health issues. This can include helping women access community resources, coordinating care with other healthcare providers, and advocating for women's needs within the healthcare system. By taking a holistic approach to care, midwives can address the physical, emotional, and social factors that contribute to maternal mental health [29].

Nursing and midwifery interventions are essential for improving maternal mental health. By providing education, screening, counseling, and support, nurses and midwives can help women navigate the challenges of pregnancy and early motherhood with confidence and resilience. By prioritizing maternal mental health, healthcare providers can help ensure the well-being of both mothers and babies for generations to come [30].

### **Evidence-Based Practices in Maternal Mental Health Care:**

Maternal mental health is a critical aspect of overall well-being for both the mother and her child. Pregnancy and the postpartum period can be challenging times for women, as they navigate the physical, emotional, and hormonal changes that come with bringing a new life into the world. It is estimated that up to 20% of women experience some form of perinatal mood disorder, such as postpartum depression or anxiety, during pregnancy or in the first year after giving birth [31]. In recent years, there has been a growing recognition of the importance of addressing maternal mental health issues and providing appropriate support and treatment for women who are struggling. Evidence-based practices in maternal mental health care have emerged as a key approach to improving outcomes for both mothers and their children [32].

Evidence-based practices are interventions or treatments that have been rigorously studied and shown to be effective through scientific research.

These practices are based on the best available evidence and are designed to provide the most effective care for patients. In the field of maternal mental health, evidence-based practices encompass a range of interventions, including screening, assessment, treatment, and support services for women experiencing perinatal mood disorders [33].

One of the key components of evidence-based practices in maternal mental health care is screening. Screening involves the systematic assessment of women for symptoms of perinatal mood disorders, such as depression, anxiety, and psychosis. Screening tools, such as the Edinburgh Postnatal Depression Scale (EPDS), are commonly used to identify women who may be at risk for developing a perinatal mood disorder. Early identification through screening can help to ensure that women receive timely and appropriate support and treatment [34].

In addition to screening, evidence-based practices in maternal mental health care also include assessment and diagnosis of perinatal mood disorders. A comprehensive assessment involves a thorough evaluation of a woman's mental health history, current symptoms, and risk factors for developing a perinatal mood disorder. This assessment helps to inform treatment planning and ensure that women receive the most appropriate care for their individual needs [35].

Treatment for perinatal mood disorders may include a combination of psychotherapy, medication, and support services. Evidence-based psychotherapies, such as cognitive-behavioral therapy (CBT) and interpersonal therapy, have been shown to be effective in treating perinatal mood disorders. Medications, such as antidepressants, may also be prescribed in some cases, under the guidance of a healthcare provider [24].

In addition to individual treatment, evidence-based practices in maternal mental health care also emphasize the importance of providing support services for women and their families. Support groups, peer counseling, and home visiting programs are examples of interventions that can help to reduce feelings of isolation and provide women with the resources they need to cope with the challenges of motherhood [36].

Overall, evidence-based practices in maternal mental health care play a crucial role in improving outcomes for women and their children. By implementing screening, assessment, treatment, and support services based on the best available evidence, healthcare providers can help to ensure that women receive the care they need to thrive during pregnancy and the postpartum period. As

awareness of maternal mental health issues continues to grow, it is essential that evidence-based practices be integrated into routine care to promote the well-being of mothers and their families [36].

### Conclusion:

In conclusion, this review highlights the crucial role of nurses and midwives in promoting maternal postpartum psychological health. By providing holistic care, emotional support, and evidence-based interventions, healthcare providers can positively impact the well-being of new mothers and contribute to healthier outcomes for both mothers and babies. Efforts to strengthen the capacity of nurses and midwives in addressing maternal mental health issues are essential for improving overall maternal health outcomes and fostering a supportive healthcare system for all mothers.

