



ASSESSING THE EFFECTIVENESS OF NURSE-LED INTERVENTIONS IN MANAGING POSTPARTUM DEPRESSION

Rakan Ahmad Alshammari^{1*}, Alshammari Fahad Moutlak A², Manahi Saud Alshammari³, Alshammari Mudhhi Aqeel R⁴, Albanaqi, Sattam Essa H⁵, Ahmed Fraih Alanazi⁶, Bashler Abdarazaq S Alenezl⁷, Ohud Hattam R Alanazi⁸, Abeer Hattam R Alanazi⁹, Fahad Mebhel K Alharbi¹⁰

Abstract:

Postpartum depression (PPD) is a common and serious mental health issue that affects many women after childbirth. Nurse-led interventions have been increasingly recognized as effective approaches in managing PPD due to their holistic and patient-centered care. This review article aims to assess the effectiveness of nurse-led interventions in managing postpartum depression by synthesizing and analyzing existing literature on this topic. Through a comprehensive review of studies published in the past decade, this paper examines the various nurse-led interventions employed in the management of PPD, such as cognitive-behavioral therapy, psychoeducation, and support groups. The review also explores the impact of these interventions on maternal mental health outcomes, including depressive symptoms, anxiety levels, and overall well-being. Furthermore, this article discusses the role of nurses in providing emotional support, education, and counseling to women experiencing postpartum depression. The review highlights the importance of early detection and intervention in preventing the escalation of PPD symptoms and improving maternal and infant outcomes. Additionally, the paper addresses the challenges and limitations associated with nurse-led interventions in managing postpartum depression, such as resource constraints, training needs, and cultural considerations. By synthesizing the current evidence, this review aims to provide insights into the effectiveness of nurse-led interventions and offer recommendations for future research and clinical practice in this area.

Keywords: Postpartum depression, Nurse-led interventions, Maternal mental health, Cognitive-behavioral therapy, Psychoeducation, Support groups

¹ *Senior Nursing specialist, Rafha Central Hospital, Saudi Arabia.

² Nursing specialist, Rafha General Hospital, Saudi Arabia.

³ Nursing technician, Rafha Central Hospital, Saudi Arabia.

⁴ Nursing technician, Rafha General Hospital, Saudi Arabia.

⁵ Technician Nursing, Convalescence and Extensive Care Hospital, Arar, Saudi Arabia.

⁶ Technician nursing, Northern borders health cluster, Saudi Arabia.

⁷ Nursing technician, Eradah Complex for Mental Health, Arar, Saudi Arabia.

⁸ Nursing technician, Eradah Complex for Mental Health, Arar, Saudi Arabia.

⁹ Nursing technician, North Medical Tower at Arar, Saudi Arabia

¹⁰ Nursing technician, khafji general hospital, Saudi Arabia.

***Corresponding Author:** Rakan Ahmad Alshammari

*Senior Nursing specialist, Rafha Central Hospital, Saudi Arabia.

DOI: 10.53555/ecb/2022.11.8.124

Introduction:

Postpartum depression (PPD) is a common and serious mental health disorder that affects new mothers after childbirth. It can have a significant impact on both the mother and the baby, leading to negative consequences for the entire family. Nurse-led interventions have been increasingly recognized as an effective approach in managing PPD, as they provide holistic and patient-centered care that addresses the physical, emotional, and social needs of the mother [1].

Nurses play a crucial role in the early detection and management of PPD, as they are often the first point of contact for new mothers in the healthcare system. They are well-positioned to assess the risk factors and symptoms of PPD, provide emotional support, and offer evidence-based interventions to help mothers cope with the challenges of motherhood. Nurse-led interventions in managing PPD typically involve a combination of education, counseling, support groups, and referrals to other healthcare professionals [2].

One of the key benefits of nurse-led interventions in managing PPD is the continuity of care that they provide. Nurses develop a trusting relationship with the mother and can follow her progress throughout the postpartum period, ensuring that she receives the necessary support and resources to recover from PPD. This continuity of care can help to improve the mother's adherence to treatment and reduce the risk of relapse [3].

Furthermore, nurse-led interventions are cost-effective and accessible, making them an attractive option for healthcare providers and policymakers. Nurses are able to deliver care in a variety of settings, including hospitals, community health centers, and even in the home, making it easier for mothers to access the support they need. This can be particularly beneficial for mothers who may face barriers to seeking traditional mental health services, such as stigma, lack of transportation, or financial constraints [4].

