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Educational Media Effectively Prevent Postpartum Depression: A Systematic Review

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ABSTRACT

Background: The prevalence of detected postpartum depression (PPD) ranges from 10-25% of total deliveries. The impact of this condition does not only end with the mother but also has the potential to generate recurring cycles of mental health disorders in children if left unaddressed. Education is the most widely developed and successful intervention. This systematic review aims to evaluate the effectiveness of educational media in preventing postpartum depression. **Methods:** This study is a systematic review following the Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA) guidelines. The databases searched included PubMed, Scopus, and Google Scholar, covering articles published between 2010 and 2023. The inclusion criteria focused on studies using educational media interventions, while exclusion criteria removed articles lacking clear PPD-related outcomes. Out of 296 articles found, 6 studies met the inclusion and exclusion criteria. **Results:** The review findings indicate that the most developed models are Psychoeducation, Cognitive Behavioral Therapy Education, and Socioeducation. All three models are effective in addressing PPD. However, Psychoeducation is the most feasible medium for model development based on its accessibility, ease of implementation, and positive patient outcomes. **Conclusion:** These findings suggest that integrating psychoeducation into maternal health programs could serve as a practical and scalable intervention to reduce the risk of postpartum depression.



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INTRODUCTION

Postpartum depression is a mental health issue prevalent across the globe. This problem is not exclusive to low and middle-income countries, as even developed nations face similar challenges (Dadi, Akalu, Baraki, & Wolde, 2020; Umuziga, Adejumo, & Hynie, 2020). The Diagnostic and Statistical Manual for Mental Disorders defines postpartum depression as a condition that occurs during pregnancy through the first month after childbirth. However, researchers and clinical practitioners assert that the onset extends up to the sixth postpartum month, while others mandate it to be considered up to the first 12 months (O'Hara & McCabe, 2013; Sharma & Mazmanian, 2014).

Several studies indicate that the prevalence of postpartum depression (PPD) varies by region, demonstrating that it is a universal challenge with multifactorial causes. Influenced by elements such as study design, time frame, and differences in populations due to research conducted in different areas, the average global prevalence of perinatal depression stands at

11.9% (Woody, Ferrari, Siskind, Whiteford, & Harris, 2017). Other research indicates that the incidence of postpartum depression in regions or countries with low to middle per capita income is higher, ranging from 19-25%. In contrast, cases in nations or regions with high per capita income fall within the range of 10-15% (Gelaye, Rondon, Araya, & Williams, 2016). This disparity highlights the influence of socio-economic factors in PPD occurrence.

Postpartum depression can have far-reaching impacts with profound effects. Besides the burden of mental health morbidity, infants under the care of mothers with postpartum depression (PPD) are at risk of serious health disorders and potential mental disturbances if not adequately addressed. These risks extend to cognitive and emotional development in children, potentially leading to long-term consequences. The repercussions of these possibilities further contribute to increased economic burdens on the healthcare sector due to the resulting treatment costs (Slomian, Honvo, Emonts, Reginster, & Bruyère, 2019). Triggers for postpartum depression include the effects of the challenges faced by mothers in nurturing their babies, such as breastfeeding issues, altered sleep patterns, and the mother's responsibility to ensure the safety and health of the infant. Another significant factor contributing to PPD is the mothers' excessively high expectations in setting standards for meeting the baby's needs, leading to feelings of guilt when unable to meet them.

Long-term antenatal depression can affect a child's emotional management abilities, behavioral disorders, and cause feelings of insecurity, socioemotional development issues, making the child more temperamental and prone to behavioral dysregulation (Kvalevaag et al., 2013; Madigan et al., 2018). Furthermore, some studies suggest that the impacts of this depression can persist into adulthood, leaving individuals without the skills to manage the same issues when they become parents, thereby creating a cycle of recurring mental health disorders (Caparrós-González, Rodríguez-Muñoz, Caparrós-González, & Rodríguez-Muñoz, 2020; Rodríguez-Lopez et al., 2021). The cyclical nature of this issue underscores the importance of preventive measures to break the cycle of intergenerational mental health problems.

