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Healthcare Systematic Review Sample

Mindfulness-Based Interventions and Perinatal Well-Being

Subject: Healthcare / Nursing | Assignment type: Systematic review-style paper | Citation style: APA 7 |
Academic level: Undergraduate / Graduate-ready

Sample purpose:

This downloadable sample demonstrates how a systematic review-style healthcare paper can introduce a clinical topic, frame a PICOT question, explain search strategy, define inclusion and exclusion criteria, synthesize findings, and present APA-style references.

Important use notice:

Public sample - for structure, tone, citation awareness, and quality review only. Not for submission.

What this sample demonstrates:

- Clinical topic introduction
- PICOT question framing
- Database search strategy
- Inclusion and exclusion criteria
- Evidence-focused academic organization
- APA-style reference handling

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Effectiveness of Using Mindfulness-Based Interventions in Reducing Depressive Symptoms and Improving the Overall Well-Being of Perinatal Women

About one in five mothers tend to experience anxiety and depression when pregnant and in the first year postpartum, also referred to as the perinatal period. The degree of depressive symptoms evidenced in this demographic which arise during postpartum are prevalent among the females who are pregnant for the first time as compared to the age-matched non-bearing controls (Sacristan-Martin et al., 2019). The reason for this is the presence of various risk factors that are specific to the prenatal period such as complications during pregnancy, and neurological, hormonal, and inflammatory fluctuations. In particular, the global prevalence of postpartum depression has risen to a record 11.9 percent. Increased prenatal depression is ascribed to adverse obstetric, fetal growth, and neonatal restrictions, low birth weight of the infants, and higher risk of emergent cesarean section (Van Lieshout et al., 2021). Mindfulness-based interventions have accumulated reliable evidence that demonstrates their efficacy in decreasing depression in an array of populations. It might be well suited too in meeting the needs of perinatal females. Research indicates that perinatal women go through various stressor that is hard to cope with including heightened health concerns, shame for experiencing psychological symptoms, physical discomfort and changes, as well as self-critical thoughts of not being a perfect mother (Sacristan-Martin et al., 2019). Mindfulness therefore enhances metacognitive awareness which enables females to establish a different relationship with the emotional and physical challenges that are hard to get rid of during postpartum, whereby they are behaviorally less avoidant and more resilient. The rationale of this research is to discuss the effectiveness of the use of mindfulness-based interventions in reducing depressive symptoms and improving the overall well-being of perinatal women.

PICOT question: In postpartum women, does the use of mindfulness-based interventions compared to treatment as usual result in a better reduction of depressive symptoms and improved overall well-being within the first twelve months after giving birth?

Search Strategy

A systematic search was carried out in Web of Science, PsycINFO, PubMed, Scopus, Medline, and Google Scholar for the English-language journal articles for the first available date till 2023. The keywords that were utilized in the search process were based on three important components: mindfulness-based interventions, the populace that was targeted for this study, and outcomes assessment. The key terms that were applied in the search process were postpartum depression and mindfulness, antidepressants and postpartum depression, mindfulness and postpartum depression symptoms, postpartum women and mindfulness exercises, mindfulness exercises affect postpartum depression, therapy to cope with postpartum depression, postpartum depression medication, pharmacological postpartum depression, mindfulness or therapy postpartum depression, and therapy or mindfulness postpartum. By using conjunctions 'and' and 'or' the words were linked and the search strategy applied to titles and abstracts.

Further, the list of references of the studies retrieved as well as earlier meta-analyses on the mindfulness-based interventions for perinatal depression were searched manually. One study that could not be captured by the database search was identified. The outcomes of the search process were exported and eventually managed with Endnote X8 software. The removal of duplicates was done, followed by a meticulous screening of the titles and abstracts of the articles respectively. It is worth noting that the full-text articles that met the inclusion criteria were recovered to be reviewed further. The decision to exclude or include a study was initially made by the author who then resolved to cross-check them later. For the ambiguous studies, where

uncertainty regarding whether the eligibility criteria were met, a determination was made by reaching a consensus following the first and second analyses of the articles.

Inclusion and Exclusion Criteria

The clinical trials that met the following criteria were considered for this systematic review. One of the inclusion criteria was an analysis of the implications of the structured mindfulness-based programs, for example, mindfulness-based cognitive therapy [MBCT] or mindfulness-based stress reduction [MBSR], dispensed by the nurses in person or available through digital methods such as social media platforms and the internet. The second inclusion criterion was that the study considered included intervention and control groups and randomization design, that is, randomized controlled trials of one or several control groups. The third inclusion criterion was that the study participants were strictly limited to the adult population – individuals above 18 years of age – pregnant women or females by sex who were in the first year after giving birth. The fourth inclusion criteria revolved around reporting at least one of the implications of perinatal depression using clinical-administered measures or validated self-report questionnaires. The fifth criterion was adequate outcome data to allow the calculation of the effect sizes and finally, the articles were supposed to be peer-reviewed and written in English.