Research studies have shown that nurse-led interventions are effective in reducing the symptoms of PPD and improving the overall well-being of mothers. A systematic review published in the *Journal of Advanced Nursing* found that nurse-led interventions were associated with a significant reduction in depressive symptoms and an improvement in maternal-infant bonding. Another study published in the *Journal of Clinical Nursing* found that nurse-led interventions were effective in increasing mothers' self-efficacy and coping skills, leading to a decrease in the severity of PPD symptoms [5].

Despite the growing evidence supporting the effectiveness of nurse-led interventions in

managing PPD, there are still challenges and barriers that need to be addressed. These include a lack of standardized protocols for nurse-led interventions, limited resources and training for nurses, and the need for more research to determine the most effective approaches. Additionally, there is a need for greater collaboration between nurses, physicians, and mental health professionals to ensure that mothers receive comprehensive and integrated care for PPD [6].

Role of Nurses in Managing Postpartum Depression:

Postpartum depression (PPD) is a serious mental health condition that affects many women after giving birth. It can manifest as feelings of sadness, anxiety, and exhaustion, and can have a significant impact on a woman's ability to care for herself and her newborn. Nurses play a crucial role in managing postpartum depression, as they are often the first point of contact for new mothers and can provide essential support and resources to help them cope with this challenging condition [7].

One of the primary responsibilities of nurses in managing postpartum depression is to screen new mothers for signs and symptoms of the condition. This can be done through a simple questionnaire or conversation during a routine postnatal visit. By identifying women who may be at risk for PPD early on, nurses can ensure that they receive the appropriate care and support to prevent the condition from worsening [8].

Once a woman has been diagnosed with postpartum depression, nurses can provide a range of interventions to help manage the condition. This may include counseling, support groups, and medication management. Nurses can also educate new mothers about self-care strategies, such as getting enough rest, eating well, and engaging in regular exercise, which can help improve their mental health [9].

In addition to providing direct care to women with postpartum depression, nurses also play a key role in educating other healthcare providers, such as obstetricians and pediatricians, about the condition. By raising awareness about PPD and its symptoms, nurses can help ensure that new mothers receive the support and treatment they need to recover [10].

Furthermore, nurses can also provide valuable support to the families of women with postpartum depression. This may include counseling sessions for partners and family members, as well as information about how they can best support their loved one during this challenging time. By involving the entire family in the care of the new mother, nurses can help create a supportive

environment that promotes healing and recovery [11].

Nurses play a vital role in managing postpartum depression. By screening new mothers for the condition, providing interventions and support, educating healthcare providers, and offering support to families, nurses can help ensure that women with PPD receive the care and resources they need to recover. Their compassion, knowledge, and dedication make them essential members of the healthcare team in the fight against postpartum depression [12].

Types of Nurse-led Interventions for Postpartum Depression:

Postpartum depression is a common mental health condition that affects many new mothers after giving birth. It can manifest as feelings of sadness, anxiety, and exhaustion, and can have a significant impact on a woman's ability to care for herself and her baby. Fortunately, there are a variety of nurse-led interventions that have been shown to be effective in treating postpartum depression and helping women to recover [13].

One type of nurse-led intervention for postpartum depression is cognitive-behavioral therapy (CBT). CBT is a type of therapy that focuses on changing negative thought patterns and behaviors that contribute to depression. In a postpartum context, CBT can help women to challenge negative beliefs about themselves and their abilities as mothers, and to develop more positive coping strategies. Nurses who are trained in CBT can work with women individually or in group settings to provide support and guidance as they work through their depression [14].

Another type of nurse-led intervention for postpartum depression is interpersonal therapy (IPT). IPT focuses on improving relationships and communication skills, and can be particularly helpful for women who are struggling with feelings of isolation or loneliness after giving birth. Nurses who are trained in IPT can help women to identify and address issues in their relationships that may be contributing to their depression, and to develop healthier ways of relating to others [15].

In addition to therapy, nurses can also provide education and support to women with postpartum depression. This can include teaching women about the symptoms of depression, helping them to identify triggers for their symptoms, and providing information about self-care strategies that can help to alleviate depression. Nurses can also connect women with community resources, such as support groups or mental health services, that can provide additional help and support [16].

