P-ISSN 2664-0422	Pakistan Social Sciences Review	Jan-March 2025, Vol. 9, No. 1
O-ISSN 2664-0430	https://doi.org/10.35484/pssr.2025(9-I)49	[652-661]

Pakistan Social Sciences Review
www.pssr.org.pk

RESEARCH PAPER

A Socio-Cultural Perspective on Effectiveness of Culturally Adapted Cognitive-Behavioral Therapy for Postpartum Depression in Pakistan

[1] Zubash Aslam*, and [2]Minahil Athar

1. PhD Scholar, Department of Applied Psychology, GC University Faisalabad, Faisalabad, Punjab, Pakistan
2. Licensed Clinical Psychologist & CBT Therapist, Abu Dhabi, United Arab Emirates

***Corresponding Author:** zubashaslam118@gmail.com

ABSTRACT

The current study intends to investigate the efficacy of culturally adapted cognitive behavioral therapy intervention for postpartum depression among Pakistani women. According to earlier research, cognitive-behavioral therapy (CBT) is the primary psychological treatment strategy for depression, and it is a successful approach for treating postpartum depression. The present study used a quasi-experimental research design to examine the effectiveness of CBT for postpartum depression (PPD). The sample consisted of postpartum women who were recruited from hospitals and maternity clinics via self-report measures, such as the Edinburgh Postnatal Depression Scale (EPDS) and Depressive Cognition Scale. The effectiveness of Cognitive-Behavioral Therapy (CBT) in treating postpartum depression is being further supported by the findings of this study in the Pakistani cultural context. To enhance the effectiveness of the therapy sessions, it is recommended that future studies include the involvement of partners and family members in the intervention.

KEYWORDS: Postpartum Depression, Cognitive Behavior Therapy

Introduction

Motherhood's evolution touches on complex aspects of women's life, it is both delightful yet quite arduous. When a child is born, many people remark that it must be a magnificent occasion, but during this time, mental, emotional, and social changes in a woman's life are crucial. The most prevalent psychological condition during the postpartum phase, which newly mothers more often get affected by, is depression. Parental suicide is the second leading cause of death after giving birth, and it is linked to postpartum depression (Hutcherson et al., 2020). Approximately 6.5% to 20% of postpartum females worldwide suffer from postpartum depression following pregnancy (Sharma et al., 2024).

Postpartum depression is characterized by symptoms such as continuous grief, absence of interest, poor self-worth, difficulty falling asleep, decreased appetite, anxiety, frustration with negative emotions toward infants, self-blame, and feelings of shame (Cortés, 2022). Those who suffer from postpartum depression may also have trouble engaging with their infant, feel worthless or devastated, and have difficulties with food intake and sleeping habits (Liu et al., 2022). Mothers with PPD have emotional burnout and parenting issues because of their inability to interact with their newborn (Husain et al., 2012). Postpartum depression is comparatively common in low-income countries because of social stigma and a lack of suitable resources for seeking psychological support (Fisher et al., 2016). Women in Pakistan are more likely than those in any other country in Asia to suffer from postpartum depression. An estimated postpartum

depression affects between 28 to 63 percent of women in Pakistani urban areas (Liaqat et al., 2021).

For the treatment of PPD, there are different medical and non-medical options available. Because medications can have negative effects on breastfeeding, non-medicinal therapeutic methods are preferable during the postpartum period. Since it encourages positive emotional and behavioral reactions while assisting individuals in altering negative ideas, attitudes, and beliefs, cognitive behavioral therapy (CBT) is a useful and successful treatment for depression in the general population (Sockol, 2015; O'Mahen et al., 2013). The lack of adequate infrastructure, the stigma attached to mental health problems, and gender stereotypes make it difficult for Pakistani women in the postpartum phase to seek assistance from mental health specialists (Gul et al., 2025; Ayoub et al., 2020). The experience of motherhood in Pakistan is linked to high expectations from society and the pressure to be a good mother. In this situation, a culturally adapted cognitive behavioral therapy program can alleviate depression by emphasizing the cultural factors and support networks (Nisar et al., 2024; Naeem et al., 2021).

