**Title**

**Psychotherapy For Postpartum Depression/Psychosis In First Time Mothers**

#

**Abstract**

The proposed research title is designed to explore the current knowledge of postpartum depression with first time mothers and whether suitable early psychotherapy intervention could eliminate the possibility of postpartum depression or psychosis if the treatment becomes mandatory rather than being elective (current guidelines). In this systematic review the researcher will critically analyse previous literature relevant to the proposed title, there are many studies that have supported the intervention in being successful but reasons for why it should be mandatory will be further investigated in this study. Many of the relevant literature have shown psychotherapy in women with postpartum depression is significantly effective in treating the psychological condition. Further literature analysis will help confirm whether this type of treatment could be beneficial in the future for trusts within the field of psychiatry. This can lead to further cost saving measures for the interested parties as the prevention of on-going medical treatment costs post diagnosis can be eliminated if successful.

Key words – Psychotherapy, Postpartum, Depression, Psychosis.

**Table of Contents**

**Abstract** 2

**Introduction** 4

**Aim**.........................................................................................................................................................5

**Objectives**………………………………………………………………………………………………………………………………………….5

**Research question**..................................................................................................................................6

**Literature review** 6

**Interpersonal Therapy** 9

**Methodology** 10

**Paradigm** 11

**Research protocol** 14

**Search strategy**.....................................................................................................................................16

**Identification of studies** 18

**Study Selection** 19

**Quality Assessment: Appraisal of Rigour** 19

**Quality assessment: Ethical appraisal** 20

**Data Extraction** 21

**Data Analysis** 21

**Limitations**………………………………………………………………………………………………………………………………………22

**Dissemination** 22

**References** 23

# **Introduction**

Postpartum depression affects more than 1 in 10 women giving birth in the UK according to Postnatal depression - NHS Choices (2016) and could present anytime up to a year after giving birth. This percentage is considerably high and according to Dr Fitelson of women’s mental health program in Columbia, USA, it could be prevented and reduced drastically with psychotherapeutic interventions. The women struggle to adjust to the change of social role especially amongst the young first time childbearing women noted by (Elizabeth Fitelson et al, 2011). This can further implicate personal relationships with spouses, family members and friends that could cause depressive episodes not only to the mother but other members’ as well.

As first time young mothers may not have had previous exposure to maternal care and a lack of support in this field could lead to exhaustion, breakdown and neglect not only o the individual but also the infant involved (Maimburg and Væth, 2015). Apart from relationships adaptations, women will also find difficulty in their day to day lives for social events to economic struggle. Without the correct support and guidance for these women there are known elevated risks of postpartum depression.

According to Postnatal depression - NHS Choices (2016) the main factor influencing the lack of psychotherapy intervention is the waiting time for NHS patients; it’s recommended that women take on private consultations that may cause further financial burden to an already stressed and depressed individual. This problem could be resolved with the back log of patients not requiring consultation to be reviewed and removed from the waiting list (Trusler et al., 2006). Furthermore once back log has been effectively met, the introduction of arranging psychotherapy appointments from the date of expectancy (approximately 9 months) would allow time for the healthcare professionals and patient to structure an effective plan as well as creating a mandatory platform in which cancellations is not possible regardless of the outcome of pregnancy.

Few of the factors that patients take into consideration when choosing a treatment plan would be the finance (if any), convenience, preference and availability (Trusler et al., 2006). Even though many studies have been published in which psychotherapy has proven to be a success within postpartum patients (Elizabeth Fitelson et al, 2011), it is not tackling the problem as effectively as presented in these literatures due to the lack of availability, this will be further evaluated in the proposed study.

The implications of such a successful treatment are due to reversible factors such as unavailability and disorder. This has caused unnecessary cost to the health care system due to “fill in the gap” approach by giving alternative treatments, (which in most cases do not achieve the desired goal which is almost certain with psychotherapy) whilst the patients wait for a consultation.

 This study will critically analyse relevant literatures already exploring the field of psychotherapy to provide a better insight of the proposed therapy. The study will also explore whether there would be any benefit in proposing a mandatory plan, which might potentially improve the patient’s quality of life.

**Aim**

* To understand the significance of early psychotherapy intervention for the prevention of postpartum depression/psychosis in first time mothers.

**Objectives**

* Acknowledge the complications of postpartum depression/psychosis.
* To understand current treatment for postpartum depression/psychosis and its effectiveness.
* Gain an understanding of psychotherapeutic interventions.

