

The Effectiveness of Acceptance and Commitment Group Therapy on the Improvement of Postpartum Moderate Depression

Samaneh Shojaeifar^{1*}, Naeimeh Akbari Torkestani² and Hamidreza Jamiliyan³

¹MSc in Counseling in Midwifery, Faculty of Nursing and Midwifery, Arak University of Medical Sciences, Arak, Iran

²MSc in Counseling in Midwifery, Faculty of Nursing and Midwifery, Arak University of Medical Sciences, Arak, Iran

³Associate Professor, Department of Psychiatry, Faculty of Medicine, Arak University of Medical Sciences, Arak, Iran

***Corresponding Author:** Samaneh Shojaeifar, MSc in Counseling in Midwifery, Faculty of Nursing and Midwifery, Arak University of Medical Sciences, Arak, Iran.

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Women are especially vulnerable to psychiatric disorders during pregnancy and in the postpartum period, and mood disorders are the most common maternal psychiatric disorders after childbirth [1]. Postpartum depression (PPD) is a serious mental health problem that has a prevalence rate of nearly 20% in the first three months after delivery [2]. Postpartum depression has well-established long-term adverse effects on maternal and infant health [3]. Long-term health effects of PPD to mothers, children, and family include increased maternal and infant mortality, increased hospitalizations, impaired mother-child bonding, and impaired long-term child development [4]. While antidepressants have been effective in treating PPD in many cases, possible side effects of antidepressant medication have been of great concern [5]. Today, psychotherapy methods such as cognitive-behavioral and acceptance and commitment therapies are used for the treatment of various types of mental diseases such as depression [6]. Psychotherapies are effective in the treatment of mild to moderate depression and are first-line treatments for major depression and are also the preferred treatment modality by most people with depression [7].

Present study was conducted aimed to investigate the effect of acceptance and commitment group therapy on postpartum moderate depression. The present study was a clinical trial with a pre-test and post-test design immediately after the intervention in the control group and the intervention group. The studied population were women with postpartum moderate depression who referred to health centers in Arak city 2 to 6 months after delivery. Women with moderate depression (score 20 - 28) were selected based on the Beck depression questionnaire using available sampling and divided into two intervention and control groups (26 people in each group). 8 sessions of group therapy (ACT) were conducted for the intervention group. According to the acceptance and commitment treatment protocol, each session was 90 minutes. After the eighth session, the level of depression was measured using the Beck depression questionnaire in both groups. Chi Square and Mann-Whitney U tests were used for statistical analysis and the first type error (0.05%) was considered.

Statistical analysis showed that group therapy based on acceptance and commitment as a non-drug and low-cost method is effective in reducing moderate depression, so depending on the level of depression and discretion, this treatment can be used.

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