

## EFFECTIVENESS OF MINDFULNESS COGNITIVE BASED THERAPY INTERVENTION ON POSTPARTUM DEPRESSION: A SYSTEMATIC REVIEW

*Efektivitas Intervensi Terapi Kognitif Berbasis Mindfulness pada Depresi  
Pascapersalinan: Tinjauan Sistematis*

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### ABSTRAK

Depresi pasca persalinan (DPP) merupakan isu kesehatan penting yang berdampak pada kesejahteraan ibu, perkembangan anak, dan dinamika keluarga. Berbagai intervensi psikologis non-farmakologis, termasuk Terapi Perilaku Kognitif (CBT), Terapi Kognitif Berbasis Mindfulness (MBCT), serta intervensi berbasis mindfulness, telah diteliti sebagai pendekatan alternatif. Meskipun menunjukkan potensi manfaat, masih terdapat perbedaan dalam desain penelitian, karakteristik responden, serta metode intervensi yang memengaruhi hasil efektivitas. Penelitian ini bertujuan menilai kelayakan dan efektivitas CBT, MBCT, dan mindfulness pada ibu dengan DPP melalui tinjauan sistematis menggunakan daftar PRISMA-SR dan kerangka PICO. Literatur ditelusuri dari PubMed, ScienceDirect, EBSCO, dan Research Rabbit dengan rentang tahun 2014-2024. Dari 576 artikel, 12 studi kuasi-eksperimental dan uji coba terkontrol acak memenuhi kriteria inklusi, meliputi penelitian di negara maju maupun berkembang. Hasil menunjukkan intervensi CBT, MBCT, dan mindfulness efektif menurunkan gejala DPP, dengan Edinburgh Postnatal Depression Scale (EPDS) sebagai instrumen utama. CBT lebih efektif pada tahap awal, sedangkan MBCT berfungsi sebagai terapi lanjutan dan pemeliharaan. Secara keseluruhan, intervensi psikologis individu lebih hemat biaya dibanding perawatan standar. CBT dan MBCT terbukti sama-sama layak sebagai pilihan terapi, namun diperlukan penelitian lanjutan untuk menilai efektivitas jangka panjang serta integrasinya dalam layanan kesehatan ibu.

**Kata kunci:** depresi pasca persalinan, intervensi, kesehatan mental ibu, mindfulness, terapi perilaku kognitif

### ABSTRACT

Postpartum depression (PPD) is a significant health issue that affects maternal mental well-being, infant development, and family dynamics. Various non-pharmacological psychological interventions, including Cognitive Behavioral Therapy (CBT), Mindfulness-Based Cognitive Therapy (MBCT), and mindfulness-based interventions, have been explored as alternative approaches. While these interventions have demonstrated potential benefits, variations in study design, participant characteristics, and delivery methods contribute to inconsistent findings regarding their effectiveness. This systematic review aims to evaluate the feasibility and effectiveness of CBT, MBCT, and mindfulness interventions for mothers with PPD, following the PRISMA-SR checklist and the PICO framework. Literature was retrieved from PubMed, ScienceDirect, EBSCO, and Research Rabbit, covering publications from 2014 to 2024. Out of 576 identified articles, 12 studies met the inclusion criteria, comprising quasi-experimental designs and randomized controlled trials conducted in both developed and developing countries. Findings indicate that CBT, MBCT, and mindfulness interventions significantly reduce

PPD symptoms, with the Edinburgh Postnatal Depression Scale (EPDS) serving as the primary measurement tool. CBT was found to be more effective in the initial phase of intervention, while MBCT showed advantages as an adjunctive therapy for maintenance and relapse prevention. Overall, individualized psychological interventions were more cost-effective than standard postpartum care. Both CBT and MBCT demonstrated comparable outcomes in reducing depressive symptoms, suggesting their feasibility as viable therapeutic options. Further research is required to examine long-term effectiveness and integration into maternal health programs.