**Research question**

Is there sufficient evidence to support mandatory psychotherapy intervention for postpartum depression/psychosis in first time mothers?

# **Literature review**

This section will illustrate and critique current literature with interest to the proposed research title. It will also give an insight into what is currently known about postpartum depression with first time mothers and whether there is sufficient data that can be used in concluding whether mandatory psychotherapy could eliminate postpartum depression in first time mothers.

In regards to finding relevant published research articles a search using Cochrane, google scholar and MedLine was administered. “A general search of postpartum depression in mothers” was entered initially and numerous entries appeared through the scholar search. To refine the search results for the specificity of the proposed research title, key words such as “postpartum depression”, “psychotherapy” and “first time mothers” will be used, this would help isolate a few relevant articles in various databases such as: MedLine, PubMed, Cochrane, Google scholar and CINAHL, the proposed searching method will be further explained in the selecting criteria section.

The following databases will provide various literature, many of which could not be of significance to the proposed study but show similar interest in the outcomes of the study, therefore a through in depth analysis of these literature papers will also reviewed for the interest of this study.

What is known about postpartum depression was clearly illustrated in Shaw E (2006) ‘Systematic review of the literature on postpartum care: effectiveness of postpartum support to improve maternal parenting, mental health, quality’*,* this systematic review has stated that “Postpartum nonpsychotic depression is the most common complication, affecting at least 13% of women over the age of 18 years, but this figure was lower when compared to teenage mothers which account for 26%” Shaw E, 2006, ‘Systematic review of the literature on postpartum care: effectiveness of postpartum support to improve maternal parenting, mental health, quality’. Majority of the studies have shown that the onset in which depression is presented by the woman usually occur within the first 6 weeks postpartum and this undoubtedly results in initiating drug treatment from a health professional (Epperson, 2016). Some of these women may develop further psychosis if left untreated, this can cause more severe implications rather than the original depression as this stage the woman may have to be separated from the infant for the well-being of the infant. Again this can aggravate the symptoms already presented and would result in further implications.

As current studies have shown there are numerous factors in which affect the causes of postpartum depression, varieties include social and economic changes, adaptations to new lifestyle and implementing changes within relationships. But with more in depth analysis of studies conducted by (Epperson, 2016) findings have shown there has been a strong correlation in women experiencing postpartum depression due to the psychosocial aspect, this involves the change of lifestyle mainly with young mothers that are not used to dealing with the care of an infant suddenly brought upon them. This study is supportive of the proposed research as it evaluates the depression within first time mothers. However, some studies suggest a huge factor towards postpartum depression results in the socioeconomic background of the woman according to Séguin L, e. article ‘Depressive symptoms in late postpartum among low socioeconomic status women’. Further research will highlight studies with the same conclusion but these will are factors that are of importance due to its known affinity to postpartum depression. In the proposed study these factors will be assessed in depth and further understanding to whether psychotherapy will be relevant for the various mentioned factors could have beneficial prognosis for the patients.

In accordance with ‘first time mothers’ and ‘postpartum depression’ a vital study undertaken by (Maimburg and Væth, 2015) has shown a controlled study analysing the risk of postpartum depression in first time mothers within the Danish nulliparous women. A total of 1193 women were randomly selected and 603 of these women did enrol in the study called ‘Ready for Child program’ (Maimburg and Væth, 2015). One of the recruitment criteria which will be important in the analysis of proposed research was that the participants must be ‘singleton pregnancy’ this indicates the participants in this trial have not been exposed to postpartum depression before thus eliminating any bias factors such as previous experience of psychotherapy or advise from specialists, which have helped them with their future pregnancies. The randomisation of the trial was conducted by a staff midwife that used the Danish unique civil registration that is used in assigning all Danish citizens. This system was incorporated an algorithm which would process individual numbers once to enable the accuracy and randomised selection of participants and also allocate an equal group of control and intervention group (Maimburg and Væth, 2015). This type of technique of random sampling is effective in acquiring a population of woman but it does not specify whether these woman were already exposed to information prior to the trial such as previous counselling or information packs received during antenatal period.