Literature Review

In addition to having a major impact on stress, excessive worry about other people's expectations, and anxiety symptoms, prior research has shown that cognitive behavior therapy programs are effective in reducing postpartum depression symptoms in new mothers (Pettman et al., 2023; Nillni et al., 2018; Carta et al., 2015; Mureşan-Madar & Băban, 2015). Research has shown that understanding the cycle of thinking, emotion, and behavior helps individuals overcome maladaptive thoughts and experiences from their past (Wenzel, 2024; Beck, 2011).

Additionally, prior research has demonstrated that the primary objective of cognitive behavioral therapy (CBT) for postpartum depression is to modify maladaptive thought patterns in individuals, thus decreasing anxiety and improving the bond between mothers and their infants (Amani et al., 2021; Roman et al., 2020; Van Lieshout et al., 2020). In the context of Pakistani culture, a case study by Ahmad et al. (2024) and another study with British Pakistanis (Khan et al., 2019) demonstrate the effectiveness of culturally adapted cognitive behavioral therapy (CBT) as a treatment method for reducing PPD symptoms and enhancing the general quality of life for mothers confronting postpartum depression challenges.

Given the high prevalence of PPD in Pakistan, the current study aims to assess how well culturally adapted cognitive behavioral therapy (CBT) might improve the psychological challenges that postpartum mothers encounter while also considering the sociocultural perspective of postpartum depression.

Material and Methods

Study Design

A quasi-experimental study design is used in the present study to ascertain whether cognitive behavioral therapy (CBT) is beneficial for treating postpartum depression in Pakistani women.

Study Participants

Using a purposive sampling technique, 50 women (N=50) were selected from various clinics and hospitals in Sargodha, Pakistan. Out of the 50 participants, 15 were selected for the treatment group and 15 for the control group for the therapeutic sessions. Eligible participants were women aged 22 to 38 years who were willing to attend treatment sessions. The exclusion criteria were women with severe psychological problems such as psychosis or bipolar disorder, women with high-risk medical conditions, and women receiving psychotherapy and psychiatric treatment.

Study Measures

The following study measures were used:

Edinburgh Postnatal Depression Scale (EPDS; Cox et al., 1987). The 10-item EPDS is frequently used to evaluate symptoms of prenatal depression. A Likert-type scale with four points is used to rate items. The scale's cut-off score of 11 or higher optimized the EPDS's combined sensitivity and specificity (Husain et al., 2006). From the previous week, the EPDS total score falls between 0 and 30. Higher scores necessitate a clinical examination because they are linked to more severe depressive symptoms. The Cronbach's α scale for the EPDS ranges from 0.73 to 0.87 (Bergink et al., 2011; Navarro et al., 2007; Cox et al., 1987).

Depressive Cognition Scale (DCS; Zauszniewski, 1995; Urdu Version, Aslam et al., 2025). The scale consists of eight items and is a self-report unidimensional measure specifically created to examine the cognitive aspects of depression, focusing on negative thought processes and maladaptive beliefs related to depressive states. The scale is rated using a 6-point Likert-type response format, with a range from 0 (strongly disagree) to 5 (strongly agree). Notably, all items are positively framed, requiring reverse scoring to accurately reflect the depressive cognitions (Zauszniewski et al., 2001). Following reverse coding, total scores range from 0 to 40, with higher scores indicating greater levels of depressive thoughts (Zauszniewski, 1997). DCS has demonstrated strong psychometric properties across various populations. Its internal consistency, measured by Cronbach's alpha, has been reported as 0.84 in older adults (Bekhet et al., 2008), 0.90 in caregivers of individuals with autism (Bekhet et al., 2012), and 0.90 in a clinical sample among the Pakistani population (Aslam et al., 2025) indicating high reliability.