Given the high prevalence and significant consequences stemming from postpartum depression, preventive interventions are critical. Various prevention and treatment efforts are being pursued, with preventive measures being the primary choice. One of the most popular interventions is providing education to pregnant mothers. Educational interventions aim to equip mothers with knowledge and coping strategies, helping to reduce the risk of PPD before it manifests. Various types of PPD prevention educational media have been developed, including booklets, psychoeducation, visual media, online learning classes for mothers and partners, and various other media. However, despite these intervention options, there is a lack of literature clarifying the effectiveness of these various media types. Several published literature reviews are limited to analyzing only one type of media, thus failing to address this need (Missler, van Straten, Denissen, Donker, & Beijers, 2020; Pan, Chang, Chen, & Gau, 2019). Therefore, this systematic literature review is proposed to examine the effectiveness of using various educational media in preventing postpartum depression.

METHODS

This systematic review was conducted following the Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA) (Cajal, Jiménez, Gervilla, & Montaña, 2020; Moher, Liberati, Tetzlaff, Altman, & PRISMA Group, 2009). A protocol was developed to guide the various steps underlying this systematic review and was registered in PROSPERO, the International Prospective Register of Systematic Review (ID: CRD42020168065).

The data sources used for literature search were the online databases MEDLINE (PubMed) and Science Direct, as well as manual searches in Indonesian-language databases. These databases were chosen based on their accessibility and comprehensive coverage of both global and regional studies related to health sciences. This choice was made by the authors due to time constraints and available resources. The articles used were in both Indonesian and English and were published between 2017 and 2022. The search terms in English included the keywords ("postpartum depression") AND ("intervention") OR ("Prevention") and in Indonesian, the search terms included ("depresi pasca persalinan") AND ("intervensi") OR ("pencegahan"). Manual

searches on Indonesian-language Google databases involved articles up to 2014 due to the availability of relevant literature in earlier years.

The reference lists of the selected papers were examined to identify the possibility of other relevant articles. The analysis of articles followed the previously established inclusion and exclusion criteria. To be included in the review table, articles had to meet the following inclusion criteria:

- 1 Population: Pregnant women over 18 years of age;
- 2 Intervention: Provision of education aimed at preventing postpartum depression (depression during pregnancy through the first 12 months after delivery);
- 3 Outcome: Depression symptoms measured by structured clinical interviews or validated self-report screening questionnaires (e.g., the Edinburgh Postnatal Depression Scale);
- 4 Study Design: Quasi-experimental intervention studies aimed at preventing postpartum depression.

The exclusion was performed if the article did not evaluate the success of educational interventions, if the intervened subjects were not pregnant women, or if the article did not contain information on the media used in the educational intervention. The focus on educational interventions was chosen because these are the most accessible and scalable methods for preventing PPD in various populations. Other types of PPD interventions, such as pharmacological or therapeutic methods, were excluded to maintain this focus.

The articles found in the database were then exported to an Excel file and underwent selection to identify any duplicate articles. The authors then conducted a screening of titles and abstracts as needed. To ensure objectivity, two independent reviewers were involved in the screening and selection process. Any disagreements were resolved through discussion, and if consensus could not be reached, a third reviewer was consulted. Eligible articles were then extracted and examined for suitability for the review. A data collection form was used to extract relevant information from the selected articles. The extracted data included:

- 1 Authors, year of publication; study objectives; methodology used; sample size;
- 2 Participant characteristics – number of participants and average age;
- 3 Intervention characteristics – type (e.g., CBT, IPT); delivery format (face-to-face, individual, group, online); intervention duration (range); number of sessions (range); timing of intervention (during pregnancy, postpartum, or both); follow-up duration;
- 4 Outcomes measures;
- 5 Risk of bias;
- 6 Key findings; effect estimates.

If any articles in the summary table were uncertain, resolution was made by referring to the research's inclusion and exclusion criteria. The synthesized information was presented in a structured data table format, allowing for a clear comparison of study outcomes, intervention methods, and the overall impact of educational media in preventing PPD.