Psychotherapy is a general term given to the counselling of patients that suffers from stress, relationship and emotional problems, behavioural abnormalities and auditory/visual hallucinations. The therapies that have shown to be successful within the proposed study group are; cognitive behavioural therapy (CBT), cognitive analytical therapy (CAT) and interpersonal therapy (IPT) (Postpartum Progress, 2013). These therapies are currently being used for postpartum depressed women and has shown to be effective in almost all presenting cases, few have shown some signs of improvement but implications, such as delay in therapy being continued, has led to these individuals deteriorating in rehabilitation due to poor consistency being provided for the patients’ needs and lack of on-going intervention which has been proven to be of importance in this type of treatment (Postpartum Progress, 2013).

# **Interpersonal Therapy**

Interpersonal therapy is a form of psychotherapy that is designed in relieving symptoms presented by patients and begins to repair the functionality of the woman by implementing strict advice and allowing compromise that gives the patient the upper hand in the reformation. The techniques involved in the therapy is clearly defined in table 1 which was directly obtained from the Royal College of Psychiatrists, these highlight the theories, targets and tactics initiated by the IPT.

Studies showing the IPT intervention in postpartum depression has shown promising results in which not only can the individual benefit from overturning depressive mood but also partners and other individuals also affected by the woman’s condition can also be treated coherently (O'Hara et al., 2000). A study comparing the efficacy of antidepressants with IPT as first line treatment has shown there has been a rise in number of mothers that breastfeed are more likely to request for psychotherapy over medications such as antidepressants. This is due to the fact there has been limited contraindicating studies on the short and long term effects of taking antidepressants and the effect if any this will have on the child’s development (Elizabeth Fitelson, et al 2011). Majority of the studies however show minimal or null adverse effects in the child’s development but mothers have shown to be ‘hesitate’ in pursing drugs for depression, when IPT is known to work as or more effective as antidepressants. A review by (van Schaik DJ, 2016) indicated IPT is favourable amongst patients with depression in primary care and of these patients the postpartum women are strongly convinced IPT is their first line of desired treatment for depression. Two well-reviewed researches showed the importance and efficacy of IPT in treating postpartum depression, the two studies both showed the beneficial effect of using IPT but the second study went on further to compare with cognitive interventions and data shows that IPT was more successful in patients than the CBT or CAT.

**Table 1**, the following is a criterion in which the IPT is demonstrated. This table summarises the principals in how this therapy engages with the patients and its desired outcomes, Royal College of Psychiatrists (2016).

|  |
| --- |
| Psychiatric symptoms, interpersonal relationships, social support |
| *Tactics*: Interpersonal inventory |
| Interpersonal problem areas (3 main areas of focus in which IPT would be benefical) |
| Interpersonal disputes, role transitions, grief and loss – a young first time mother would fit within this criteria as she may experience at least any one of the three areas. She will meet the criteria for role transitions as a first time mother will not have the experience of giving birth, nurturing or bonding with a child prior to pregnancy. |
| Interpersonal formulation |
| Short-term acute treatment followed by maintenance treatment as needed – the therapy consists of maintaining a good rapport with the patient, establishing this early on will be a key in the effectiveness of the therapy. |
| Nontransferential focus of interventions |
| Present focus |
| Collaboration and goal consensus |
| Supportive and directive therapeutic stance |
| *Techniques*: |
| Communication analysis – the clinician will be assessing the patients approach and communication as this will help identify if the patient is willing to comply with the therapy. |
| Interpersonal incidents – having a good history will help rule out any future complications with one to one consultations. So making sure the patient hasn’t had problems confiding in others before could help in the therapy. |
| Use of content and process affect |
| Role playing – establishing scenarios could help the patient in accommodating to future similar scenarios in which she can be better prepared with. |
| ‘Common’ or ‘nonspecific techniques’ |

# **Methodology**

To be able to explore the proposed title it is vital that a systematic review of previous supporting and opposing literature in the articles are effectively revised. A systematic review enables one to obtain and critically analyses numerous research articles (Bettany-Saltikov, 2012). The advantage of conducting a systematic review would be the ability to gather a great proportion of literature that can provide in depth knowledge within the field of scope. Furthermore the evidence gathered in these studies may have limiting factors and this may cause gaps to appear within the literature, these gaps can be filled with further investigation through new research (Bettany-Saltikov, 2012). The research study is evidence based medical question and this type of question is heavily supported through randomised controlled studies that have been systematically reviewed (studies similar to mentioned in literature review).

