

# Help is just a call away for mothers with postnatal depression

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New research reveals that telephone-based peer support may help reduce postnatal depression, also known as postpartum depression, in new mothers. Findings published in the *Journal of Advanced Nursing* also found that social support from peers may be effective for maternal depression up to two years after delivery. At the start of the study all mothers were moderately depressed, but this dropped after telephone peer support to 8.1% (3/37) depressed at midpoint, rising to 11.8% (4/34) at the end of the study, suggesting some relapse.

Postpartum depression is often described as a period of emotional distress that typically affects a new mother within four weeks of delivery and can interfere with her ability to care for her newborn. The American Psychological Association estimates that 9% to 16% of women who give birth may experience postpartum depression, with that figure climbing to 41% in subsequent pregnancies. Previous studies indicate that postpartum depression—a major depression of at least two weeks—may occur in mothers up to two years following delivery, with rates of up to 30% worldwide.

"Postpartum depression is a major health concern not only for the mother, but for the child as well," says Nicole Letourneau, PhD, RN, FCAHS and Professor in the Faculty of Nursing and Cumming School of Medicine (Pediatrics & Psychiatry) at the University of Calgary in Alberta, Canada.

"Treatments for [postpartum depression](#) are particularly important to prevent adverse effects on the mother-child relationship, and limit the potential impact on child development."

For the present quasi-experimental study, researchers recruited 64 mothers with depression up to two years after delivery who were living in New Brunswick. Peer volunteers who recovered from [postnatal depression](#) were trained as peer support and provided an average of nine support

calls. The average age of mothers was 26 years, with 77% reporting depressive symptoms prior to pregnancy and 57% having pregnancy complications. There were 16 women (35%) who were taking medication for depression since the birth.

"Our findings highlight the importance of nurses assessing depression in new mothers and demonstrate the potential of telephone-based [peer support](#) to reduce [maternal depression](#)," concludes co-lead author Loretta Secco, MN, PhD, RN, Professor in the Faculty of Nursing, University of New Brunswick. "This non-judgmental support from [peers](#) seems to help overcome the stigma often associated with mental illness." The authors suggest that nurses enhance their understanding of depression risk factors, treatment barriers and mental illness stigma to better assist with developing interventions that help mothers with depression receive the care they need.

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