**Keywords:** *cognitive behavioral therapy, intervention, maternal mental health, mindfulness, postpartum depression*

## INTRODUCTION

Worldwide, around 10% of expectant mothers and new mothers suffer from depression [1]. One of the most prevalent mental illnesses that may occur after giving birth is postpartum depression (PPD), which usually appears between two to six weeks after delivery [2], [3]. Symptoms include crying, feelings of hopelessness, mood swings, and feelings of inadequacy in motherhood [4]. Worldwide, 15-20% of women suffer from postpartum depression (PPD), a significant consequence of giving birth [4]. From 28% to 63% of the population suffers from PPD in Asian nations [1]. An estimated 3.7% of the population in Indonesia suffers from PPD [4].

Despite its impact, PPD remains underdiagnosed due to stigma, lack of awareness, and insufficient access to mental health care, leaving many women struggling without appropriate support [1]. This research aims to explain how effective is mindfulness-based cognitive therapy in reducing postpartum depression symptoms compared to other interventions or no intervention based on the results of previous studies PPD arises due to a combination of biological, psychological, and social factors [2],[5]. Hormonal fluctuations after childbirth, particularly changes in estrogen and progesterone levels, can trigger mood disturbances. Psychological stressors such as lack of social support, previous mental health conditions, and overwhelming responsibilities contribute to emotional distress. Cultural expectations surrounding motherhood also exacerbate feelings of inadequacy. Furthermore, sleep deprivation and physical exhaustion from caring for a newborn can intensify symptoms, making recovery more challenging.

There are risk factors and protective factors that might impact postpartum depression. Biological, psychological, and social variables all play a role as risk factors [6]. Hormones, the mother's health, the newborn's care, behavior, and nutrition are all examples of biological influences [7]. A significant risk factor for suicide, depression has detrimental effects on physical and social functioning [7], [8]. Additionally, PPD may have both immediate and delayed effects on babies' development [9].

In the realm of mental health, several forms of prevention have been used [10]. Previous research emphasizes the importance of choosing an appropriate intervention format for postnatal mothers [10]. Although there is a growing body of evidence supporting psychotherapy for PPD [9]. Psychotherapies supported by evidence, such as cognitive behavioral therapy (CBT), are recommended for the majority of individuals with PPD according to clinical practice recommendations [11]. Evidence suggests that cognitive behavioral therapy (CBT) may help postpartum mothers sleep better and experience less postpartum depression [12]. With a statistically significant difference between the two groups, 81.5% of the women had probable depression symptoms before the intervention and 53.5% after it ( $p = 0.000$ ) [13].

When it comes to treating mental health issues like depression, cognitive behavioral therapy still has room for improvement and might benefit from a mix of approaches. The practice of mindfulness-based treatment has emerged as a promising psychological intervention for depressed persons, and it has the potential to alleviate stressful thoughts

and emotions. This intervention provides mothers with mindfulness and coping mechanisms, which help relieve depressive symptoms and improve mental well-being during the postpartum period [14], [15].

Currently, several studies are developing mindfulness and CBT methods. Mental health professionals are finding more and more evidence that mindfulness-based cognitive therapy (MBCT), a type of psychotherapy, has been shown to be an effective intervention for reducing postpartum depression (PPD) symptoms. Studies indicate that MBCT significantly lowers stress and depression levels in new mothers compared to control groups receiving standard care or no intervention. One randomized controlled trial found that mothers who participated in an eight-week mindfulness-based program experienced notable reductions in self-perceived stress and depression at three months postpartum. The Western world is seeing a surge in the popularity and efficacy of mindfulness-based therapy interventions [16]. The goal of Mindfulness-Based Cognitive Therapy (MBCT) is to help people with depression and other mental health issues break destructive thinking patterns and build resilience so that they can avoid future periods of depression [17], [18]. MBCT has been shown to increase mindfulness, distress tolerance, acceptance, and coping skills, which are important for managing thoughts and behaviors that contribute to depression vulnerability [13].

Addressing PPD requires a multi-faceted approach. Early screening and diagnosis during prenatal and postnatal care can help identify at risk mothers. Psychological interventions such as MBCT and cognitive-behavioral therapy (CBT) provide structured coping mechanisms to manage stress and negative thought patterns. Medical treatments, including antidepressants, may be necessary for severe cases under professional supervision. Strengthening social support networks through family involvement and peer groups can offer emotional reassurance [13]. Additionally, public awareness campaigns can reduce stigma and encourage mothers to seek help, ensuring better mental health outcomes.