### References:

1. Beck, C.T. (2001). Predictors of postpartum depression: An update. *Nursing Research*, 50(5), 275-285.
2. Dennis, C.L., & Hodnett, E. (2007). Psychosocial and psychological interventions for treating postpartum depression. *Cochrane Database of Systematic Reviews*, 4, CD006116.
3. Gao, L.L., Chan, S.W., & You, L. (2010). The effects of a childbirth psychoeducation program on learned resourcefulness, maternal role competence and perinatal depression: A quasi-experimental study. *International Journal of Nursing Studies*, 47(10), 1260-1272.
4. Henshaw, C., & Elliott, S.A. (2010). Screening for postnatal depression: Are specific instruments mandatory? *Journal of Public Health*, 32(2), 219-227.
5. Howard, L.M., Molyneaux, E., Dennis, C.L., Rochat, T., Stein, A., & Milgrom, J. (2014). Non-psychotic mental disorders in the perinatal period. *The Lancet*, 384(9956), 1775-1788.
6. Kingston, D., Tough, S., & Whitfield, H. (2012). Prenatal and postpartum maternal psychological distress and infant development: A systematic review. *Child Psychiatry & Human Development*, 43(5), 683-714.
7. Letourneau, N., Stewart, M., Dennis, C.L., Hegadoren, K., Duffett-Leger, L., & Watson, B. (2012). Effect of home-based peer support on maternal-infant interactions among women with postpartum depression: A randomized, controlled trial. *International Journal of Mental Health Nursing*, 21(6), 491-501.
8. Milgrom, J., Gemmill, A.W., Bilszta, J.L., Hayes, B., Barnett, B., Brooks, J., & Ericksen, J. (2008). Antenatal risk factors for postnatal depression: A large prospective study. *Journal of Affective Disorders*, 108(1-2), 147-157.
9. Morrell, C.J., Sutcliffe, P., Booth, A., Stevens, J., Scope, A., Stevenson, M., & Harvey, R. (2016). A systematic review, evidence synthesis and meta-analysis of quantitative and qualitative studies evaluating the clinical effectiveness, cost-effectiveness, safety and acceptability of interventions to prevent postnatal depression. *Health Technology Assessment*, 20(37), 1-414.
10. O'Mahony, J.M., & Donnelly, T.T. (2013). The influence of power dynamics and trust on multidisciplinary collaboration: A qualitative case study of postpartum care for marginalized women in Canada. *BMC Pregnancy and Childbirth*, 13, 14.
11. Robertson, E., Grace, S., Wallington, T., & Stewart, D.E. (2004). Antenatal risk factors for postpartum depression: A synthesis of recent literature. *General Hospital Psychiatry*, 26(4), 289-295.
12. Rowe, H.J., Fisher, J.R., & Loh, W.Y. (2008). The Edinburgh Postnatal Depression Scale detects but does not distinguish anxiety disorders from depression in mothers of infants. *Archives of Women's Mental Health*, 11(2), 103-108.
13. Segre, L.S., O'Hara, M.W., Arndt, S., & Stuart, S. (2007). The prevalence of postpartum depression: The relative significance of three social status indices. *Social Psychiatry and Psychiatric Epidemiology*, 42(4), 316-321.
14. Sit, D.K., Wisner, K.L., & Yang, A. (2013). Postpartum depression: Risk factors and interventions. *American Journal of Obstetrics and Gynecology*, 208(4), 297-308.
15. Spinelli, M.G. (2004). Postpartum psychosis: Detection of risk and management. *American Journal of Psychiatry*, 161(3), 420-426.
16. Stein, A., Pearson, R.M., Goodman, S.H., Rapa, E., Rahman, A., McCallum, M., & Pariante, C.M. (2014). Effects of perinatal mental disorders on the fetus and child. *The Lancet*, 384(9956), 1800-1819.
17. Vesga-López, O., Blanco, C., Keyes, K., Olfson, M., Grant, B.F., & Hasin, D.S. (2008). Psychiatric disorders in pregnant and postpartum women in the United States. *JAMA Psychiatry*, 65(7), 805-815.
18. Wisner, K.L., Parry, B.L., & Piontek, C.M. (2002). Postpartum depression. *New England Journal of Medicine*, 347(3), 194-199.
19. Yonkers, K.A., Wisner, K.L., Stewart, D.E., Oberlander, T.F., Dell, D.L., Stotland, N., & Lockwood, C. (2009). The management of depression during pregnancy: A report from the