RESULT

The search results were summarized in a PRISMA flow diagram (Figure 1). The initial search identified a total of 296 articles from the online database search and 5 articles from the manual search. After eliminating duplicate articles and conducting exclusion based on title and abstract (first screening), 61 articles remained. After the second screening, 25 relevant articles were obtained. The assessment of articles suitable for evaluation resulted in 7 articles, of which 6 were included in the systematic review.

Table 1 summarizes the characteristics of the reviewed articles, including sample size, study design, intervention types, and key findings. The study sample consisted of pregnant mothers with varying gestational ages between 16-30 weeks who received postpartum depression prevention interventions. Although all studies conducted pre- and post-intervention evaluations, 83.3% were quasi-experimental studies, while the remainder were cohort studies and randomized controlled trials. One article utilized the development of educational media involving communication technology as part of the intervention. Most interventions were delivered through face-to-face

psychoeducational sessions or technological platforms.

Among the studies, psychoeducation was the most frequently employed intervention, present in 50% of the articles. The psychoeducational interventions generally targeted increasing awareness and coping strategies for PPD. The studies indicated varying levels of effectiveness based on intervention type and duration. Brief cognitive behavioral therapy (CBT) and psychoeducation showed the highest impact in preventing PPD, with statistically significant differences in depression scores reported in 66.6% of these studies. In one study, although both intervention and control groups showed a reduction in depression levels, the difference was not statistically significant, suggesting that intervention intensity or duration might affect outcomes. Although all studies conducted pre- and post-intervention evaluations, 83.3% were quasi-experimental studies (Missler et al., 2020; Pan et al., 2019; Ramphos, Kelman, Stanley, & Barrera, 2019; Shimpuku et al., 2022; Shorey et al., 2019), with the remainder being cohort studies (Pinheiro et al., 2021), and one article utilized the development of educational media involving communication technology the intervention (Shorey et al., 2019).