Identifying effective interventions for mothers with postpartum depression remains a key focus in maternal mental health research. To date, no studies have directly compared the effects of CBT, mindfulness, and MBCT in this population, leaving a gap in knowledge and uncertainty about which approach offers the greatest benefit. This study aims to address that gap by systematically reviewing existing evidence, comparing pre- and post-intervention levels of depressive symptoms in postpartum women using standardized instruments. The review evaluates whether professionally guided CBT, mindfulness, or MBCT programs are more effective in reducing depressive symptoms and thereby contributes to clarifying the literature on postpartum depression interventions.

## METHODS

The methodology section of this systematic review presents a comprehensive overview of the approach used to collect and analyze literature related to the current scientific evidence on the effectiveness of Mindfulness - Cognitive Based Therapy (CBT) and Mindfulness - Cognitive Based Therapy (MCBT) interventions on postpartum depression. Compilation followed the PRISMA-SR guidelines to ensure all necessary concepts, terminology, and reporting items were covered [19][20]. In addition, the Population, Intervention, Outcomes, and Study Design (PICO) framework was used to simplify the search process, establish inclusion and exclusion criteria, and determine relevant studies.

This review aims to answer the question, "What is the current scientific evidence on the effectiveness of mindfulness - Cognitive Based Therapy (CBT), and Mindfulness - Cognitive Based Therapy (MCBT) interventions on postpartum depression?" To precisely define the population (postpartum mothers), interventions studied

(Mindfulness, CBT, and MBCT), comparator (N/A), outcome (postpartum depression), and study design (original research) using the PICO's framework.

The search strategy was based on predefined inclusion and exclusion criteria, focusing on primary research articles published between 2014 and 2024 to ensure current and relevant findings. Only original quantitative studies in English, available in full text, were included, while reviews, opinions, protocols, books, theses, and dissertations were excluded. Searches were conducted in PubMed, EBSCO, Science Direct, and Research Rabbit using PICO's-based keyword combinations: [Mindfulness] OR [Cognitive Based Therapy] OR [MBCT] AND [Postnatal Depression] OR [Postpartum Depression] OR [Perinatal Depression].