# **Paradigm**

A paradigm is described as one quotes “a belief system (or theory) that guides the way we do things, or more formally establishes a set of practices. This can range from thought patterns to actions.” (What is your paradigm?,2016). Paradigms can be characterised into three headings: epistemology, ontology and methodology, these demonstrate how one would interpret the knowledge and acquire the skills in presenting the findings. The paradigms can be either: interpretivist, positivist, critical/subtle realist or critical theory, these all have different approaches in determining the methodology of the research (What is your paradigm?,2016).

It is assumed that the interpretivist paradigm was constructed to oppose those of the positivist approach in scientific methodology. The ontology of an interpretivist is best described as being a relativist, these results in the belief of everything that is known is due to the information gathered through primary data collection from studies that conduct experiments (Cohen D, et al, 2006). The subjectivist approach to the epistemology indicates that one sees the past as a vital component in the proposed research being undertaken. It is frowned upon to belief that knowledge gathered prior to the research is of no importance for the data being generated and that there should be a barrier in what is being observed without gaining prior understanding of the experimental sample (Angen, 2000). The methodology of an interpretivist consists of attaining data in the most direct way for example, observation, interviewing and extraction of original conducted data. This type of approach allows the researcher to focus on communicating and delivering a convincing article towards to the intended reader (Blumer, 1969).

A positivist paradigm is a belief based on the reality of gaining further knowledge naturally (opposite to that of an interpretivist). The ontology is regarded as being a realist, which expresses the feeling of and objective reality. This also is shown in the epistemology, which indicates the ability of subjects being able to absorb such ideology by the use of quantitative. The primary goal is to assume and recognise a general pattern between the cause and effect in prediction and control of such ideologies (Cohen D, et al, 2006). The methodology is mainly focused in the exploration of experimental and manipulative type of methods. This will implement a safeguarding between the subjective views of the researcher and the objective materials that are being analysed. As a result this type of paradigm usually the hypothesis is generated to be critically evaluated (Creswell, 1998).

Critical or subtle realist paradigms have been recently discovered in relation of the validity of interpretive research methods. Furthermore the paradigm is adamant in reforming a suitable criteria used in analysing qualitative research (Cohen D, et al, 2006). The ontology is of the same as of the positivist (realist) this is due to the paradigms goal of countering certain aspects of qualitative research analysis. The subjectivist epistemology is slightly modified from the approach portrayed in an interpretivist’s epistemology (Cohen D, et al, 2006). This adaption is mainly focusing on the objectivity is still present with the determination of attaining the specific techniques acquired by researchers. This result in a paradigm that separates the subject and object by providing an objective reality that can be assessed by the researchers to compare their ideologies to attain a certain truth (Cohen D, et al, 2006). But the fundamental aspect to such a paradigm is the ability of recognising the essential values of the researcher that gained through the various progression of the research. As the truth is portrayed through dialogue it is important to understand that the objective reality this paradigm expresses is not as complete as the other realist paradigms (What is your paradigm?,2016).

Critical theory was developed by researchers that were notably known to critically respond to other research that had a plausible counter argument. The historical ontology is a unique one in which reality is recognisable due factors such as ethnic, cultural, economic, political, social and gender based influences that have matured over time and formed a social structure that are perceived to be real (Creswell, 1998). The epistemology is of a modified subjectivist approach that states one cannot not distances themselves from the what is already known and this would lead to questions arising (Cohen D, et al, 2006). The vital component of this paradigm is the strict interaction that is being presented between the investigator and object. The overall outcome leads to the methodology of critical theorists becoming dependent on the dialogue; whilst manipulating the observation with conversation and reflection. This helps the researcher and participants acknowledge and challenge the realistic approach (Cohen D, et al, 2006).

#

# **Research protocol**

A research protocol in a systematic review is important as it will clearly state a strategic plan which safeguards the evidence obtained through the process relating to the proposed research question, and if another researcher was to replicate the study they could do so with the advised protocol. In this section clearly defined search strategy, quality assessment, data collection and synthesis will outline and justify the selections (University of Suffolk, 2016). It is important for this to be achieved in a systematic review as it shows both the intended readers and researcher that the sources obtained for the study was vigorously tested in a non-bias technique.

 Systematic reviews initially start with formulating a well-constructed and relevant title (Bettany-Saltikov, 2012). This can be achieved using two well-known techniques, the nursing and allied healthcare of university of Suffolk have mentioned that PICO and PEO as being the forerunners in accomplishing a good research question. Furthermore the university has also mentioned PICO being primarily used for a quantitative study and PEO for a qualitative study (University of Suffolk, 2016). As the proposed study was designed for a qualitative systematic review the question was formulated using the PEO method.