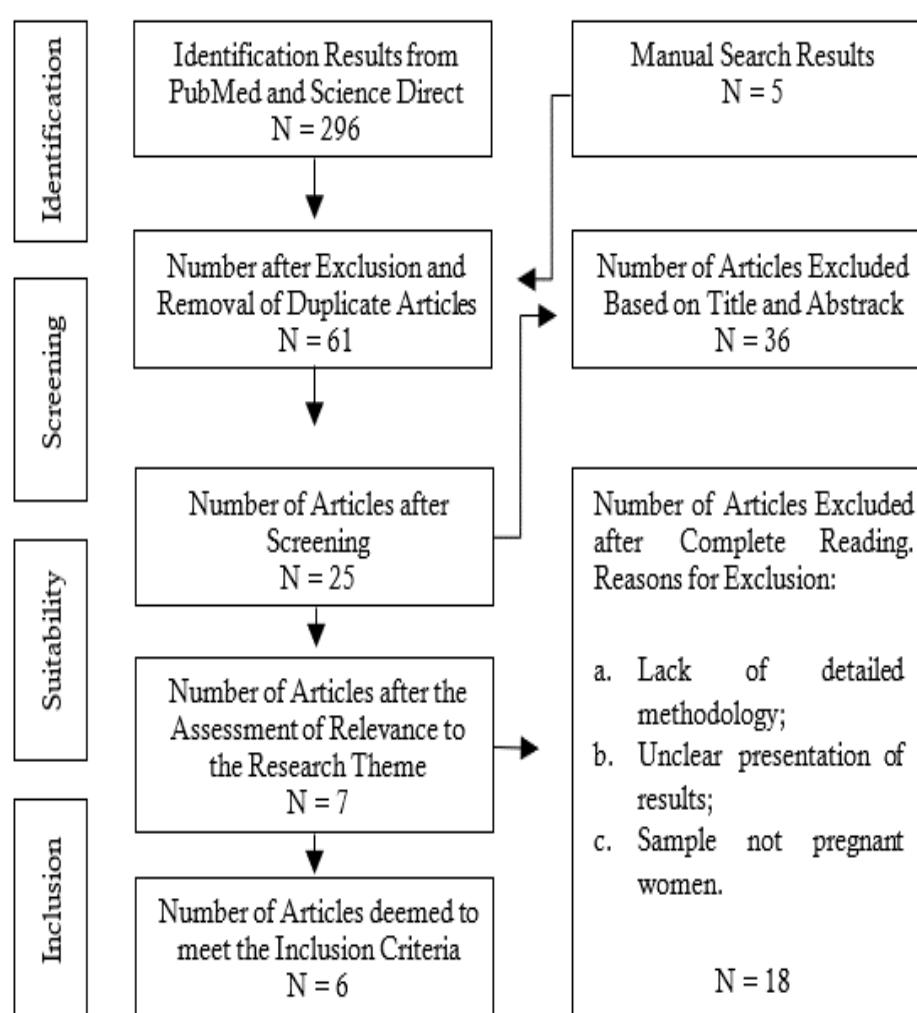


Figure 1: PRISMA Diagram

Table 1. Systematic Review

No	Title	Author, Journal, and Year of Publication	Research Objective	Research Method	Education Media/Technique	Sample	Key Research Findings	Conclusion
1	Brief cognitive behavioral therapy in pregnant women at risk of postpartum depression: Pre-post therapy study in a city in southern Brazil	(Pinehiro et al., 2021) Journal of Affective Disorders https://doi.org/10.1016/j.jad.2021.04.031	Evaluating the Effectiveness of Preventive Cognitive Behavioral Therapy (CBT) for PPD	<i>Pre-post therapy study, as part of a population-based cohort study.</i>	<i>Preventive cognitive behavioral psychotherapy.</i> The CBT technique used is an adaptation of the Beck and Miller Cognitive Behavioral Psychotherapy manual developed by Aaron Beck (1964)	The sample size was 578 pregnant mothers, divided into 2 groups: - 242 in the Treatment Group - 336 in the Control Group The sample was randomly selected, with 50% from urban areas	- The prevalence of PPD in the risk group was 5.5% and in the control group was 2.2%. - There was no difference between the groups (PR 1,66 95% CI 0,44-6,18). - The average OQ-45 gradually decreased during the therapy sessions, indicating therapeutic progress	Brief cognitive-behavioral therapy applied by mental health professionals with basic training is effective in preventing the manifestation of PPD
2	Prenatal education program decreases postpartum depression and increases maternal confidence: A longitudinal quasi-experimental study in urban Japan	(Shimpuku et al., 2022)	Assessing the Impact of the HUG Your Baby Education Intervention on Preventing Postpartum Depression and Associated factors in Expectant Mothers	The study employed a longitudinal, quasi-experimental design, with an intervention and a control group,	"Hug Your Baby" Education The education was conducted once for pregnant mothers in groups of 20 respondents per group	Pregnant mothers at thirty weeks of gestation. The sample size was 221 respondents, with 100 in the intervention group and 121 in the control group	- There was no difference in the EPDS scores between the intervention and control groups at the beginning of the study (0,093) - Assessment at 3 months post-intervention showed different EPDS scores between the treatment and control groups - After the intervention, the EPDS scores decreased by 6.93 in the treatment group	HUG Your Baby reduces the risk of postpartum depression in the intervention group. The HUG Your Baby Program has a positive impact in preventing postpartum depression and increasing parental confidence