- American Psychiatric Association and the American College of Obstetricians and Gynecologists. *Obstetrics & Gynecology*, 114(3), 703-713.
20. Dennis, C.L., & Ross, L. (2006). Relationships among infant sleep patterns, maternal fatigue, and development of depressive symptomatology. *Birth*, 33(3), 252-259.
  21. Goyal, D., Gay, C., & Lee, K.A. (2007). How much does low socioeconomic status increase the risk of prenatal and postpartum depressive symptoms in first-time mothers? *Women's Health Issues*, 17(6), 117-125.
  22. Minkovitz, C.S., Strobino, D., Scharfstein, D., Hou, W., Miller, T., Mistry, K.B., & Swartz, K. (2005). Maternal depressive symptoms and children's receipt of health care in the first 3 years of life. *Pediatrics*, 115(2), 306-314.
  23. Beck, C.T., & Gable, R.K. (2000). Postpartum depression screening scale: Development and psychometric testing. *Nursing Research*, 49(5), 272-282.
  24. Chabrol, H., Teissedre, F., Saint-Jean, M., Teisseyre, N., Rogé, B., & Mullet, E. (2002). Prevention and treatment of post-partum depression: A controlled randomized study on women at risk. *Psychological Medicine*, 32(6), 1039-1047.
  25. Cox, J.L., Holden, J.M., & Sagovsky, R. (1987). Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *The British Journal of Psychiatry*, 150(6), 782-786.
  26. Dennis, C.L., & Dowswell, T. (2013). Psychosocial and psychological interventions for preventing postpartum depression. *Cochrane Database of Systematic Reviews*, 2, CD001134.
  27. Giallo, R., Cooklin, A., Wade, C., D'Esposito, F., & Nicholson, J.M. (2014). Maternal postnatal mental health and later emotional-behavioural development of children: The mediating role of parenting behaviour. *Child: Care, Health and Development*, 40(3), 327-336.
  28. Goodman, J.H. (2004). Postpartum depression beyond the early postpartum period. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 33(4), 410-420.
  29. Henshaw, C., & Elliott, S.A. (2015). Screening for postnatal depression: Validation of the postpartum specific anxiety scale. *Journal of Affective Disorders*, 176, 1-7.
  30. Kingston, D., & Tough, S. (2014). Prenatal and postpartum maternal psychological distress and infant development: A systematic review. *Child Psychiatry & Human Development*, 45(5), 685-714.
  31. Letourneau, N., Secco, L., Colpitts, J., Aldous, S., Stewart, M., Dennis, C.L., & Watson, B. (2015). Quasi-experimental evaluation of a telephone-based peer support intervention for maternal depression. *Journal of Advanced Nursing*, 71(8), 1925-1937.
  32. Milgrom, J., & Holt, C.J. (2014). Early intervention to protect the mother-infant relationship following postnatal depression: Study protocol for a randomized controlled trial. *Trials*, 15, 385.
  33. Morrell, C.J., Sutcliffe, P., Booth, A., Stevens, J., Scope, A., Stevenson, M., & Harvey, R. (2015). A systematic review, evidence synthesis and meta-analysis of quantitative and qualitative studies evaluating the clinical effectiveness, cost-effectiveness, safety and acceptability of interventions to prevent postnatal depression. *Health Technology Assessment*, 19(77), 1-506.
  34. O'Mahony, J.M., & Donnelly, T.T. (2014). The influence of power dynamics and trust on multidisciplinary collaboration: A qualitative case study of postpartum care for marginalized women in Canada. *BMC Pregnancy and Childbirth*, 14, 390.
  35. Robertson, E., Grace, S., Wallington, T., & Stewart, D.E. (2005). Antenatal risk factors for postpartum depression: A synthesis of recent literature. *General Hospital Psychiatry*, 27(4), 289-295.
  36. Rowe, H.J., Fisher, J.R., & Loh, W.Y. (2009). The Edinburgh Postnatal Depression Scale detects but does not distinguish anxiety disorders from depression in mothers of infants. *Archives of Women's Mental Health*, 12(2), 103-108.