**Table 2**, the PEO method

|  |  |
| --- | --- |
| **P**opulation | Who are the participants? Target community? Age? Gender? Symptoms?In the proposed study this was “First time mothers”It is important to focus on first time mothers as this is the group that are more susceptible for diagnosis of postpartum depression/psychosis as studies suggest.  |
| **E**xposure | Specific exposure“mandatory psychotherapy”Exploring the need for making such early interventions mandatory would give the reader an insight of the advantage and disadvantages of implementing a guideline. |
| **O**utcomes | Improvements? Quality of life? Patients experience?“eliminate postpartum depression/psychosis”The study will help understand whether implanting such a plan would give the desired outcome mentioned above. By evaluating this outcome it can help have a better understanding for the review of the protocol currently being administered.  |

Using this approach has constructed the proposed research question. This has led to the next stage of the protocol that requires an inclusion and exclusion criteria for the following sections.

**Search strategy**

**Table 3**, the inclusion and exclusion criteria for searching relevant research.

|  |  |  |
| --- | --- | --- |
|  | Inclusion Criteria | Exclusion Criteria |
| Population | First time mothers. | -Multiple pregnancy women.-Partners with depression.These population should be excluded as the data will give false positive results. As the population have already been exposed to the diagnosis before this may give them the prior knowledge to handle the condition better than that of a first time diagnosis. |
| Exposure | Psychotherapy as treatment-CBT-CAT-IPT | Medication treatments (antidepressants) Previous exposure to psychotherapy.This study is exploring the benefits of psychotherapy as the first line treatment therefore patients already exposed to medication or previous psychotherapy would not be a fair assessment.  |
| Outcome | Studies that focus on first time mothers attending psychotherapy.Studies with postpartum depression in first time mothers.Efficacy of psychotherapy. | -Depression not related to postpartum.-Associate mental health conditions.-Studies analysing other members effected by the depression.As the study will be focusing on patients newly diagnosed with postpartum depression/psychosis, any other diagnosis would not be relevant for this study so it is important to rule out the population that may be suffering from other mental health conditions that may mimic a similar presentation. |

The technique of collating research relevant for the proposed question is achieved by the inclusion and exclusion criteria being effectively used in keyword search databases such as Cochrane, Google scholar, PubMed and CINAHL. **Table 3**, essentially shows the eligibility criteria for the studies that could be used in the proposed research, the fundamental aspect of the criteria is to form a strong and solid collation of studies for the review (Simpson, Sweetman and Doig, 2010). Search terms must also be highlighted clearly to obtain literature relevant to the proposed research, terms such as - first time, postpartum, depression, psychosis, psychotherapy, IPT, CBT. These key terms are what is of importance as it will help narrow down the search for the desired population, see table 4 for more search terms.

The inclusion criteria for the research studies are: first time mothers receiving psychotherapy to eliminate postpartum depression. This was not restricted to the date of studies as being able to analyse all relevant data is important in achieving heterogeneity, however the only limitation that was implemented was articles that were published in the previously named search databases this was due to a lot of grey literature that were not consistent with the proposed criteria e.g. the population did not fit with first time mothers or majority were commenting in women generally rather than a specific group of women. The main article that for filled all the criteria expectations and also provided essential information was O'Hara et al., (2000) which showed the efficacy of psychotherapy interventions in 12 first time mothers. Although O'Hara et al., (2000) had a relevant study, the sample size was too small to primary support the proposed research, this led to the composition of further studies that have examine over 200 women such has the study conducted by Pessagno and Hunker, (2013) this article examined 202 women and then selected a further 24 from the initial 202 using randomized selection to continue with the project.

The psychotherapy aspect of the proposed question was a general conception but individual studies chose to focus on specific psychotherapy such as IPT but then others compared the efficacy of different types of psychotherapy used in treating postpartum depression. Clark et al., (2003), has shown the efficacy of various types of psychotherapy, although the study focuses on woman generally whom are beyond the 6 weeks depressive period postnatally, the participants are of first time mothers which meet the inclusive criteria. However Clark et al., (2003), has mentioned types of psychotherapy that are not commonly used in the treatment of postpartum depression but the conclusion of the study has proved IPT as being effective which is one of the commonest type of treatment being received by patients.

# **Identification of studies**

Within this section one would create a table illustrating the different keywords used in identifying studies with alternative words but same criteria.

