

Term paper Final

How can we prevent systemic factors that contribute to postpartum depression in women?



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IDS 300W

Hi, I am Terria. I recently got married and am planning for future events. I do not have kids yet, but when I do, I want to understand how my feelings, hormones, and mental health will change when I bring a new person into the world. I decided to focus on postpartum depression, in short term (PPD) for my term paper. After reading numerous articles about women who harmed their children due to untreated mental health issues. These tragic cases often stem from postpartum mental health challenges that go unnoticed by friends, family, and even healthcare providers. Postpartum depression is a serious mental health condition that can affect women after childbirth. Often mistaken for the 'baby blues,' which typically lasts a few days, PPD can persist for weeks, months, or even years if left untreated. The emotional toll can be intense feelings of sadness, anxiety, and hopelessness are common. Many women find it difficult to bond with their baby or maintain relationships with family and friends. Overwhelming guilt, shame, and intrusive thoughts further multiply their distress.

In addition to emotional symptoms, many women with PPD suffer physically: chronic fatigue, sleep disturbances, and appetite changes. Isolation is another major concern, shame often prevents new mothers from seeking help, which can delay diagnosis and treatment. Relationships may suffer, and many first-time moms may misinterpret their symptoms as ordinary new-parent exhaustion rather than a deeper psychological issue.

In this paper, I will discuss how scientific experiments and questions posed to mothers with kids can help us understand the claims being made. We need to use different fields of study because there are many valid viewpoints on postpartum depression. One of the challenges with this topic is that there is not a lot of research available; most of what we have focuses on self-help rather than actual studies. I found a few experts like professors and doctors who investigated different treatment options, but the real difficulty is finding a field that can properly tackle the complicated nature of postpartum depression. To investigate the root causes of postpartum depression and how we can stop it, I have decided to take an interdisciplinary approach that combines clinical psychology, social sciences, and neurobiology. This is important

because we cannot fully grasp postpartum depression from just one angle. Clinical psychology gives us insights into mental health, which is crucial for understanding treatment options. Social sciences shed light on the societal pressures, cultural stigmas, and economic issues that play a role in this condition.

Meanwhile, neurobiology helps us explore the biological factors behind postpartum depression, like hormonal shifts, brain activity, and genetic influences. Each of these areas offers a unique way to look at the complexities of postpartum depression. But mixing these fields can be tough because they all have their own methods, terms, and ways of thinking about the issue. That is why working together across disciplines is so important. By bringing together ideas from psychology, social science, and neurobiology, we can get a fuller picture of postpartum depression. This means we can look at not just the individual symptoms but also the bigger social and biological reasons behind them. Plus, this teamwork can help us find better ways to prevent and treat it, supporting new moms in every way possible. The aim is to create a complete understanding of postpartum depression and how to prevent it, which can help lessen its effects on mothers and their families.

Clinical Psychology Approach

After childbirth, hormonal shifts such as changes in estrogen and progesterone can result in mood swings. Clinical psychology emphasizes how a woman's mental health history, personality traits, and life circumstances play a role in postpartum depression. Sleep deprivation, stress, and feelings of being overwhelmed only worsen the situation (*American Psychological*).

Both articles by Soares and Reid examine women's mental health issues like depression, but they differ in their focus, theories, and the stages of life they emphasize. Claudio N. Soares' research highlights how reproductive hormone sensitivity increases the risk of depression at various stages, particularly during and after pregnancy (*Soares*).

This study looks at how social support from partners, family, and friends affects stress and PPD. It features a pattern where having dedicated support systems can lessen stress and

decrease the chances of developing PPD. The focus is more on social and environmental factors that influence mental health instead of just biological ones. (*Reid*).

The distinction between these two, which both emphasize the same clinical psychology method, is Soares discusses the whole female reproductive life, from puberty and menstruation to pregnancy, postpartum, and menopause. On the other hand, Reid concentrates only on the postpartum phase, which is a critical and sensitive time right after giving birth. These two studies can work together to create a more connected and meaningful field by looking at how reproductive hormones affect mood disorders. This will help us understand the biological links between hormones and depression, while also considering how hormonal changes interact with stress. By combining their research, we can push for better policies and develop a more comprehensive approach that includes biological, psychological, and social factors.