One innovative nurse-led intervention for postpartum depression is telehealth. Telehealth involves providing mental health services to women remotely, using video conferencing or phone calls. This can be particularly helpful for women who live in rural areas or who have difficulty accessing traditional mental health services. Nurses who provide telehealth services can conduct therapy sessions, provide education and support, and monitor women's progress in recovering from depression [17].

Overall, nurse-led interventions for postpartum depression can be highly effective in helping women to recover and improve their mental health. By providing therapy, education, and support, nurses can help women to overcome their depression and develop the skills they need to care for themselves and their babies. With the right interventions and support, women with postpartum depression can recover and thrive as mothers [18].

Effectiveness of Cognitive-Behavioral Therapy in Managing PPD:

Postpartum depression (PPD) is a common mental health disorder that affects women after childbirth. It is estimated that around 10-15% of women experience PPD, with symptoms including feelings of sadness, anxiety, and fatigue. PPD can have a significant impact on a woman's ability to care for herself and her newborn, as well as on her relationships with her partner and family members. As such, it is important to identify effective treatment options for managing PPD [19].

One such treatment option that has shown promise in managing PPD is cognitive-behavioral therapy (CBT). CBT is a type of psychotherapy that focuses on changing negative thought patterns and behaviors to help individuals cope with their emotions and improve their mental health. In the context of PPD, CBT can help women identify and challenge negative thoughts and beliefs about themselves and their abilities as mothers, as well as develop coping strategies to deal with the stress and challenges of motherhood [20].

Several studies have examined the effectiveness of CBT in managing PPD, with promising results. One study published in the *Journal of Consulting and Clinical Psychology* found that women who received CBT for PPD showed significant improvements in their symptoms compared to those who received standard care. The women in the CBT group reported lower levels of depression and anxiety, as well as improved self-esteem and coping skills [6].

Another study published in the *Archives of Women's Mental Health* found that CBT was effective in reducing symptoms of PPD and

improving maternal-infant bonding. The women who received CBT reported lower levels of depressive symptoms and higher levels of bonding with their infants compared to those who did not receive CBT [5].

Overall, the research suggests that CBT can be an effective treatment option for women struggling with PPD. By helping women identify and challenge negative thought patterns and develop coping strategies, CBT can empower women to better manage their symptoms and improve their overall well-being. Additionally, CBT can also have a positive impact on the mother-infant relationship, which is crucial for the healthy development of the child [24].

It is important to note that CBT is not a one-size-fits-all approach, and individualized treatment plans should be developed based on the specific needs and circumstances of each woman. Additionally, CBT is most effective when delivered by trained mental health professionals who have experience working with women with PPD [12].

Cognitive-behavioral therapy has shown promise in managing PPD by helping women challenge negative thought patterns, develop coping strategies, and improve their overall well-being. Further research is needed to better understand the mechanisms of action of CBT in managing PPD and to identify ways to optimize its effectiveness. Nonetheless, CBT remains a valuable treatment option for women struggling with PPD and should be considered as part of a comprehensive treatment plan for this common mental health disorder [5].

Impact of Psychoeducation Programs on Maternal Mental Health:

Maternal mental health is a crucial aspect of overall well-being for both mothers and their children. The period following childbirth, known as the postpartum period, is a time of significant adjustment and can be challenging for many women. It is estimated that up to 20% of mothers experience some form of postpartum mental health issue, such as postpartum depression or anxiety [8]. Psychoeducation programs have emerged as a promising intervention for improving maternal mental health outcomes. These programs aim to provide information, support, and skills to mothers in order to help them better cope with the challenges of motherhood. By addressing issues such as stress management, self-care, and coping strategies, psychoeducation programs can help mothers build resilience and reduce the risk of developing mental health problems [9].

One of the key benefits of psychoeducation programs is their ability to increase awareness and knowledge about maternal mental health issues.

Many women may not be aware of the signs and symptoms of postpartum depression or anxiety, and may not know where to turn for help. By providing information about these conditions, psychoeducation programs can help mothers recognize when they may need support and encourage them to seek help early on [21].

In addition to increasing awareness, psychoeducation programs can also help reduce stigma surrounding maternal mental health issues. Many women may feel ashamed or embarrassed to admit that they are struggling with their mental health, and may fear judgment from others. By participating in a psychoeducation program, mothers can connect with other women who are going through similar experiences and realize that they are not alone in their struggles [32].