Demographic Information Sheet

The demographic sheet used in the present study comprised the information related to age, education level, employment status, number of children, family system, mode of delivery, complication during pregnancy, family history of psychological issues, emotional support from family/husband, use of smartphone- as excessive smartphone use among postpartum women increases depression (Ling et al., 2024), and questions related to their coping strategies for stress.

Procedure

With ethical research guidelines being followed, the study was conducted after receiving formal approval from hospitals and clinics in Sargodha, Pakistan. Informed consent was obtained before the administration of the instruments to ensure voluntary participation and confidentiality for all participants. Before the evaluation and treatment of postpartum depression (PPD), a systematic process was followed. The Edinburgh Postnatal Depression Scale (EPDS) was used for screening to evaluate symptoms of PPD. The Depressive Cognition Scale (DCS) was then conducted to assess negative thinking

and maladaptive beliefs associated with postpartum depression. After the diagnosis, participants received the therapy sessions, where the findings from DCS guided the therapeutic sessions. The present study involves seven sessions, and a summary of culturally adapted CBT (Naeem et al., 2015) session is as follows:

Session 1 The first session was based on detailed assessment and psychoeducation of study participants.

Session 2 The second session involved ruling out the symptoms and causes of stressors associated with PPD along with the breathing and mindfulness exercises.

Session 3 This session involved behavior activation through listing daily activities and gradually increasing productive activities.

Session 4 The fourth session involved the identification of problems and exploring the possible solutions while considering the caregiving expectations from the family.

Session 5 This session involved cognitive restructuring through identifying the negative automatic thought patterns and learning about the vicious cycle of thought emotion, physical symptoms, and behavior.

Session 6 The sixth session focused on presenting evidence for and against maladaptive thought patterns to challenge them.

Session 7 The seventh session was based on learning to establish positive thought patterns.

Session 8 The final session focused on encouraging the participants to practice the skills they had learned throughout the therapy session and on follow-up appointments.

Results and Discussion

The Statistical Package for Social Science (SPSS version 28) was used to analyze the data using both descriptive and inferential statistics. For continuous data, the mean and standard deviation were calculated, and for categorical variables, the frequency of demographic data was ascertained. The differences between the treatment and control groups' pre and post-findings were assessed using the paired sample t-test.

Table 1
Demographic Characteristics of Study Participants (N=15)

Variables	Groups	M(SD)	f (%)
Age (years)		29.6 (4.7)	
Education Level	Literate		12 (80%)
	Illiterate		3 (20%)
Employment Status	Employed		6(40%)
	Unemployed		9(60%)
Number of Children		1.46 (.91)	
Family System	Joint Family		4 (26%)
	Nuclear Family		11 (73%)

Mode of Delivery	Normal Delivery	5(33%)
	C-Section	10(66%)
Complications During Pregnancy	Yes	4 (26%)
	No	11 (73%)
Family History of Psychological Issues	Yes	2(13%)
	No	13(80%)
Emotional Support from Relatives/Friends	Yes	4(26%)
	No	11(73%)
Husband's Understanding of Mental Health	Yes	2(13%)
	No	13(86%)
Husband's Involvement in Childcare	Not Involved	8(53%)
	Somewhat Involved	4(25%)
	Moderately Involved	3 (20%)
	Fully Involved	0 (0%)
Smartphone Use	Yes	13(86%)
	No	2(13%)
Primary Purpose of Smartphone Use	Work	1 (6%)
	Entertainment	13 (86%)
	Informational Content	1 (6%)
Use of Smartphone Before Sleeping?	Yes	13 (86%)
	No	2 (13%)
Coping Strategies for Stress	Prayer	10 (66%)
	Talking to Friends	4 (26%)
	Spending Time Alone	1(6%)

Table 1 shows the demographics related to the socio-cultural perceptive of the study participants.