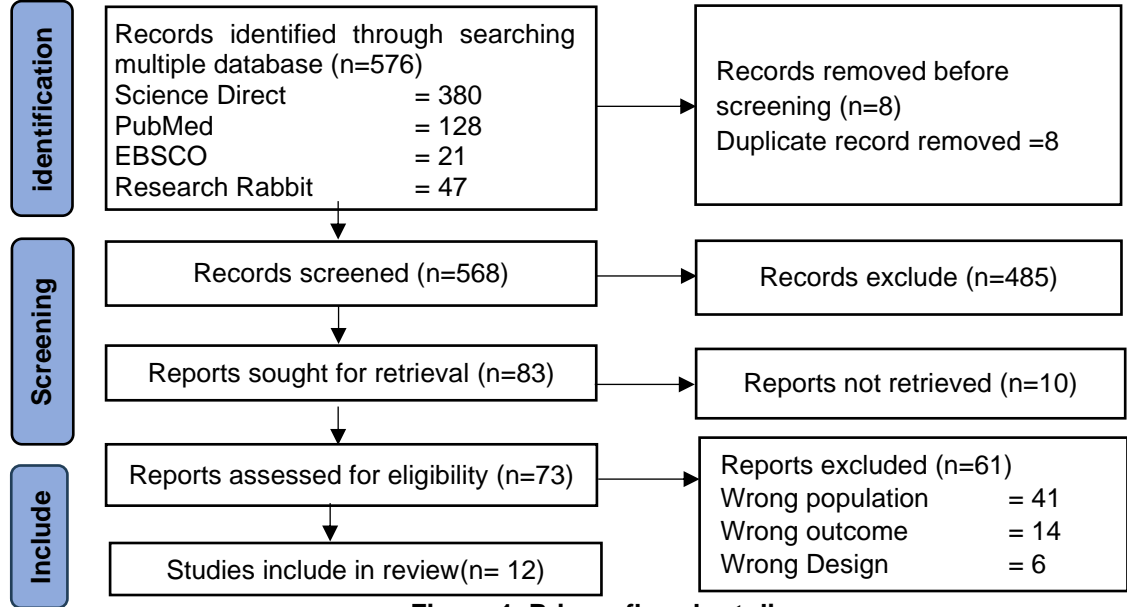


Figure 1. Prisma flowchart diagram

RESULT

A total of 576 articles were identified, with 8 excluded for duplication and 485 removed as irrelevant based on titles and abstracts. Of the remaining 73 articles, further screening yielded 12 that met all inclusion criteria. The PRISMA Flowchart (Figure 1) illustrates the selection process. Data mapping was then carried out using an analysis table summarizing each article's title, author, year, sample size, and main findings.

Table 2. Description of The 12 Included Studies

No	Title/Author, Year	Design / Population	Sampling Techniques	Sample Size / Intervention Instrument / Duration	Research Findings
1	The efficacy of metacognitive therapy based on detached mindfulness on meta-worry and interpersonal cognitive distortion in women with postpartum depression. (daryadel et al., 2022)	Quasi-Experimental / Postpartum mothers	Convenience sampling	40 / EPDS, Posttest meta-worry and interpersonal cognitive / 8 weekly sessions, 90 minutes each	Mindfulness therapy effectively reduced meta worry and interpersonal cognitive distortion in women with PPD. The intervention is feasible in structured clinical settings due to its short duration in meta-concerns (F = 317.62; P = 0.001 < 0.05) and interpersonal cognitive distortions (F = 331.39; P = 0.001 < 0.05) were seen in the experimental group after the therapy session.

2	The effectiveness of mindfulness training on reducing the symptoms of postpartum depression. (Sheydaei et al., 2017)	Quasi-Experiment al / Postpartum mothers with depressive symptoms	Random Sampling	64 / Beck Depression Inventory (BDI) / 8 weekly sessions, 120 minutes each	Highly effective in reducing symptoms among new mothers. The intervention was practical and accessible, requiring only two-hour sessions over several weeks. Scores in the experimental group were significantly higher than in the control group ( $p < 0.001$ ). The control group's pre- and post-test scores were 25.12 and 25.81, respectively, whereas the experimental group's scores dropped from 24.75 to 18.5.
3	A randomized controlled trial of 'MUMentum postnatal': Internet-delivered cognitive behavioral therapy for anxiety and depression in postpartum women. (Loughnan et al., 2019)	RCT / Mother within 12 months postpartum	Random Sampling	120 / EPDS, GAD-7 / 6 weeks of learning intervention	Internet-delivered cognitive behavioral therapy (iCBT). effective in reducing symptoms of anxiety and depression in postpartum women. The program was accessible and scalable, allowing mothers to receive therapy remotely, Improved considerably (after accounting for baseline general psychological distress scores) on the PHQ-9 and EPDS measures of depression ( $F_2, 93.80 = 9.06, p < 0.001$ ) and anxiety (GAD-7) ( $F_2, = 9.13, p < 0.001$ ).
4	In-person 1-day cognitive behavioral therapy-based workshops for postpartum depression: a randomized controlled trial. (Lieshout et al., 2023)	RCT / Mother <12 months postpartum.	Random Sampling	392 / EPDS, GAD-7 / 1-day group-based CBT workshop	There was a threefold increase in the likelihood of a clinically significant reduction in PPD [odds ratio (OR) 3.00, 95% confidence interval (CI) 1.93-4.67] for every meaningful drop in EPDS score ( $m = 15.77$ to $11.22$ ; $b = -4.6, p < 0.01$ ). Moreover, there was a threefold increase in the likelihood of experiencing a notable alleviation of anxiety symptoms (OR 3.20, 95% CI 2.03-5.04).
5	Effectiveness of an app-based cognitive behavioral therapy program for postpartum depression in primary care: a randomized controlled trial. (Jannati et al., 2020)	RCT / Mother <6 months postpartum	Random Sampling	78 / EPDS / 8 weekly sessions, 45-60 minutes each	The intervention group showed a statistically significant improvement with an average EPDS score of 8.18 after the intervention, whereas the control group managed to achieve a score of 15.05 ( $p < 0.001$ ).
6	A Randomized Controlled Trial of Therapist-Assisted, Internet-Delivered Cognitive Behavior Therapy for Women with Maternal Depression. (Pugh et al., 2016)	RCT / Mother <12 months postpartum.	Random Sampling	50 / EPDS / 4 weeks, Follow-up at weeks 7 and 10	Improvement in depressive symptoms decreased in EPDS points with an average reduction of 6.24 points ( $n=21$ ) in the intervention group and 2.42 points ( $n=20$ ) in the control group and was maintained at 4 weeks follow-up.