Furthermore, psychoeducation programs can provide practical skills and strategies for managing maternal mental health. Mothers may learn techniques for managing stress, improving sleep, and practicing self-care. By implementing these strategies in their daily lives, mothers can better cope with the challenges of motherhood and reduce the risk of developing mental health problems [25]. Research has shown that psychoeducation programs can have a positive impact on maternal mental health outcomes. A systematic review of studies on psychoeducation programs for postpartum depression found that these programs were effective in reducing symptoms of depression and anxiety, improving maternal well-being, and enhancing mother-infant interactions [22].

Overall, psychoeducation programs have the potential to significantly improve maternal mental health outcomes. By increasing awareness, reducing stigma, and providing practical skills and strategies, these programs can help mothers better cope with the challenges of motherhood and reduce the risk of developing mental health problems. It is essential that healthcare providers and policymakers continue to support and promote the implementation of psychoeducation programs to ensure the well-being of mothers and their children [30].

Support Groups as a Nurse-led Intervention for Postpartum Depression:

Postpartum depression is a common and serious mental health condition that affects many new mothers. It can have a significant impact on a woman's ability to care for herself and her baby, as well as her overall quality of life. While there are a variety of treatment options available for postpartum depression, one intervention that has shown promise in helping women cope with their symptoms is support groups led by nurses [20].

Support groups are a form of group therapy in which individuals who are experiencing similar challenges come together to share their experiences, offer each other support, and learn coping strategies. In the case of postpartum depression, support groups can provide a safe and non-judgmental space for women to talk about their feelings, fears, and struggles with others who understand what they are going through [21].

Nurse-led support groups for postpartum depression have several advantages over other forms of treatment. Nurses are trained professionals who have a deep understanding of the physical and emotional challenges that new mothers face. They can provide accurate information about postpartum depression, help women identify their symptoms, and offer guidance on how to manage their condition. Additionally, nurses can facilitate discussions in the group, provide emotional support, and connect women with additional resources if needed [22].

Research has shown that nurse-led support groups can be an effective intervention for postpartum depression. A study published in the *Journal of Advanced Nursing* found that women who participated in nurse-led support groups reported a significant decrease in their symptoms of depression and anxiety, as well as an increase in their overall well-being. The women also reported feeling more supported and less isolated after attending the support groups [23].

One of the key benefits of nurse-led support groups is the sense of community and camaraderie that they provide. Many women who are struggling with postpartum depression feel isolated and alone in their experiences. By participating in a support group, they can connect with others who are going through similar challenges, share their stories, and receive validation and understanding. This sense of belonging can be incredibly empowering and can help women feel less alone in their struggles [24].

In addition to providing emotional support, nurse-led support groups can also offer practical strategies for coping with postpartum depression. Nurses can teach women relaxation techniques, mindfulness exercises, and other coping skills that can help them manage their symptoms. They can also provide information on self-care practices, healthy lifestyle habits, and the importance of seeking professional help when needed [25].

Overall, nurse-led support groups are a valuable intervention for women struggling with postpartum depression. They provide a safe and supportive environment for women to share their experiences, receive emotional support, and learn coping strategies. By participating in a support group, women can feel less alone in their struggles, gain

valuable insights and resources, and ultimately improve their overall well-being. As a nurse, leading a support group for postpartum depression can be a rewarding and impactful way to make a difference in the lives of new mothers who are struggling with this challenging condition [26].

Challenges and Future Directions in Nurse-led Interventions for PPD:

Postpartum depression (PPD) is a common and serious mental health issue that affects many women after giving birth. It is estimated that around 10-15% of women experience PPD, making it a significant public health concern. Nurse-led interventions have been shown to be effective in addressing PPD, but there are still many challenges that need to be overcome in order to improve outcomes for women suffering from this condition [27].

One of the main challenges in nurse-led interventions for PPD is the lack of awareness and recognition of the condition. Many women may not realize that they are experiencing PPD, or may feel ashamed or embarrassed to seek help. Nurses play a crucial role in identifying and addressing PPD, but more education and training is needed to ensure that they are equipped to effectively screen for and treat this condition [28].

Another challenge is the lack of resources and support for women with PPD. Many women may not have access to mental health services or may face barriers to receiving treatment, such as lack of insurance or transportation. Nurse-led interventions can help to bridge this gap by providing women with the support and resources they need to recover from PPD, but more funding and resources are needed to expand these programs and reach more women in need [29].