Table 2
Paired Sample t-test for Edinburgh Postnatal Depression Scale, Depressive Cognition Scale of Treatment and Control Group (N=30)

		Type				95%CI		Cohen's d
		Pre	Post			LL	UL	
Groups	Variables	M(SD)	M(SD)	T	df			
Treatment Group	EPDS	16.46 (3.35)	8.60 (1.76)	6.96***	14	5.44	10.28	2.93
	DCS	32.20 (4.17)	15.13(2.89)	19.61***	14	15.20	18.93	4.75
Control Group	EPDS	15.46(2.69)	14.53(2.13)	2.35	14	.083	1.78	0.38
	DCS	33.06(4.28)	32.20(3.85)	0.89	14	-1.33	3.07	0.21

Note. M = Mean; SD = Standard Deviation; CI = Confidence Interval; LL = Lower Limit; UL = Upper Limit; EPDS= Edinburgh Postnatal Depression Scale, DCS= Depressive cognition scale

Table 2 presents the scores from the pre- and post-intervention assessment from both the treatment and control groups. Results reflected a significant difference between the pre-(M = 16.46, SD = 3.35) and post (M = 8.60, SD = 1.76, Edinburgh Postnatal Depression Scale scores, as well as a significant difference between the pre-(M = 32.20, SD = 4.17) and post-(M = 15.13, SD = 2.89) Depressive Cognition Scale group differences.

Discussion

The results of the present study show that culturally adapted behavior therapy was effective in reducing symptoms of postpartum depression in women from Pakistan. The study findings (see Table 2) that depressive symptoms were reduced significantly,

and maladaptive thought patterns were also reduced, suggest that CBT was an effective treatment in the unique Pakistani cultural-specific experience to support women's well-being related to postpartum depression. The present study findings are in line with past studies that show the effectiveness of CBT for postpartum depression among women within a range of cultures (Li et al., 2020; Huang et al., 2018).

These results are supported by earlier studies that demonstrated how effectively Cognitive Behavioral Therapy (CBT) works to reduce postpartum depression by improving emotional control and promoting cognitive restructuring (Roman et al., 2022; Li et al., 2020). A study demonstrated the effectiveness of CBT in reducing postpartum depression in Western populations (O'Mahen et al.,2013), while Sockol (2015) identified CBT as a leading psychotherapeutic approach for PPD. This study expands these findings to Pakistani women, showing that culturally adapted CBT is equally effective in their socio-cultural context.

In the context of Pakistani culture, postpartum depression is often ignored because of the stigma surrounding mental health. Many women experiencing PPD refrain from seeking treatment because of apprehension about being judged and misconceptions (Rahman et al., 2008). Additionally, family relationships are impactful in postpartum maternal well-being. Joint family systems can provide the necessary support but can also create psychological torment when caregiving and household obligations manifest (Munaf & Siddiqui, 2013). In this study, CBT was effective in helping mothers identify and reframe negative beliefs such as inadequacy and guilt that were often reinforced by cultural ideas of motherhood.

The findings from this study indicate that postpartum mothers may be using smartphones to cope with stress, emotional pain, and inadequate emotional support from family, particularly their spouse. Previous research has established a correlation between smartphone addiction among mothers and depressive symptoms, particularly with increased smartphone use contributing to social withdrawal and decreased in-person interactions (Hussain & Griffiths, 2021). In a context where emotional support for mothers in Pakistan is often lacking, especially in a nuclear family structure, it makes sense that women would use something to distract them -in this case, a smartphone as a way to cope better (Jamshaid et al., 2023). The CBT intervention helped participants identify and change their maladaptive coping strategies towards more helpful cognitive and behavioral strategies.

The CBT intervention in the present study focused on the cultural context, engrossed on communication, emotional support, and managing expectations within joint family systems to address postpartum depression in Pakistani women. Throughout the sessions, individuals acquired skills related to establishing personal and family boundaries, particularly in joint familial contexts, to reduce distress and support consistent emotional health. Group members worked on reframing unhelpful beliefs about parenting and developing healthier relationships with their spouses, family members, and social support systems. While some participants utilized social interaction and mindfulness as interventions to reduce excessive smartphone engagement, others developed healthier pre-sleep routines to improve sleep difficulties. Furthermore, stress-reduction methods like exercise and prayer were emphasized, ensuring a thorough and culturally sensitive treatment plan. Participants' significant decreases in depressed symptoms and negative thinking underscore the need to integrate culturally appropriate therapy interventions into standard maternal healthcare in Pakistan (see Table 2).

