

## Review Article

# Postpartum Depression: Role of Nurses in Early Identification and Management

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## I N F O

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## A B S T R A C T

Postpartum depression (PPD) is a significant public health concern affecting maternal well-being, infant development, and family dynamics. Early identification and management of PPD are crucial to mitigate adverse maternal and neonatal outcomes. Nurses, as frontline healthcare providers, play a critical role in screening, early detection, patient education, psychosocial support, and referral for treatment. This systematic review examines the role of nurses in early identification and management of postpartum depression. A comprehensive search of PubMed, Scopus, Web of Science, CINAHL, and Google Scholar was conducted for studies published between 2010 and 2024. Twenty-eight studies met inclusion criteria, encompassing randomized controlled trials, cohort studies, qualitative studies, and systematic reviews. Evidence indicates that nurse-led screening, psychoeducation, counseling, and referral significantly improve early detection, reduce symptom severity, enhance maternal coping strategies, and improve family functioning. Barriers identified include limited training, time constraints, stigma, and inadequate referral systems. Strengthening nursing competencies, integrating routine PPD screening, and developing culturally sensitive interventions are essential for effective early identification and management of postpartum depression.

**Keywords:** Postpartum Depression, Nurses, Early Identification, Screening, Maternal Mental Health, Psychoeducation, Systematic Review

## Introduction

Postpartum depression (PPD) is a common mood disorder that affects women after childbirth, with global prevalence estimates ranging from 10% to 20% (WHO, 2018). PPD is characterized by persistent sadness, anxiety, irritability, sleep disturbances, and impaired maternal functioning, which can adversely impact infant development, breastfeeding, and family relationships. Left untreated, PPD can escalate to chronic depression, impaired bonding, and in severe cases, maternal self-harm or infanticide.<sup>1</sup>

Early identification and intervention are essential to reduce the burden of PPD. Nurses play a pivotal role as frontline healthcare providers, particularly during antenatal, intrapartum, and postnatal care. Their responsibilities include educating mothers and families about PPD, screening for symptoms using validated tools, providing psychosocial support, counseling, and facilitating referrals for specialized mental health care.

Despite recognition of nurses' critical role, PPD often remains underdiagnosed due to factors such as stigma, lack of awareness, limited training in mental health, and

inadequate integration of mental health services into routine postnatal care. Understanding the strategies nurses employ in early identification and management, as well as barriers and facilitators, is essential to improving maternal mental health outcomes.<sup>2</sup>

This systematic review aims to synthesize current evidence on the role of nurses in early identification and management of postpartum depression, evaluate the effectiveness of nurse-led interventions, and identify challenges and best practices.

## Methodology

This systematic review followed the PRISMA guidelines for systematic reviews to ensure rigor and reproducibility (Moher et al., 2009). A comprehensive literature search was conducted across PubMed, Scopus, Web of Science, CINAHL, and Google Scholar for studies published between 2010 and 2024. Search terms included “postpartum depression,” “postnatal depression,” “nurses,” “early identification,” “screening,” “management,” “intervention,” and “psychoeducation,” using Boolean operators (AND, OR).<sup>3</sup>

## Inclusion Criteria:

- Peer-reviewed studies assessing the role of nurses in early identification or management of PPD.
- Randomized controlled trials, cohort studies, qualitative studies, and systematic reviews.
- Studies published in English between 2010 and 2024.

## Exclusion Criteria:

- Studies focusing solely on pharmacological management without nursing involvement.
- Editorials, opinion pieces, or conference abstracts.
- Duplicate publications or studies with unclear methodology.

All retrieved records were imported into Mendeley, and duplicates were removed. Titles and abstracts were screened for relevance, followed by full-text review. Data were extracted using a standardized form including author, year, country, study design, sample size, type of nurse intervention, screening tools, and outcomes.<sup>4</sup>

Methodological quality was assessed using CASP checklists for qualitative studies and JBI tools for quantitative studies. Due to variability in study designs and outcome measures, findings were synthesized narratively. Themes were categorized under nurse-led screening, psychoeducation and counseling, referral practices, maternal outcomes, and challenges/barriers.

## Results

The database search yielded 428 articles. After removing duplicates and screening titles and abstracts, 92 full-text

articles were assessed, and 28 studies met inclusion criteria. Studies were conducted across diverse healthcare settings in North America, Europe, Asia, Africa, and Australia, and included randomized controlled trials (n=10), cohort studies (n=6), qualitative studies (n=7), and systematic reviews (n=5). Sample sizes ranged from 50 to 1,500 postpartum women.

## Nurse-Led Screening and Early Identification

Validated screening tools such as the Edinburgh Postnatal Depression Scale (EPDS), Patient Health Questionnaire (PHQ-9), and Postpartum Depression Screening Scale (PDSS) were widely utilized by nurses to identify early symptoms of PPD. Routine nurse-led screening during postnatal visits improved early detection rates significantly. Studies indicated that up to 75% of women with early PPD symptoms were identified through structured nurse-led screening programs.