7	Preventing Postpartum Depression in the Early Postpartum Period Using an App-Based Cognitive Behavior Therapy Program: A Pilot Randomized Controlled Study. (Qin et al., 2022)	Pilot RCT / Postpartum mothers 0-3 days.	Random Sampling	112 / EPDS, GAD-7 / Daily challenge for 28 days for 4 weeks	At week 4, the CareMom group had substantially reduced EPDS scores compared to the control group ( $p = 0.037$ ). The CareMom group had substantially decreased EPDS scores compared to baseline values ( $p < 0.001$ ).
8	A Cognitive-Behavioral Intervention for Postpartum Anxiety and Depression: Individual Phone vs Group Format. (Simhi et al., 2021)	Quasi-Experiment al / Postpartum mother 3-6 months	Snowball Sampling	34 / EPDS, DASS-21, GAD-7 / Group-based intervention for 4 weeks	Postpartum anxiety, stress, and sadness all showed statistically significant decreases. A medium impact size (0.35-0.56) was revealed by Cohen's d statistics.
9	Effect of couple-based cognitive behavioral intervention on prevention of postnatal depression: multisite randomized controlled trial. (Ngai et al., 2020)	RCT / Couple-mother <12 months postpartum	Random Sampling	388 / EPDS / Group-based antenatal intervention: 2 sessions, 180 minutes each sessions	Significant reduction in in depressive symptoms either compared with standalone CBI or standard care (difference 1.46, 95% CI 0.11-2.81) or control group (difference 1.71, 95% CI 0.29-3.13).
10	Public Health Nurse-Delivered Group Cognitive Behavioural Therapy for Postpartum Depression: A Randomized Controlled Trial. (Lieshout et al., 2022)	RCT / Postpartum mothers <12 months	Random Sampling	141 / EPDS / Group-based CBT: 9 weekly sessions, 2 hours each sessions	Significant improvement in PPD symptoms at 9 weeks (OR=5.31, 95%CI: 1.78-15.83) and 6 months post-treatment (T3) (OR=5.10, 95%CI: 1.89-13.78).
11	How Mindfulness-Based Cognitive Behavior and Assertiveness Training Can Reduce Postpartum Depression. (Muspitha et al., 2023)	Quasi-Experiment al / Postpartum mothers with PPD	Random Sampling	76 / EPDS / Group-based therapy: 5 sessions, 60 minutes each sessions	There is a decrease in depressive symptoms given MCBT and AT interventions compared to breath relaxation techniques with a p value of 0.000. Combined MCBT and AT psychological therapy effectively reduces symptoms of postpartum depression.
12	Feasibility of a Mindfulness-Based Cognitive Therapy Group Intervention as an Adjunctive Treatment for Postpartum Depression and Anxiety. (Shulman et al., 2018)	Quasi-Experiment al / Postpartum mothers <12 months	Purposive sampling	30 / GAD-7, PHQ-9, and MAAS / Group-based therapy: Once a week for 8 consecutive weeks	The decrease in depression and anxiety scores was also accompanied by an increase in self-awareness as the intervention progressed. Week 1 PHQ-9=9.29 (SD = 4.98); Week 4 PHQ-9=6.15 (SD = 3.98); Week 8 PHQ-9=6.00 (SD = 2.39).