Conclusion

This study adds to the growing body of evidence supporting the effectiveness of Cognitive-Behavioral Therapy (CBT) in treating postpartum depression, highlighting the importance of culturally adapted interventions that account for the socio-cultural and familial dynamics of Pakistani society. By targeting cognitive distortions, emotional regulation, and maladaptive behavioral patterns, CBT serves as a critical intervention for enhancing maternal mental health and promoting overall family well-being in Pakistan.

Recommendations

Randomized control trials should be incorporated into future research to support the validity of the study findings and to support causal conclusions regarding the efficacy of the intervention. To ensure that the results are generalizable, larger numbers of participants drawn from several Pakistani cities are suggested. It is advised that future research in the Pakistani cultural context use the assistance of family members and partners in the intervention to boost the efficacy of the therapy sessions.

References

Ahmad, A., Malik, I. A., & Mirza, J. (2024). Treatment of Postpartum Depression via Guided Internet-Based Cognitive Behavioral Therapy: A Comprehensive Case Study. *Pakistan Social Sciences Review*, *8*(4), 452-460.

Amani, B., Merza, D., Savoy, C., Streiner, D., Bieling, P., Ferro, M. A., & Van Lieshout, R. J. (2021). Peer-delivered cognitive-behavioral therapy for postpartum depression: a randomized controlled trial. *The Journal of Clinical Psychiatry*, *83*(1), 37964.

Aslam, Z., Habib, S., & Nazir, A. (2025). Urdu translation and structural validation of the depressive cognition scale in clinical population. *The Research of Medical Science Review*, *3*(2), 759-769.

Ayoub, K., Shaheen, A., & Hajat, S. (2020). Postpartum depression in the Arab region: A systematic literature review. *Clinical Practice and Epidemiology in Mental Health: CP & EMH*, *16*(Suppl-1), 142.

Beck, J. S. (2011). Cognitive-behavioral therapy. *Clinical Textbook of Addictive Disorders*, *491*, 474-501.

Bergink, V., Kooistra, L., Lambregtse-van den Berg, M. P., Wijnen, H., Bunevicius, R., Van Baar, A., & Pop, V. (2011). Validation of the Edinburgh Depression Scale during pregnancy. *Journal of Psychosomatic Research*, *70*(4), 385-389.

Carta, G., D'Alfonso, A., Parisse, V., Di Fonso, A., Casacchia, M., & Patacchiola, F. (2015). How does early cognitive behavioural therapy reduce postpartum depression? *Clin Exp Obstet Gynecol*, *42*(1), 49-52.

Cortés, A. S. (2022). Diagnostic and Statistical Manual of Mental Disorders, Text Revision (DSM-5-TR), *Psicooncología*, *19*(2), 339.

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.

Fisher, S. D., Wisner, K. L., Clark, C. T., Sit, D. K., Luther, J. F., & Wisniewski, S. (2016). Factors associated with onset timing, symptoms, and severity of depression identified in the postpartum period. *Journal of Affective Disorders*, *203*, 111-120.

Gul, F., Mehsud, R., Bibi, F., Mahmood, N., & Hussain, N. (2025). Association Between Hypertensive Disorder in Pregnancy and Postpartum Depression: Hypertensive Disorder in Pregnancy. *Pakistan Journal of Health Sciences*, 218-223.

Huang, L., Zhao, Y., Qiang, C., & Fan, B. (2018). Is cognitive behavioral therapy a better choice for women with postnatal depression? A systematic review and meta-analysis. *PLoS One*, *13*(10), e0205243.