Nurses' ability to establish trust and rapport was crucial for disclosure of depressive symptoms. Effective screening required sensitive communication, empathy, and awareness of sociocultural factors influencing maternal mental health.<sup>5</sup>

## Psychoeducation and Counseling

Nurses provided structured psychoeducation to mothers and families, focusing on recognizing PPD symptoms, coping strategies, stress management, and the importance of social support. Psychoeducational interventions improved maternal knowledge, reduced anxiety, and enhanced coping skills.

Individual counseling and supportive nurse-patient interactions contributed to symptom reduction and improved maternal self-efficacy. Studies also demonstrated that group-based nurse-led interventions facilitated peer support and normalized maternal emotional experiences.

## Referral and Collaborative Management

Nurses played a central role in referring high-risk or symptomatic women to mental health specialists. Early referral to psychologists, psychiatrists, or community mental health programs ensured timely management and prevented symptom escalation. Collaborative approaches between nurses, midwives, obstetricians, and mental health professionals were associated with better outcomes, including reduced severity and duration of postpartum depression.

## Maternal and Neonatal Outcomes

Effective nurse-led identification and management were associated with improved maternal and neonatal outcomes:

- Reduced depressive symptom severity and duration.
- Enhanced maternal-infant bonding and attachment.
- Improved breastfeeding initiation and duration.

- Reduced maternal anxiety and stress, contributing to better infant developmental outcomes.

### Challenges and Barriers

Several barriers limited the effectiveness of nurse-led PPD identification and management:

- **Limited Training and Knowledge:** Many nurses lacked formal education in mental health assessment and intervention.
- **Time Constraints:** High patient loads limited opportunities for in-depth screening and counseling.
- **Stigma and Cultural Beliefs:** Mothers often hesitated to disclose symptoms due to fear of judgment or cultural perceptions of mental illness.
- **Inadequate Referral Systems:** Lack of accessible mental health services in some regions delayed treatment.
- **Variability in Practice:** Differences in screening frequency, tool utilization, and intervention protocols affected consistency of care.

### Discussion

This systematic review highlights the pivotal role of nurses in early identification and management of postpartum depression. Nurse-led screening using validated tools is effective for early detection, enabling timely interventions that prevent progression of depressive symptoms. Empathy, trust-building, and culturally sensitive communication enhance disclosure and engagement.

Psychoeducation and counseling interventions delivered by nurses empower mothers with knowledge and coping strategies, improving mental health outcomes and maternal confidence. Group-based interventions and family involvement further enhance psychosocial support, which is critical for maternal recovery and infant well-being.

Referral to mental health professionals and collaborative care models are essential for women with moderate to severe symptoms. Studies indicate that integration of nurses into multidisciplinary teams ensures continuity of care and reduces adverse outcomes.<sup>6</sup>

Despite demonstrated benefits, significant barriers remain. Lack of mental health training, time pressures, stigma, and systemic limitations compromise the effectiveness of nurse-led interventions. Addressing these challenges requires strategies such as:

- Incorporating mental health training into nursing curricula.
- Implementing standardized screening and counseling protocols.
- Strengthening referral pathways and access to mental health services.
- Promoting culturally sensitive care and reducing stigma through education and community engagement.

Globally, integrating routine PPD screening into postnatal care protocols and empowering nurses with skills and resources can improve maternal mental health outcomes and foster healthier mother-infant relationships.

### Challenges and Barriers

The effectiveness of nurses in early identification and management of postpartum depression is constrained by multiple factors:

- **Insufficient Mental Health Training:** Many nurses lack competencies in recognizing and managing PPD.
- **Time Constraints and Workload:** High patient-to-nurse ratios reduce opportunities for individualized assessment and counseling.
- **Stigma and Cultural Barriers:** Maternal reluctance to discuss emotional distress limits screening effectiveness.
- **Limited Mental Health Resources:** Scarce availability of psychiatrists, psychologists, or counseling services in low-resource settings impedes timely referrals.
- **Variability in Practice Standards:** Inconsistent screening practices and absence of structured protocols lead to under-identification of PPD.

Addressing these barriers requires comprehensive training programs, organizational support, standardized protocols, and policies that integrate mental health services into routine postnatal care.<sup>7</sup>

### Conclusion

Nurses play a central role in early identification and management of postpartum depression. Through routine screening, empathetic communication, psychoeducation, counseling, and timely referral, nurses improve maternal mental health outcomes, enhance mother-infant bonding, and support family well-being.

Strengthening nurses' competencies in mental health, implementing standardized screening protocols, and ensuring access to referral services are essential for effective PPD management. Culturally sensitive interventions and community engagement are critical to overcoming stigma and improving maternal participation in care.

Integration of nurse-led PPD identification and management into postnatal care protocols represents a cost-effective and impactful strategy to reduce the global burden of postpartum depression and promote positive maternal and neonatal outcomes.

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