

Addressing Postpartum Depression Through Social Media

[Behavioral Health](#)

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Editor's Note: This blog post is part of a series recognizing National Family Caregivers Month, which takes place in November. The posts in this series explore research, policy, and programs that can support the health and well-being of caregivers and children so families can thrive. For more on this topic, check out our [Intergenerational Family Services](#) research portfolio.

It is an exciting time for a family when a new baby arrives. Between setting up a nursery, picking out baby clothes, or browsing through children's books, it is hard not to feel the eagerness in welcoming a little one into the world. But with these feelings of hope and excitement can also come a new set of overwhelming and debilitating feelings for caregivers.

Postpartum depression (PPD) is a common and serious illness that impacts many women in the United States, with [1 in 8 women](#) stating they have experienced symptoms after a recent live birth experience. Symptoms of PPD can range from crying more than usual, to withdrawing from loved ones, to caregivers feeling numb and disconnected from their baby. Not only does PPD create difficulty for women suffering from these symptoms to care for themselves, but it can also, unknowingly, lead to maladaptive parenting behaviors, such as avoidance, anger, and withdrawal that make it difficult to adapt to the circumstance of having a new baby and the responsibilities that come along with it.

As a result, children of depressed mothers can have [delays](#) in their cognitive, language and socioemotional skills as early as 12-18 months old. In fact, Bright Futures, a leading pediatric health supervision organization, has identified PPD as "one of the greatest risk factors for child behavioral and mental health problems." Below, I'll discuss the challenges caregivers face in accessing treatment, particularly treatment that addresses the caregiver-child relationship, and my team's research to discover more effective, cost-saving approaches to administer this treatment.

Barriers to Caregivers Accessing PPD Treatment

Despite how common PPD is, accessing mental health care and support to help overcome this disease can present another set of challenges for caregivers. While standard mental health care for women suffering from PPD can help improve their symptoms and functioning, it may not improve the parentings skills that are negatively impacted by PPD. In other words, some psychotherapies that focus on maternal mood don't always improve mother-infant interactions.

However, there are programs that do show potential promise to positively impact the mother-child relationship. These programs are typically referred to as Group Parenting Programs. These programs aim to improve a

mother's parenting knowledge and skills around topics like infant safety, baby temperament and the importance of the home environment. This information can provide caregivers with a sense of autonomy over themselves and their parenting.

So why aren't these programs being administered to all mothers suffering from PPD? Importantly, most of these programs are not adapted for women suffering from PPD. For the evidence-based programs that do exist, they can be expensive to administer, do not permit asynchronous participation that allows parents to learn at their own pace, and are often held in person, making it difficult for mothers to attend.

Our study team recognized the likelihood would be low that those in-person programs would fit into the lives of mothers suffering from depressive symptoms while also taking care of infants. So, we sought to administer a parenting program that would meet mothers where they are.

What could accomplish that? Something many of us spend time on each day? Have at our fingertips? Social media.

Taking a New Approach to Address PPD

Our team launched a pilot to investigate the difference in effectiveness and in participation between an in-person parenting program and an online social media-based version, called the Parenting With Depression (PWD) program. The PWD program is an eight-week social media-based program using Facebook that allows a small group of mothers suffering from PPD symptoms to learn about different parenting and mental health topics (e.g., depression psychoeducation, baby temperament, parent-child interactions, baby safety) on a weekly schedule. Mothers are able to comment their thoughts on posts, ask other mothers for advice and interact with trained moderators.

Through [this study](#), we discovered that, compared to the group that was assigned to the in-person parenting program, participants assigned to the social media-based PWD program had a decrease in depression severity and a significant increase in their sense of parenting competence. The average rate of attendance in the social media group was also high, with 83% of participants attending these sessions, but extremely poor in the in-person group, where only 3% of participants attended.

These results suggested that an online social media-based parenting program, specifically the PWD program, was a feasible and acceptable way to improve PPD symptoms among women, and was also more accessible.

What still needed further investigation around a concerning factor of PPD highlighted at the beginning of this post: the impact PPD has on child development. Since the social media-based parenting program showed promise, we are now working on a [randomized control trial](#) that will test both the effectiveness of the program on a parent's depressive symptoms and on their child's development.

In this new study, participants will be randomized into either the control group, where they will receive an online cognitive behavior therapy called MoodGym, or the intervention group, where participants receive the PWD program and have access to MoodGym. After both groups have completed the study, their child will be developmentally assessed. Our team will be looking for differences in developmental outcomes between the two groups.

If what we hypothesize is correct, depressed mothers who receive online depression therapy combined with the PWD parenting program will have greater improved responsive parenting, which will lead to higher developmental scores among children at the end of the study. It is our hope that the results will allow us to bring more awareness to the risks of PPD on child outcomes and to promote the use of accessible, affordable parenting programs for caregivers so the whole family can thrive.

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