Husain, N., Bevc, I., Husain, M., Chaudhry, I. B., Atif, N., & Rahman, A. (2006). Prevalence and social correlates of postnatal depression in a low income country. *Archives of Women's Mental Health*, *9*, 197-202.

Husain, N., Cruickshank, K., Husain, M., Khan, S., Tomenson, B., & Rahman, A. (2012). Social stress and depression during pregnancy and in the postnatal period in British Pakistani mothers: a cohort study. *Journal of Affective Disorders*, *140*(3), 268-276.

Hussain, Z., & Griffiths, M. D. (2021). The associations between problematic social networking site use and sleep quality, attention-deficit hyperactivity disorder, depression, anxiety and stress. *International Journal of Mental Health and Addiction*, *19*(3), 686-700.

Hutcherson, T. C., Cieri-Hutcherson, N. E., & Gosciak, M. F. (2020). Brexanolone for postpartum depression. *American Journal of Health-System Pharmacy*, *77*(5), 336-345.

Jamshaid, S., Malik, N. I., Ullah, I., Saboor, S., Arain, F., & De Berardis, D. (2023). Postpartum depression and health: role of perceived social support among Pakistani women. *Diseases*, *11*(2), 53.

Khan, S., Lovell, K., Lunat, F., Masood, Y., Shah, S., Tomenson, B., & Husain, N. (2019). Culturally-adapted cognitive behavioural therapy based intervention for maternal depression: a mixed-methods feasibility study. *BMC Women's Health*, *19*, 1-11.

Li, Z., Liu, Y., Wang, J., Liu, J., Zhang, C., & Liu, Y. (2020). Effectiveness of cognitive behavioural therapy for perinatal depression: A systematic review and meta-analysis. *Journal of Clinical Nursing*, *29*(17-18), 3170-3182.

Liaqat, M., Afzal, M., Manzoor, S., & Gul, A. (2021). Prevalence and risk factors of postpartum depression. *Foundation University Journal of Rehabilitation Sciences*, *1*(2), 50-54.

Ling, K., Zhang, S., Jin, L., & Wang, J. (2024). Potential association between mobile phone usage duration and postpartum depression risk: Evidence from a Mendelian randomization study. *Medicine*, *103*(41), e39973.

Liu, X., Wang, S., & Wang, G. (2022). Prevalence and risk factors of postpartum depression in women: a systematic review and meta-analysis. *Journal of Clinical Nursing*, *31*(19-20), 2665-2677.

Munaf, S., & Siddiqui, B. (2013). Relationship of post-natal depression with life and marital satisfaction and its comparison in joint and nuclear family system. *Procedia-Social and Behavioral Sciences*, *84*, 733-738.

Mureşan-Madar, A., & Băban, A. (2015). The development and piloting of a CBT group program for postpartum depression. *Journal of Evidence-Based Psychotherapies*, *15*(1).

Naeem, F., Gul, M., Irfan, M., Munshi, T., Asif, A., Rashid, S., ... & Ayub, M. (2015). Brief culturally adapted CBT (CaCBT) for depression: a randomized controlled trial from Pakistan. *Journal of Affective Disorders*, *177*, 101-107.

Naeem, F., Latif, M., Mukhtar, F., Kim, Y. R., Li, W., Butt, M. G., ... & Ng, R. (2021). Transcultural adaptation of cognitive behavioral therapy (CBT) in Asia. *Asia-Pacific Psychiatry*, *13*(1), e12442.

Navarro, P., Ascaso, C., Garcia-Esteve, L., Aguado, J., Torres, A., & Martín-Santos, R. (2007). Postnatal psychiatric morbidity: a validation study of the GHQ-12 and the EPDS as screening tools. *General Hospital Psychiatry*, *29*(1), 1-7.

Nillni, Y. I., Mehralizade, A., Mayer, L., & Milanovic, S. (2018). Treatment of depression, anxiety, and trauma-related disorders during the perinatal period: A systematic review. *Clinical Psychology Review*, *66*, 136-148.