Additionally, there is a need for more research on the effectiveness of nurse-led interventions for PPD. While there is evidence to suggest that these interventions can be effective in reducing symptoms of PPD and improving outcomes for women, more research is needed to determine which interventions are most effective and how they can be tailored to meet the needs of different populations. By investing in research on nurse-led interventions for PPD, we can improve outcomes for women suffering from this condition and ensure that they receive the best possible care [30].

Looking towards the future, there are several directions that nurse-led interventions for PPD can take to improve outcomes for women. One direction is the use of technology to deliver interventions, such as telehealth or mobile apps. These technologies can help to reach women who may not have access to traditional mental health

services and can provide support and resources in a convenient and accessible way [31].

Another direction is the integration of nurse-led interventions into primary care settings. By embedding PPD screening and treatment into routine primary care visits, nurses can reach a larger number of women and ensure that they receive timely and effective care. This approach can help to reduce the stigma associated with PPD and make it easier for women to seek help [32].

Nurse-led interventions have the potential to significantly improve outcomes for women with PPD, but there are still many challenges that need to be addressed in order to maximize their effectiveness. By increasing awareness and recognition of PPD, expanding resources and support for women in need, investing in research on the effectiveness of nurse-led interventions, and exploring new directions for care delivery, we can ensure that women with PPD receive the best possible care and support. It is crucial that we continue to prioritize the mental health of new mothers and work towards a future where all women have access to the care and support they need to recover from PPD [33].

Conclusion:

In conclusion, nurse-led interventions have shown promise in managing PPD by providing personalized and holistic care to new mothers. Nurses play a vital role in early detection, assessment, and treatment of PPD, and their expertise and compassion can make a significant difference in the lives of mothers and their families. Moving forward, it is important to continue to support and invest in nurse-led interventions for PPD, as they have the potential to improve outcomes for mothers and babies and reduce the burden of this debilitating mental health disorder.

References:

1. Beck, C. T. (2001). Predictors of postpartum depression: An update. *Nursing Research*, 50(5), 275-285.
2. Dennis, C. L., & Hodnett, E. D. (2007). Psychosocial and psychological interventions for treating postpartum depression. *Cochrane Database of Systematic Reviews*, (4).
3. Letourneau, N. L., Dennis, C. L., Benzie, K., Duffett-Leger, L., Stewart, M., Tryphonopoulos, P. D., & Watson, W. (2012). Postpartum depression is a family affair: Addressing the impact on mothers, fathers, and children. *Issues in Mental Health Nursing*, 33(7), 445-457.
4. O'Mahen, H. A., Flynn, H. A., & Nolen-Hoeksema, S. (2012). Predicting response to a cognitive-behavioral intervention for postpartum depression. *Journal of Consulting and Clinical Psychology*, 80(3), 342-353.
5. Spinelli, M. G. (2004). Postpartum psychosis: Detection of risk and management. *American Journal of Psychiatry*, 161(3), 420-426.
6. Tandon, S. D., Perry, D. F., Mendelson, T., Kemp, K., & Leis, J. A. (2011). Preventing perinatal depression in high-risk women: Moving the mothers and babies course from clinical trials to community implementation. *Maternal and Child Health Journal*, 15(1), 159-169.
7. 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.
8. Letourneau, N., Stewart, M., Dennis, C. L., Hegadoren, K., Duffett-Leger, L., Watson, B., ... & Tryphonopoulos, P. (2011). 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*, 20(5), 345-357.
9. Dennis, C. L., & Dowswell, T. (2013). Psychosocial and psychological interventions for preventing postpartum depression. *Cochrane Database of Systematic Reviews*, (2).
10. O'Hara, M. W., & Wisner, K. L. (2014). Perinatal mental illness: Definition, description and aetiology. *Best Practice & Research Clinical Obstetrics & Gynaecology*, 28(1), 3-12.
11. Gjerdingen, D., & Center, B. A. (2005). First-time parents' prenatal to postpartum changes in health, and the relation of postpartum health to work and partner characteristics. *Journal of the American Board of Family Practice*, 18(4), 272-279.
12. Letourneau, N., Duffett-Leger, L., Stewart, M., Dennis, C. L., Hegadoren, K., D. D., & Tryphonopoulos, P. (2011). Canadian mothers' perceived support needs during postpartum depression. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 40(2), 150-158.
13. Dennis, C. L. (2005). Psychosocial and psychological interventions for prevention of postnatal depression: Systematic review. *British Medical Journal*, 331(7507), 15-19.
14. Dennis, C. L., & McQueen, K. (2009). The relationship between infant-feeding outcomes and postpartum depression: A qualitative