**Table 4**, illustrating different keywords and synonyms used in identifying relevant studies.

|  |  |  |
| --- | --- | --- |
|  | Keywords  | Synonyms  |
| Population | “First” “time” “mothers”  | “singleton” “pregnant” “women”  |
| Exposure  | “psychotherapy” “cognitive behavioural therapy” “cognitive analytic therapy” “interpersonal therapy” | “CBT” “CAT” “IPT” “alternative treatment” “directed personal treatment” |
| Outcome | “postpartum depression”“eliminate” | “pregnancy blues” “treatment” “cure”  |

**Table 4,** has clearly stated the keywords and synonyms used in searching within the electronic databases. CINAHL, PubMed, Google scholar and Cochrane library were the databases being chosen due to the recognition within the healthcare professionals (Bettany-Saltikov, 2012). Furthermore to the electronic databases it was recommended for one to search for grey literature as well to alleviate being bias, this led to manually searching through reference lists of published studies to check studies that were not previously recorded in any of the mentioned electronic databases (Bettany-Saltikov, 2012). **Table 5**, will be the structure one would use to complete the final findings once the proposed research is finalised.

**Table 5**, shows the record of studies being searched and obtained via electronic databases.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Electronic database used | Keywords and synonyms used | Total number of articles recorded  | Total number of articles relevant to proposed study | Date of the search conducted |
|  |  |  |  |  |

**Table 5**, the electronic databases will show a list of sources that can be checked for reliability and credibility. Keywords and synonyms used for the searches in these databases will help the researcher and readers find the article used for the study. The total amount of articles recorded can help narrow down the search if too many have flagged up as a more definite key term could be used to direct the researcher to the specific related articles. These important articles could be recorded in the relevance section of the table. The date of the searched article should also be recorded to keep track of the validity of the search.

# **Study Selection**

The choice of research papers being used for the proposed research would be determined through the inclusion and exclusion criteria as demonstrated in **Table 3**. This will result in the titles of the studies being selected are of relevance to ‘first time mothers receiving psychotherapy for treatment of postpartum depression’, this will already eliminate numerous studies that do not fulfil the criteria within their titles (Simpson, Sweetman and Doig, 2010). If there is some discrepancies within the title then a detailed examination of the studies introduction and abstract (if available) would give an insight to whether the study is of relevance, regardless of a misleading title (Simpson, Sweetman and Doig, 2010). The only limitation of this proposed technique would be the researcher, as the proposed study is being attempted by a single researcher it would be important for the researcher to adhere to the protocol therefore other researchers could replicate the study if necessarily. The protocol would be clearly defined as it will be essential in reducing the possibility of deviation by the sole researcher (Simpson, Sweetman and Doig, 2010).

# **Quality Assessment: Appraisal of Rigour**

One would perform a detailed analysis of each article that was used in constructing the final illustration of the proposed research question. This detailed analysis would comment on the papers integrity by critically evaluating the studies method, data analysis and overall design and presentation is of relevance to the proposed question and there is no deviation or contraindication (Young and Solomon, 2009). This type of evaluation is referred to as an internal validity where the papers dialogue is intensively reviewed. The external validity will consist of examining the article for the relevance and importance towards the proposed question, this can be demonstrated with the paper focusing on the desired outcome and not deviating to irrelevant outcomes (Jeanfreau and Jack, 2010). The proposed appraisal of rigour will be conducted through a specific critical appraisal tool, Critical Appraisal Skills Programme (CASP) is a common tool used for the understanding of issues being highlighted within each research study and present with a possible solution to alleviate the issue (Jeanfreau and Jack, 2010).

# **Quality assessment: Ethical appraisal**

The importance of ethics especially within evidence-based medicine is vital as the findings of relevant scientific research may contain personal information from participants within the study (e.g. Patients) that leads to the final conclusion of the research. The patient’s confidentiality will be maintained by the researcher by not publishing personal information in the study, this can be done by refereeing to the patients as number of participants rather than detailing names or age. Therefore it is essential that the researcher is able to identify and appraise literature specific to the proposed research, then appreciate the findings based on participants and accommodate towards personal preferences explicated by the participants, thus formulating an effective schedule that complies with both parties. This can be achieved by evaluating the data of selected papers as an overall result rather than exploring individual participant’s data which can interfere with the patient’s anonymity. As mentioned in the selecting criteria for studies there is vast amounts of literature available in the proposed field of study, thus raising an issue of the time scale required in analysing the ethics of each randomized control trials. To avoid spending too long on a studies ethical issues, one could summarises the proposed ethical findings from the literature being reviewed, this can save valuable time. However as Young and Solomon, (2009) mentioned it is possible for the researcher to primarily focus on only the ‘highest-quality’ research and to incorporate other studies where a shortfall of high quality papers with randomized trials is noted. This would lead the researcher to evaluate the measures held in previous literature in protecting the patient’s views of their data being exploited and whether there was an ethical issue raised in reviews by external researchers (Young and Solomon, 2009).