No	Title	Author, Journal, and Year of Publication	Research Objective	Research Method	Education Media/Technique	Sample	Key Research Findings	Conclusion
							and 5.66 in the control group 3 months	
3	Effectiveness Of Psychoeducation On Postpartum Depression In RSIA Sitti Fatimah and RSIA Pertiwi Makassar 2014	(Hikmah Basri et al., 2014)	Investigating the Effectiveness of Psychoeducational Intervention on Postpartum Depression at Sitti Fatimah Hospital and Pertiwi Hospital in Makassar City	Quasi-experimental design with a research prevalence follow-up study employing a non-randomized pre-test post-test control group design.	- Booklet - Psychoeducation	Sample: The study included 78 mothers who had undergone prenatal check-ups at the hospital based on the Estimated Due Date (EDD) of the Doctor, indicating delivery within 5-7 days, and were diagnosed with depression.	Difference in depression levels before and after intervention: - booklet: There was a decrease in the depression level by 5.0 points, or 34,5% - Psychoeducation: There was a decrease in the depression level by 6.3 points, or 45.4 %	The highest percentage reduction was observed in the psychoeducational intervention group
4	Evaluation of a Technology-Based Peer-Support Intervention Program for Preventing Postnatal Depression: Randomized Controlled Trial	(Shorey et al., 2018) J Med Internet Res 2019 vol. 21 iss. 8 e12410	Evaluating the Effectiveness of the Technology-Based Peer-Support Intervention Program (PIP) for Mothers during the Early Postpartum Period	<i>Randomized, parallel-armed controlled trial was conducted</i>	The study involved pregnant mothers' peers to participate in providing support from pregnancy to postpartum. Activities were conducted with the assistance of the Technology-Based Peer-Support Intervention Program (PIP) media	There were 138 respondents, divided into two groups, with 69 respondents in the intervention group and the rest in the control group	There was a significant statistical difference in the Edinburgh Postnatal Depression Scale scores between the intervention and control groups at the 3 rd month: (d=-2.11; 95% CI -4.0 ke -0,3; P=0,03)	The <i>Technology-Based Peer-Support Intervention Program</i> (PIP) intervention has proven effective in reducing the risk of PPD

No	Title	Author, Journal, and Year of Publication	Research Objective	Research Method	Education Media/Technique	Sample	Key Research Findings	Conclusion
5	Assessing the effectiveness of mindfulnessbased programs on mental health during pregnancy and early motherhood - a randomized control trial	(Pan et al., 2019) BMC Pregnancy and Childbirth (2019) 19:346 https://doi.org/10.1186/s12884-019-2503-4	Assessing the Efficacy of Mindfulness-Based Labor and Parenting Program in Enhancing Psychological Well-being during the Postpartum Period	Randomiz-ed controlled trial with single blinding.	The mindfulness-based program (MBPC) intervention consisted of 8 sessions, each lasting 3 hours, including 1 hour of meditation. The sessions were conducted once a week	A sample of 104 pregnant mothers, with gestational age ranging from 13 to 28 weeks, was allocated to the intervention and control groups	- Stress scores and depression scores were significantly better in the intervention group compared to the Control group at 3 months postpartum (F = 7,19, p = 0,009 dan F = 7,36, p = 0,008) - There was no significant difference between groups identified for mindfulness scores at 3 months postpartum	MBPC intervention has been proven effective in reducing postpartum stress and depression. The program provides long-term benefits during pregnancy and childbirth, facilitating the transition of pregnant women into parenthood
6	Effectiveness of a psycho-educational intervention for expecting parents to prevent postpartum parenting stress, depression and anxiety: a randomized controlled trial	(Missler et al., 2020) Missler et al. BMC Pregnancy and Childbirth (2020) 20:658 https://doi.org/10.1186/s12884-020-03341-9	Testing the Effectiveness of a Brief Psychoeducational Program to Prevent Postnatal Parenting Stress and Improve Parental Well-being and Parenting Quality	<i>Randomiz-ed controlled trial with two parallel groups: an intervention and a waitlist control group</i>	The intervention used brief and limited psychoeducation. The conveyed material included: - Adapting to parenthood - Baby's crying patterns - Feeding techniques - Sleep arrangements	The respondents consisted of 138 pregnant mothers, ranging from 26 to 34 weeks, along their partners	The analysis results indicated that the brief psychoeducational intervention resulted in a decrease in the mean depression score in the intervention group:: 4.82 (4.20) Control: 4.44 (3.34)	Despite a decrease in the level of depression after the intervention, there was no significant difference between the two groups of respondents

All articles included the effectiveness of educational media interventions on the occurrence of postpartum depression. Psychological evaluations were measured using validated metrics. From the entire set of reviewed articles, 50% of them employed psychoeducation interventions (Missler et al., 2020). Two articles discussed socio-educational education studies (Shimpuku et al., 2022; Shorey et al., 2019), and one article focused on a mindfulness-based program intervention (Pan et al., 2019). The number and duration of the interventions varied, ranging from a single short-duration intervention to a 3-hour session held 8 times. All final evaluations were conducted in the first and third months post-delivery.