Social Sciences Approach

From a social science perspective, PPD is influenced by cultural expectations, societal pressures, and social isolation. Juggling work, household responsibilities, and childcare can leave new mothers feeling hopeless or overwhelmed. These stressors can trigger or intensify PPD. Camilla Wahida Norazman's review underscores the importance of social support peer groups, family centered care, and professional home visits all play key roles in improving maternal mental health. Involving partners and extended family helps mothers feel less alone and more supported (*Norazman*). Melissa Lee Phillips promotes psychotherapy as a first-line treatment for PPD. Compared to medication, psychotherapy offers long-term emotional, psychological, and social benefits. Techniques such as Cognitive Behavioral Therapy (CBT), mindfulness practices, and interpersonal therapy can empower women to manage their symptoms and regain control (*Melissa*).

Camilla Norazman, who reviews academic narratives, believes that social support interventions are more effective in community settings for psychosocial programs in clinics and public health. In contrast, Melissa Phillips, a science journalist, argues that postpartum

depression (PPD) should be addressed through clinical treatment and increased awareness. Together, their perspectives contribute to my interdisciplinary research in Perinatal Mental Health Studies, which could investigate the interplay of biological, psychological, and social factors during pregnancy and after childbirth. This field trains specialists in perinatal mental health and emphasizes the importance of prevention and culturally appropriate care. This also leads me to talk about the neurobiology part of this paper.

Neurobiology Approach

Jodi L. Pawluski, article underpin of postpartum mood disorders the article acmes postpartum women experience anxiety or depression disorders these disorders exhibit unique neural profiles it involves maternal caregiving behaviors, and it impacted infant interactions with the mother they focus the need for a deeper understanding about these types of mechanisms this article advocates the future studies to focus on the mother infant bonding.

Zhang Keyi's work bridges neurobiological research and clinical practice by identifying potential biomarkers for early detection and targeted treatment of postpartum depression (*Zhang*). This biological approach may eventually lead to more personalized treatment strategies.

For severe cases of PPD, Florence Gressier suggests that Electroconvulsive Therapy (ECT) can offer rapid and meaningful relief. ECT, when combined with shared hospitalization for mother and child, has been shown to improve outcomes while preserving the mother-infant bond (*Gressier*). Jodie's research looks at how postpartum anxiety and depression differ based on biological factors like brain structures, hormones, and neurochemistry.

By combining studies from both animals and humans, she connects the dots between maternal caregiving and brain biology. This helps in understanding clinical markers, such as genetic indicators, which can lead to better early detection tools and personalized treatments. For severe cases of postpartum depression, electroconvulsive therapy is used, addressing safety and stigma for mothers and their children. Although all these approaches focus on

biological aspects of postpartum depression, they can develop into a significant field of study that emphasize brain related causes, diagnoses, and treatments for mental health issues during pregnancy. This research encourages early intervention and tailored care, influencing global health strategies with new discoveries.

I understood my research a little more by interviewing real-life mothers, some of whom might have faced postpartum depression. This helped me learn about their views on clinical psychology, social sciences, and the neurobiological issues they dealt with. To keep their identities safe, I only used their first names and last name initials. For example, Sadiece J, a 29-year-old single mom of two kids under 10, shared that balancing a full-time job and parenting can be hard. She mentioned feeling depressed at times, but it does not seem to affect her much since she is focused on raising her children. When I asked if she had ever gone to therapy, she said that her church served that purpose for her. I also inquired if she knew about electrotherapy or neurobiological research in medicine, but she had not heard of those options, due to her upbringing and surroundings not offering such treatments. Then there's Tarsha C, a 49-year-old mother of five who has been married for 25 years. She experienced postpartum depression from the stress of being a stay-at-home mom while her husband worked, which made her feel like she was losing her identity. She was a suitable candidate for therapy because her mood swings were affected by her depression, which lasted about six months, but she managed to find help on her own. She still checks in with her doctor occasionally due to ongoing anger issues.