# **Data Extraction**

As a qualitative literature review the data extraction would be simply any information that is of relevance to the proposed research question. This may include gathering information of some primary data research within the field of interest but only to confirm the finds of other relevant studies without statistical evidence. As for the proposed questions information regarding postpartum depression within first time mothers along with the efficacy of psychotherapy within this specific group of women would be considered relevant information therefore will be extracted accordingly. Further information from articles will also be required for the reference list this will involve obtaining the author and publication details to back up the authenticity and validity of the study of interest.

# **Data Analysis**

The data from the relevant studies will defer from both quantitative and qualitative data (heterogeneous) this will result in being able to extract the data and narrate the findings in a structured format (Bettany-Saltikov, 2012). The research question will require narration of previous studies conducted within the field of interest and the researcher will portray this by interpreting results and conclusions within the different studies to formulate a single conclusion of findings, which includes criticism, similarities and differences of the articles to the proposed research question (Bettany-Saltikov, 2012). Meta-analysis will be considered to collate data as multiple studies will be consistent in treatment (psychotherapy). However if the studies provide some variations in the treatment, this could also be highlighted with meta-analysis as it can indicate the factor for the variations.

**Limitations**

The main limitation of the proposed study may be the compliance and honesty of the first time mother population. Some of the first time mothers may not be aware of the extent of their symptoms or have withdrawn from the research that may alter the results.

Another issue that could factor in is researcher bias, as the researcher will have an interest in the field of psychiatry and therefore is more inclined to support the proposed question. This bias would be strictly condemned as the research protocol will ensure the researcher is able to conduct the study in a revised pathway.

# **Dissemination**

The research question is of an evidence-based medical research, thus this type of study would be beneficial for the healthcare professionals specialising in postpartum depression. The findings of proposal will benefit in patient and infants quality of life as well as potentially eliminating the condition within first time mothers that could prove to be cost effective method with further research as addition to the current proposed study. The proposed study could be shared with NICE, psychiatry clinical leads and NHS senior management to be reviewed and considered as a possible change of management plan for future confirmed diagnosis.

# **References**

Angen, M. (2000). *Evaluating interpretive inquiry: reviewing the validity debate and opening the dialogue. - PubMed - NCBI*. [online] Ncbi.nlm.nih.gov. Available at: http://www.ncbi.nlm.nih.gov/pubmed/10947483?dopt=AbstractPlus [Accessed 24 Aug. 2016].

Bettany-Saltikov, J. (2012). *How To Do A Systematic Literature Review In Nursing: A Step-By-Step Guide*. Open University.

Blumer, H. (1969). *Symbolic interactionism*. Englewood Cliffs, N.J.: Prentice-Hall.

Clark, R., Tluczek, A. and Wenzel, A. (2003). Psychotherapy for Postpartum Depression: A Preliminary Report. *American Journal of Orthopsychiatry*, 73(4), pp.441-454.

Creswell, J. (1998). *Qualitative inquiry and research design*. Thousand Oaks, Calif.: Sage Publications.

Elizabeth Fitelson, K. (2011). Treatment of postpartum depression: clinical, psychological and pharmacological options. *International Journal of Women's Health*, [online] 3, p.1. Available at: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3039003/ [Accessed 24 Aug. 2016].

Epperson, C. (2016). *Postpartum major depression: detection and treatment. - PubMed - NCBI*. [online] Ncbi.nlm.nih.gov. Available at: http://www.ncbi.nlm.nih.gov/pubmed/10221309?systemMessage=Wiley+Online+Library+will+be+unavailable+on+Saturday+3rd+September+2016+at+08.30+BST%2F+03%3A30+EDT%2F+15%3A30+SGT+for+5+hours+and+Sunday+4th+September+at+10%3A00+BST%2F+05%3A00+EST%2F+17%3A00+SGT+for+1+hour++for+essential+maintenance.+Apologies+for+the+inconvenience [Accessed 24 Aug. 2016].