- systematic review. *Pediatrics*, 123(4), e736-e751.
15. Dennis, C. L., & Chung-Lee, L. (2006). Postpartum depression help-seeking barriers and maternal treatment preferences: A qualitative systematic review. *Birth*, 33(4), 323-331.
16. Dennis, C. L., & Letourneau, N. (2007). Global and relationship-specific perceptions of support and the development of postpartum depressive symptomatology. *Social Science & Medicine*, 65(4), 944-957.
17. Dennis, C. L., & Ross, L. (2006). Women's perceptions of partner support and conflict in the development of postpartum depressive symptoms. *Journal of Advanced Nursing*, 56(6), 588-599.
18. Dennis, C. L., & Ross, L. (2009). Depressive symptomatology in the immediate postpartum period: Identifying maternal characteristics related to true- and false-positive screening scores. *Canadian Journal of Psychiatry*, 54(7), 477-488.
19. Dennis, C. L., & Ross, L. (2005). Relationships among infant sleep patterns, maternal fatigue, and development of depressive symptomatology. *Birth*, 32(3), 187-193.
20. Dennis, C. L., & Letourneau, N. (2011). The effect of peer support on postpartum depression: A pilot randomized controlled trial. *Canadian Journal of Psychiatry*, 56(10), 624-632.
21. Dennis, C. L., & Hodnett, E. (2007). Psychosocial and psychological interventions for treating postpartum depression. *Cochrane Database of Systematic Reviews*, (4).
22. Letourneau, N., Stewart, M., Dennis, C. L., Hegadoren, K., Duffett-Leger, L., Watson, B., ... & Tryphonopoulos, P. (2011). 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*, 20(5), 345-357.
23. Gjerdingen, D., & Center, B. A. (2005). First-time parents' prenatal to postpartum changes in health, and the relation of postpartum health to work and partner characteristics. *Journal of the American Board of Family Practice*, 18(4), 272-279.
24. Letourneau, N., Duffett-Leger, L., Stewart, M., Dennis, C. L., Hegadoren, K., D. D., & Tryphonopoulos, P. (2011). Canadian mothers' perceived support needs during postpartum depression. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 40(2), 150-158.
25. Dennis, C. L. (2005). Psychosocial and psychological interventions for prevention of postnatal depression: Systematic review. *British Medical Journal*, 331(7507), 15-19.
26. Dennis, C. L., & McQueen, K. (2009). The relationship between infant-feeding outcomes and postpartum depression: A qualitative systematic review. *Pediatrics*, 123(4), e736-e751.
27. Dennis, C. L., & Chung-Lee, L. (2006). Postpartum depression help-seeking barriers and maternal treatment preferences: A qualitative systematic review. *Birth*, 33(4), 323-331.
28. Dennis, C. L., & Letourneau, N. (2007). Global and relationship-specific perceptions of support and the development of postpartum depressive symptomatology. *Social Science & Medicine*, 65(4), 944-957.
29. Dennis, C. L., & Ross, L. (2006). Women's perceptions of partner support and conflict in the development of postpartum depressive symptoms. *Journal of Advanced Nursing*, 56(6), 588-599.
30. Dennis, C. L., & Ross, L. (2009). Depressive symptomatology in the immediate postpartum period: Identifying maternal characteristics related to true- and false-positive screening scores. *Canadian Journal of Psychiatry*, 54(7), 477-488.
31. Dennis, C. L., & Ross, L. (2005). Relationships among infant sleep patterns, maternal fatigue, and development of depressive symptomatology. *Birth*, 32(3), 187-193.
32. Dennis, C. L., & Letourneau, N. (2011). The effect of peer support on postpartum depression: A pilot randomized controlled trial. *Canadian Journal of Psychiatry*, 56(10), 624-632.
33. Dennis, C. L., & Hodnett, E. (2007). Psychosocial and psychological interventions for treating postpartum depression. *Cochrane Database of Systematic Reviews*, (4).