Among the articles that reported the effectiveness of psychoeducational interventions, 66.6% indicated a statistically significant difference between the intervention and control groups. Thus, psychoeducation was deemed effective in preventing PPD, including when implemented with Cognitive Behavioral Therapy (CBT) (Basri, Zulkifli, & Abdullah, 2014). In contrast, one other article stated that although there was a decrease in the depression level in both the intervention and control groups, there was no significant difference between them (Missler et al., 2020). Meanwhile, both socioeducational research studies, whether using technological applications or not, were effective in reducing the level of postpartum maternal depression (Shimpuku et al., 2022; Shorey et al., 2019). A detailed synthesis review can be found in the following systematic review table.

Among the studies that reported statistically significant findings, the reduction in depression scores ranged from 2.11 to 6.93 points, depending on the intervention type and duration. Socioeducational studies utilizing technology-based interventions demonstrated a positive impact on reducing PPD levels, suggesting that integrating digital platforms into psychoeducational efforts could enhance accessibility and engagement. However, these interventions require further validation to ensure long-term effectiveness.

DISCUSSION

This systematic review aims to examine the effectiveness of educational media usage in preventing postpartum depression. It emphasizes the choice of psychoeducation based on its effectiveness in managing depressive mental health, as indicated by the systematic review. The therapy introduces mothers to the changes in their roles, including their roles as parents, understanding baby nutrition, self-care, and adjusting their rest time, emphasizing the importance of the father's role in parenting (Atkinson & Kenneally, 2021; Pinheiro et al., 2021). Parents equipped with sufficient knowledge and skills are better prepared for the transformative aspects of parenting. This readiness is expected to help reduce stress and depression, thus preventing PPD. However, some studies showed inconsistent results. For instance, research from 2020 indicated that despite reductions in depression levels, there was no statistically significant difference between the intervention and control groups (Missler et al., 2020). This highlights the potential variability in outcomes depending on study design, sample size, or intervention delivery.

Another consideration for using this intervention is that psychoeducation is a preventive measure that can be repeated without significant costs, yet it can produce maximum effects compared to similar interventions (Missler et al., 2020). This cost-effectiveness, combined with its flexible delivery modes, makes psychoeducation more feasible for widespread implementation, especially in low-resource settings. However, the review suggests that a significant amount of time is required to maximize its effectiveness, particularly when combined with CBT (Pinheiro et al., 2021). Furthermore, this model serves as a non-formal learning method to facilitate the initial journey into parenthood. Psychoeducation is not limited to face-to-face interactions; as long as the knowledge is effectively conveyed, it can be combined with other interventions, including the development of intervention models in the form of websites and android technology to enhance educational accessibility (Duffecy, Grekin, Long, Mills, & O'Hara, 2022; Missler et al., 2020).

The selection of CBT for the prevention of PPD in the at-risk group is made because this intervention is the primary recommendation for postpartum depression management by the National Institute for Health and Care Excellence (NICE, 2014; Pinheiro et al., 2021). The

effectiveness of CBT can gradually reduce the risk of occurrence by 5.5% when the intervention is conducted over 6 sessions. These findings align with research that found a significant reduction in depressive symptoms from pre-to post-treatment (Nillni, Mehralizade, Mayer, & Milanovic, 2018). CBT is a therapy that aims to change an individual's behavior by altering their thought patterns. The expected effect is to help when they realize they are in an erroneous mindset. The ability to manage stress will minimize the potential for depression and help improve mental health. Similarly, in postpartum mothers, this method is expected to help them identify issues and find solutions so that they do not have adverse effects on their mental and emotional stability when confronted with postpartum changes (Nakao, Shiotsuki, & Sugaya, 2021).