Lastly, Jacki J, a 63-year-old single mom of one, was included in my research because she never faced postpartum depression; however, she had some sad symptoms because she thought she was alone and was tired, but she stated it only lasted for about 6 months—nothing too severe. Interestingly, none of these women showed early signs of depression until they reached a point of severe mood swings and constant crying. Their symptoms became obvious when the pressures of motherhood and other responsibilities took a toll on their emotional well-

being. Despite the challenges they faced, their responses pointed to a noticeable lack of support systems that could offer them proper help. In fact, most of them had minimal exposure to professional therapy, which often meant relying on personal coping mechanisms such as religious practices, family support, or finding ways to push through on their own. This highlights a critical gap in the communities they belong to, where mental health resources, especially for postpartum depression, are not readily available or widely discussed. Therapy or medication were seen as optional, often not considered unless the situation became severe. This lack of awareness and accessibility to mental health treatment may contribute to the delay in seeking help, which can worsen symptoms and delay proper recovery.

So, what is the Solution?

To prevent postpartum depression, we need more than just treating individuals; we need to change the entire system. Research shows that dealing with PPD involves tackling issues like money problems, cultural shame, healthcare inequalities, and biological factors. By educating partners and families beforehand, they can provide real support and lessen the pressure on new moms. We should invest in public education, social support systems, and fair healthcare policies to create an environment where mothers receive emotional, social, and medical support. Only by viewing postpartum depression as both a medical and social problem can we lessen its effects on women, children, and families. PPD is often seen only as a mental health issue, but to truly tackle its causes, we need to think bigger. A well-rounded approach that improves access to care, addresses healthcare inequalities, and fights social stigma is crucial.

This can happen through organized policy changes, better community support, and healthcare practices that honor cultural differences. We must understand that postpartum depression is not just a personal battle; it is a systemic problem that impacts the health of whole families. By changing the story from blaming individuals to sharing responsibility, society can more effectively tackle the root causes of PPD, like lack of social support, financial stress, and limited access to good healthcare. Supportive measures like increasing paid maternity and

parental leave, offering flexible work options, and providing mental health resources can help make the transition to parenthood smoother. Raising awareness in schools, workplaces, and healthcare can also promote early help and reduce stigma. Tackling financial issues like expensive childcare and high medical bills can further lower the risk. Community-based programs are essential.

Summary

10-Step Process of Disciplinary Research

1. Identify a Real-World Problem Postpartum depression (PPD) emerged as the focus after learning about tragic outcomes stemming from untreated maternal mental health issues.
2. Formulate a Research Question How can we prevent systemic factors that contribute to postpartum depression in women?
3. Select Disciplines for Investigation An interdisciplinary approach was chosen, integrating:
 - Clinical Psychology
 - Social Sciences
 - Neurobiology
4. Conduct a Literature Review Explored scholarly articles and research from Soares, Reid, Norazman, Phillips, Pawluski, Zhang, and Gressier, examining causes, interventions, and outcomes related to PPD.
5. Compare Disciplinary Perspectives
 - Clinical Psychology: Focus on hormonal changes and psychological history.
 - Social Sciences: Emphasis on cultural expectations, social isolation, and systemic pressures.
 - Neurobiology: Examination of brain structures, hormones, and genetic factors.
6. Integrate Disciplinary Insights Synthesized findings to demonstrate that PPD is multi-causal, combining biological, psychological, and social contributors.
7. Gather Primary Data Interviewed real-life mothers (Sadiece J., Tarsha C., Jacki J.) to understand individual experiences with postpartum depression and the systemic challenges faced.
8. Analyze Findings Connected interview insights to existing literature, highlighting the lack of awareness, variable access to support systems, and differing cultural understandings of mental health.
9. Draw Conclusions Prevention of PPD requires addressing economic inequality, healthcare disparities, cultural stigma, and family support systems beyond traditional medical treatment.
10. Recommend Solutions
 - Expand paid maternity/parental leave.
 - Offering flexible work arrangements
 - Increase access to psychotherapy and community resources.
 - Implement public education campaigns.
 - Promote equitable healthcare policies.
 - Support early intervention and destigmatize mental health treatment.

MLA Citations

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Interviewers

C, Tarsha. 49 Married Mom of 5. 22 Apr. 2025.

Interviewer for Post Partum Depression Interdisciplinary Research.

J, Jacqueline. 63 Single Senior of One. 23 Apr. 2025.

Interviewer for Post Partum Depression no symptoms detection.

J, Sadiece. 29 Yrs Single Mom of 2. 21 Apr. 2025.

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