### Study Characteristics

Of the included articles, 67% (n=8) were conducted in developed countries and 33% (n=4) in developing countries. All were clinical trial studies, with 42% (n=5) using non-RCT designs [20],[22] [25] and 58% (n=7) adopting randomized controlled trial (RCT) methodology [9],[10],[26] [29]. Classification by country and study design was considered essential to evaluate the strength of evidence, potential bias, and contextual relevance. Interventions varied across studies, including group-based programs, mindfulness therapy versus no intervention [20],[25], and CBT delivered through group or individual counseling, workshops, or technology-based platforms. Two additional

studies examined mindfulness-based cognitive therapy (MBCT) delivered in weekly group sessions.

#### **Article Quality Assessment**

The quality of studies was assessed using the *Joanna Briggs Institute (JBI) checklist* [30], which evaluated clarity of research objectives, appropriateness of design, adequacy of sample size, inclusion and exclusion criteria, reliability of outcome measures, validity of instruments, statistical rigor, identification of confounding variables, and ethical considerations. A scoring system (3 = Yes, 2 = Unclear, 1 = No) classified studies as Excellent (A, scores 27–39), Good (B, scores 14–26), or Not Good (C, scores 1–13). Results indicated that 11 articles were rated Excellent and one was rated Good, demonstrating overall high methodological quality and strong contribution to the validity of findings.

#### **Effectiveness of Mindfulness**

Two non-RCT studies evaluating mindfulness therapy reported significant reductions in postpartum depression symptoms [20],[25]. For example, [20] found that mindfulness-based metacognitive therapy halved anxiety scores, while [25] observed a six-point reduction in depression scores (from 24.75 to 18.5). These results are consistent with [31],[32], which highlighted that mindfulness training reduces depression and anxiety by fostering awareness, positive beliefs, and coping strategies for intrusive thoughts. Feasibility studies further suggest that eight-week mindfulness programs are both acceptable and effective for women with postpartum mental health disorders [33],[34].

#### **Effectiveness of CBT**

Eight studies evaluated CBT interventions for PPD, with seven RCTs and one non-RCT. Across studies, CBT groups consistently showed greater reductions in depressive symptoms compared to routine care or waiting lists [27],[35]. Findings support CBT as clinically effective, with outcomes comparable to antidepressant treatment [36]. Moreover, combining CBT with pharmacotherapy enhances recovery rates and cost-effectiveness [37],[38]. Several trials also reported improvements in anxiety, mother-infant bonding, and parent-child interactions, with sustained effects at six-month follow-ups [10],[26],[39],[40]. However, some studies indicated that intervention effects diminished at 6–12 months [28]. Social and family support were also found to play a crucial role in maternal well-being and symptom reduction [42].

#### **Effectiveness of MBCT**

Two non-RCT studies investigated MBCT for PPD. One study [22] demonstrated significant reductions in depression and anxiety scores alongside improvements in self-awareness when MBCT was delivered in group settings. Similarly, [42] recommended eight-week group MBCT programs as effective adjunctive therapy. Another study combined MBCT with Assertive Training (AT) and compared it to breathing relaxation, finding superior outcomes in reducing depressive symptoms with MBCT and AT [19],[43]. These findings align with broader evidence that psychological interventions (CBT, MBCT, IPT) are more effective than pharmacotherapy alone for moderate-to-severe depression [41],[44].

#### **Measurement Instruments**

The *Edinburgh Postnatal Depression Scale* (EPDS) [45] [48] was the most frequently used instrument (10 studies), considered the gold standard for screening postpartum depression. The EPDS is a 10-item self-report tool, with scores  $\geq 13$  indicating probable PPD. Other measures included the *Beck Depression Inventory-II* (BDI-II), a 21-item self-report scale for general depression, and the *Generalized Anxiety Disorder Scale* (GAD-7), a 7-item tool assessing anxiety severity [49]. While BDI-II and GAD-7 are valid for general depression and anxiety, the EPDS is more suitable for

postpartum populations, as it emphasizes symptoms of postnatal emotional distress such as guilt, anxiety, and self-blame.