While CBT is effective, it may be less feasible in some settings due to the requirement for trained therapists and regular face-to-face sessions. In low-resource or rural areas, this could be a barrier to implementation, making psychoeducation a more practical alternative in these environments. During the implementation of CBT therapy, patients and therapists are required to have face-to-face sessions to facilitate the process and maximize its results. Direct face-to-face approach also helps the therapist understand the patient's condition and facilitates the establishment of a bond between the therapist and the patient. Thus, their commitment will be stronger, making it easier for the therapist to guide the patient towards a better mindset (Fenn & Byrne, 2013). This process results in the use of CBT requiring a long duration for its implementation. The longer the duration of the intervention, the greater the effect produced. Furthermore, the success rate of therapy and education is also determined by the professionalism of the care provider (Mendelson, Cluxton-Keller, Vullo, Tandon, & Noazin, 2017). Therefore, in contexts where resources are limited, the combination of psychoeducation with digital delivery could provide a more accessible option for PPD prevention.

Another specific therapy is socio-education, which is a part of psychoeducation and is often chosen for interventions in mental health disorders related to an individual's ability to maintain relationships with their social environment. This type of therapy is popularly used as an intervention for behavioral deviations in adolescents and can also be utilized in the management of PPD (Missler et al., 2020). The therapy is recommended to be conducted with the individual and their family in order to strengthen coping strategies through the support of close relatives. This method emphasizes problem-solving, coping with extreme changes, and threatening situations, both cognitively and behaviorally. Learning is facilitated by adding insights or knowledge to the individual about the issues they will face so that they can understand the situation well and know how to deal with it. Thus, it is expected that mental disorders can be minimized with these mechanisms (Atkinson & Kenneally, 2021).

Socio-educational therapy activities do not require a special place and can be conducted directly through face-to-face interactions or using media aids such as posters, booklets, leaflets, video, and even explorations if necessary. The therapy process requires the presence of a companion such as the family, which is the key to the success of the intervention. Therapists must build trust with the individual and the companion to be able to conduct appropriate assessments and provide an understanding to the family of how the therapy will benefit them, thus helping to prevent and manage emotional disorders with effective coping strategies (Atkinson & Kenneally, 2021). Socioeducation, particularly when combined with digital platforms, shows promise in expanding access to mental health interventions, as it can be delivered in a more flexible, cost-effective manner.

The use of this technique in preventing PPD has been reported to yield consistent results, whether therapy is aided by digital communication media or conducted directly. Changes in the average EPDS score are evident in the third month postpartum (Shimpuku et al., 2022; Shorey et al., 2019). The support from people surrounding the mother has a significant impact in managing PPD. This is evident from the results of the decrease Edinburgh Postnatal Depression Scale Scores for mothers who received the intervention (Ramphos et al., 2019). Looking forward, future research should focus on optimizing digital platforms for PPD prevention interventions, ensuring that these tools are both accessible and scalable in various socio-economic contexts.

Limitations of the studies reviewed include small sample sizes, variability in study designs, and potential biases in self-report measures. These limitations may affect the generalizability of

the findings, emphasizing the need for more robust, large-scale trials to confirm the effectiveness of these interventions across diverse populations.

CONCLUSION

Psychoeducation, socio-education, and Cognitive Behavioral Therapy (CBT) have all demonstrated effectiveness in preventing postpartum depression. However, the feasibility of psychoeducation and socio-education, particularly their adaptability to various settings and ease of implementation, makes them especially promising for widespread use. These interventions can be implemented in diverse healthcare settings with minimal resources, which is a key factor in reducing postpartum depression, particularly in low-resource settings. CBT, while effective, requires specialized skills in its application, making it less user-friendly for widespread implementation without trained professionals. Healthcare professionals could integrate psychoeducation and socio-education into standard prenatal care to empower mothers and families, thus reducing the burden of postpartum depression on mothers, children, and families.

Future research should explore the potential of combined interventions, such as integrating psychoeducation with digital media or CBT, to address the diverse needs of women at risk for postpartum depression. Tailored approaches that consider cultural, socio-economic, and individual differences could further enhance the effectiveness of these interventions.

This systematic review is limited by the small number of studies, the geographic focus of the included research, and the reliance on specific databases. Future systematic reviews should aim to include a broader range of studies to confirm these findings and provide more comprehensive insights.

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