Erm.ecs.soton.ac.uk. (2016). *What is your paradigm?*. [online] Available at: http://www.erm.ecs.soton.ac.uk/theme2/what\_is\_your\_paradigm.html [Accessed 24 Aug. 2016].

Jeanfreau, S. and Jack, L. (2010). Appraising Qualitative Research in Health Education: Guidelines for Public Health Educators. *Health Promotion Practice*, 11(5), pp.612-617.

Maimburg, R. and Væth, M. (2015). Postpartum depression among first-time mothers – results from a parallel randomised trial. *Sexual & Reproductive Healthcare*, 6(2), pp.95-100.

Nhs.uk. (2016). *Postnatal depression - NHS Choices*. [online] Available at: http://www.nhs.uk/conditions/Postnataldepression/Pages/Introduction.aspx [Accessed 24 Aug. 2016].

O'Hara, M., Stuart, S., Gorman, L. and Wenzel, A. (2000). Efficacy of Interpersonal Psychotherapy for Postpartum Depression. *Archives of General Psychiatry*, [online] 57(11), pp.1039-1045. Available at: http://archpsyc.jamanetwork.com/article.aspx?articleid=481669 [Accessed 24 Aug. 2016].

Pessagno, R. and Hunker, D. (2013). Using Short‐Term Group Psychotherapy as an Evidence‐Based Intervention for First‐Time Mothers at Risk for Postpartum Depression. *Perspectives in Psychiatric Care*, [online] 49(3), pp.202-209. Available at: http://onlinelibrary.wiley.com/wol1/doi/10.1111/j.1744-6163.2012.00350.x/full [Accessed 24 Aug. 2016].

Postpartum Progress. (2013). *8 Types of Psychotherapy for PPD Treatment*. [online] Available at: http://www.postpartumprogress.com/8-types-of-psychotherapy-for-postpartum-depression-treatment [Accessed 24 Aug. 2016].

Cohen D., Crabtree B. “Qualitative Research Guidelines Project.” July 2006 [online] Available at: <http://www.qualres.org/HomeInte-3516.html> [Accessed 24 Aug. 2016]

 Séguin L, e. (2016). *Depressive symptoms in the late postpartum among low socioeconomic status women. - PubMed - NCBI*. [online] Ncbi.nlm.nih.gov. Available at: http://www.ncbi.nlm.nih.gov/pubmed/10655815 [Accessed 24 Aug. 2016].

Shaw E, e. (2006). *Systematic review of the literature on postpartum care: effectiveness of postpartum support to improve maternal parenting, mental health, quality o... - PubMed - NCBI*. [online] Ncbi.nlm.nih.gov. Available at: http://www.ncbi.nlm.nih.gov/pubmed/16948721 [Accessed 24 Aug. 2016].

Simpson, F., Sweetman, E. and Doig, G. (2010). A systematic review of techniques and interventions for improving adherence to inclusion and exclusion criteria during enrolment into randomised controlled trials. *Trials*, 11(1).

Stuart, S. (2012). Interpersonal Psychotherapy for Postpartum Depression. *Clinical Psychology &amp; Psychotherapy*, [online] 19(2), pp.134-140. Available at: http://onlinelibrary.wiley.com/doi/10.1002/cpp.1778/full [Accessed 24 Aug. 2016].

Trusler, K., Doherty, C., Mullin, T., Grant, S. and McBride, J. (2006). Waiting times for primary care psychological therapy and counselling services. *Counselling and Psychotherapy Research*, 6(1), pp.23-32.

University of Suffolk. (2016). *Using PICO & PEO*. [online] Available at: https://my.ucs.ac.uk/Library/Subject-Guides/Nursing,-Midwifery--ODP/PICO-Searching2.pdf [Accessed 24 Aug. 2016].

van Schaik DJ, e. (2016). *Patients' preferences in the treatment of depressive disorder in primary care. - PubMed - NCBI*. [online] Ncbi.nlm.nih.gov. Available at: http://www.ncbi.nlm.nih.gov/pubmed/15121346 [Accessed 24 Aug. 2016].

Young, J. and Solomon, M. (2009). How to critically appraise an article. *Nature Clinical Practice Gastroenterology & Hepatology*, 6(2), pp.82-91.