## DISCUSSION

The findings in this review show that mindfulness therapy, cognitive behavioral therapy (CBT), and mindfulness-based cognitive therapy (MBCT) has been examined in multiple studies for its effectiveness in reducing postpartum depression. Based on systematic reviews and meta-analyses, MBCT have shown statistically significant reductions in postpartum depression symptoms [26], [28]. A study specifically examining MBCT and Assertiveness Training found a statistically significant reduction in postpartum depression symptoms ( $p = 0.000$ ) [19]. These findings suggest that MBCT is an effective intervention for postpartum depression, particularly when integrated with other cognitive-behavioral strategies. Each therapy has different intervention techniques and uses according to the initial symptoms found in each individual and the desired treatment outcome. The EPDS instrument, used as a measurement tool for depressive symptoms with various cut-off scores, must be ensured not to affect postpartum mothers' understanding of the depressive symptoms they experience.

Mindfulness therapy was found to be able to manage mind in the process of accepting reality with self-awareness efforts so that it would be easier to manage the emotions felt well to be able to improve the quality of life without any mental health problems that interfere, because during labor depression mothers are more vulnerable to anger and emotional management problems. [48] While in CBT psychological treatment based on behavioral training aimed at increasing activities that cause feelings of pleasure and pride to maintain the mother's mood, this is the main point of connection to depression. Based on the findings of the results of this systematic review, CBT interventions are effective in overcoming mental health problems, namely depression and anxiety in postpartum mothers [12]. Likewise, therapy using MBCT is recommended to be an advanced treatment for major depressive disorders. It was found that MBCT has the best treatment intervention effect on postpartum depression with an optimal intervention duration of 4 weeks and can be started before birth [50].

The study population of postpartum women <12 months may limit generalizability to other time frames. A strength of this review is the inclusion of all English-language articles on the effectiveness of mindfulness-based cognitive therapy (MBCT) for postpartum depression. Most studies came from developed countries, underscoring the need for future research in low- and middle-income settings to assess the applicability of psychological interventions in broader contexts.

This review finds that MBCT is increasingly recognized as an effective intervention for postpartum depression, addressing both cognitive and emotional distress. Evidence from randomized controlled trials and meta-analyses consistently demonstrates significant reductions in depressive symptoms across various intervention formats. Notably, one study combining MBCT with Assertiveness Training reported a highly significant reduction ( $p = 0.000$ ) in symptoms, suggesting added benefits of integrating mindfulness with behavioral strategies [19].

Different methods, including workshops [27], online programs therapy, and app based interventions, have proven effective, making MBCT accessible to a broader population. Internet-delivered programs such as 'MUMentum Postnatal' showed substantial improvements in anxiety and depression symptoms [26], while couple based cognitive behavioral interventions contributed to postpartum depression prevention. The feasibility of MBCT in different settings, including individual and group formats, suggests flexibility in implementation depending on the support needs of postpartum women [29].

Although this review supports the potential of Mindfulness-Based Cognitive Therapy (MBCT) for managing postpartum depression, several limitations remain, including small sample sizes, restriction to English-language studies, varied outcome measures, and



heterogeneity that may reduce consistency. Integrating different study types also risks obscuring methodological differences.

Nevertheless, the findings provide a comprehensive view of MBCT's effectiveness. Successful implementation requires healthcare professionals to strengthen skills in assessing depressive symptoms, developing individualized care plans, and evaluating treatment outcomes, as well as familiarity with MBCT's structure, techniques, and implementation strategies. Overall, MBCT shows promise in improving emotional regulation, reducing negative cognitive patterns, and enhancing psychological well-being in postpartum women.

## CONCLUSION

Individual psychological interventions are more effective and cost-effective than usual care for the management of postpartum depression. The varied intervention media and techniques of Mindfulness, CBT and MBCT compared to usual care did not affect the outcome of postpartum depression symptom reduction which can be known through the widely used depression measure EPDS. In addition, CBT was shown to be an early stage treatment of postpartum depression, while MBCT was shown to be an additional second stage treatment in severe depression and as a maintenance treatment in the early stage. Healthcare system should adopt CBT and MBCT in postpartum care, promote early screening using EPDS, and implement stepped-care models for tailored, cost-effective depression management.

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