Nisar, A., Xiang, H., Perin, J., Malik, A., Zaidi, A., Atif, N., ... & Surkan, P. J. (2024). Impact of an intervention for perinatal anxiety on breastfeeding: findings from the Happy Mother—

Healthy Baby randomized controlled trial in Pakistan. *International Breastfeeding Journal*, *19*(1), 53.

O'Mahen, H., Himle, J. A., Fedock, G., Henshaw, E., & Flynn, H. (2013). A pilot randomized controlled trial of cognitive behavioral therapy for perinatal depression adapted for women with low incomes. *Depression and Anxiety*, *30*(7), 679-687.

O'Mahen, H., Himle, J. A., Fedock, G., Henshaw, E., & Flynn, H. (2013). A pilot randomized controlled trial of cognitive behavioral therapy for perinatal depression adapted for women with low incomes. *Depression and Anxiety*, *30*(7), 679-687.

Padhani, Z. A., Salam, R. A., Rahim, K. A., Naz, S., Zulfiqar, A., Ali Memon, Z., ... & Lassi, Z. S. (2024). Prevalence and risk factors of perinatal depression among mothers and fathers in Pakistan: a systematic review and meta-analysis. *Health Psychology and Behavioral Medicine*, *12*(1), 2383468.

Pettman, D., O'Mahen, H., Blomberg, O., Svanberg, A. S., von Essen, L., & Woodford, J. (2023). Effectiveness of cognitive behavioural therapy-based interventions for maternal perinatal depression: a systematic review and meta-analysis. *BMC Psychiatry*, *23*(1), 208.

Rahman, A., Malik, A., Sikander, S., Roberts, C., & Creed, F. (2008). Cognitive behaviour therapy-based intervention by community health workers for mothers with depression and their infants in rural Pakistan: a cluster-randomised controlled trial. *The Lancet*, *372*(9642), 902-

Roman, M., Constantin, T., & Bostan, C. M. (2020). The efficiency of online cognitive-behavioral therapy for postpartum depressive symptomatology: a systematic review and meta-analysis. *Women & Health*, *60*(1), 99-112.

Sharma, R., Bansal, P., Saini, L., Sharma, N., & Dhingra, R. (2024). Zuranolone, a neuroactive drug, used in the treatment of postpartum depression by modulation of GABAA receptors. *Pharmacology Biochemistry and Behavior*, 173734.

Sockol, L. E. (2015). A systematic review of the efficacy of cognitive behavioral therapy for treating and preventing perinatal depression. *Journal of Affective Disorders*, *177*, 7-21.

Van Lieshout, R. J., Layton, H., Feller, A., Ferro, M. A., Biscaro, A., & Bieling, P. J. (2020). Public health nurse delivered group cognitive behavioral therapy (CBT) for postpartum depression: A pilot study. *Public Health Nursing*, *37*(1), 50-55.

Wenzel, A. (2024). Cognitive Behavioral Therapy for Perinatal Mental Health Disorders. In *The Routledge International Handbook of Perinatal Mental Health Disorders* (pp. 490-515). Routledge.

Woody, C. A., Ferrari, A. J., Siskind, D. J., Whiteford, H. A., & Harris, M. G. (2023). Perinatal depression prevalence and burden worldwide: A systematic review and meta-analysis. *PLOS Mental Health, 2*(1), e0000034. https://doi.org/10.1371/journal.pmen.0000034

Zauszniewski, J. A. (1995). Development and testing of a measure of depressive cognitions in older adults. *Journal of Nursing Measurement*, *3*(1), 31-41.

Zauszniewski, J. A. (1997). The depressive cognition scale: further psychometric evaluation. *Journal of Nursing Measurement*, *5*(2), 191-200.

Zauszniewski, J. A., Chung, C., Krafcik, K., & Sousa, V. D. (2001). Psychometric testing of the depressive cognition scale in women with type 2 diabetes. *Journal of Nursing Measurement*, *9*(1), 61-72.