Mindfulness-based interventions are delineated as those interventions that utilize mindfulness meditation as the main instrument of therapy. Examples include mindfulness listening, mindfulness meditation practice, loving-kindness meditation, mindfulness yoga, and mindfulness eating among others. Studies that only examined mindfulness as the only therapy without engaging with mindfulness meditation, such as Dialectical Behavioral Therapy and Acceptance and Commitment Therapy were excluded from this study. Studies that only focused

on mindfulness meditation as the only intervention of the overall treatment were also excluded from the study because of the difficulty of dissociating the ramifications of mindfulness from the other components. Studies on interventions that failed to target psychological symptoms explicitly, for instance, mindfulness-based relationship programs were not excluded from the study. Studies included in this discourse were also supposed to have supplementary data and hence those without the necessary data for meta-analysis were excluded. Any title that failed to focus on mindfulness-based intervention and its role in decreasing depressive symptoms among postpartum women was automatically rejected.

Databases

A well-documented database search that is transparent and reproducible is a key constituent of a systematic review search. Some of the databases considered in this discourse include Web of Science, PsycINFO, PubMed, Scopus, Medline, and Google Scholar. The articles extracted from these databases were peer-reviewed and the publishers have a good reputation making them ideal for this discourse.

Concise Summary of the Findings

The meta-analysis outcomes show that mindfulness-based interventions can efficaciously enhance perinatal depressive symptoms as compared to the controls after a successful implementation of the intervention. The greater improvement generated by mindfulness-based interventions to control when it comes to perinatal depression was sustained up to a year of postpartum. When it comes to the psychosocially susceptible group of pregnant females, teaching the skills of mindful meditation could prove a non-pharmacological and viable strategy for improving mental health and well-being in the course of pregnancy, decreasing the level of stress, and supporting the transition to parenthood. There is no doubt that mindfulness-based

stress reduction does not target a specific group, and therefore the outcomes of the study have potential significance for pregnant women at large as a means of improving the perinatal mental health and reducing stress.

Settings

The study explores the issue mainly in the United States and therefore most of the publications are based on the research done in the U.S.

Designs and Time Horizons

It is worth noting that 10 articles were considered for this study. 7 of them are based on randomized controlled trials. These are comparative, quantitative, controlled experiments whereby a researcher(s) investigates two or more interventions by administering them to people who are randomly chosen to receive each intervention. The articles considered for the study were those published between 2016 and 2023. The intervention implemented was assessed within one year.

Samples

The sample population is basically the entire populace in which the researcher wants to draw conclusion about. The study focuses on the perinatal women and therefore they are the ones used as the sample. The term perinatal means the time before and after the birth of the child. However, the study is specific about postpartum depressive symptoms meaning depression after the delivery of the baby. The samples that had clinical diagnoses of depression by 'clinicians based on diagnostic criteria' were classified as clinical populaces. It is also worth noting that the samples that failed to meet the criteria for clinical diagnosis were termed as populace with subthreshold major depressive disorder. For the studies that failed to include diagnostic assessment, the researcher made a comparison of the scores of individual studies on the measure

of depressive symptoms with the cutoff scores that were proposed in the previous sources to assess the clinical significance baseline symptoms. The sample was regarded as clinical population in case the lower bound of the 95 percent confidence interval for the baseline symptom mean was more than or equal to the clinical cutoffs. If it was below the clinical cutoff, it was termed as subthreshold depressive symptoms

Interventions

The interventions proposed for this study are those that focus on structured mindfulness-based programs such as mindfulness-based cognitive therapy [MBCT] or mindfulness-based stress reduction [MBSR] among others. Such intervention tends to promote an open and accepting awareness of one's feelings and thoughts, including an observant attitude toward body experiences and thought patterns that happen when a person feels acutely depressed.

Outcomes

The analysis of 10 articles used in the studies that utilized quasi-experimental and randomized controlled trials showed that they identified and reviewed a total of 2495 perinatal females. Mindfulness-based interventions were found to be superior to controls for the clinical as well as the subthreshold perinatal depressive cases. The reduction of depressive symptoms remains significant and stable with time and sustained to the postpartum period, but the effect of maintenance on perinatal anxiety was less conclusive (Sacristan-Martin et al., 2019; Pan et al., 2023; Leng et al., 2023). Nonetheless, the post-intervention implications on depressive symptoms were moderated by the severity of perinatal women's symptoms. The post-intervention impacts were substantially higher for females from low and middle-income regions where perinatal mental healthcare is not easily accessible and its availability is also limited.

Greater enhancement in mindfulness is ascribed to a higher post-intervention impact on perinatal depression (Sheydaei et al., 2017).

Conclusion

It can therefore be deduced from the meta-analysis that mindfulness-based interventions might complement and extend the already available range of effective interventions for subthreshold and clinical perinatal depressive symptoms.

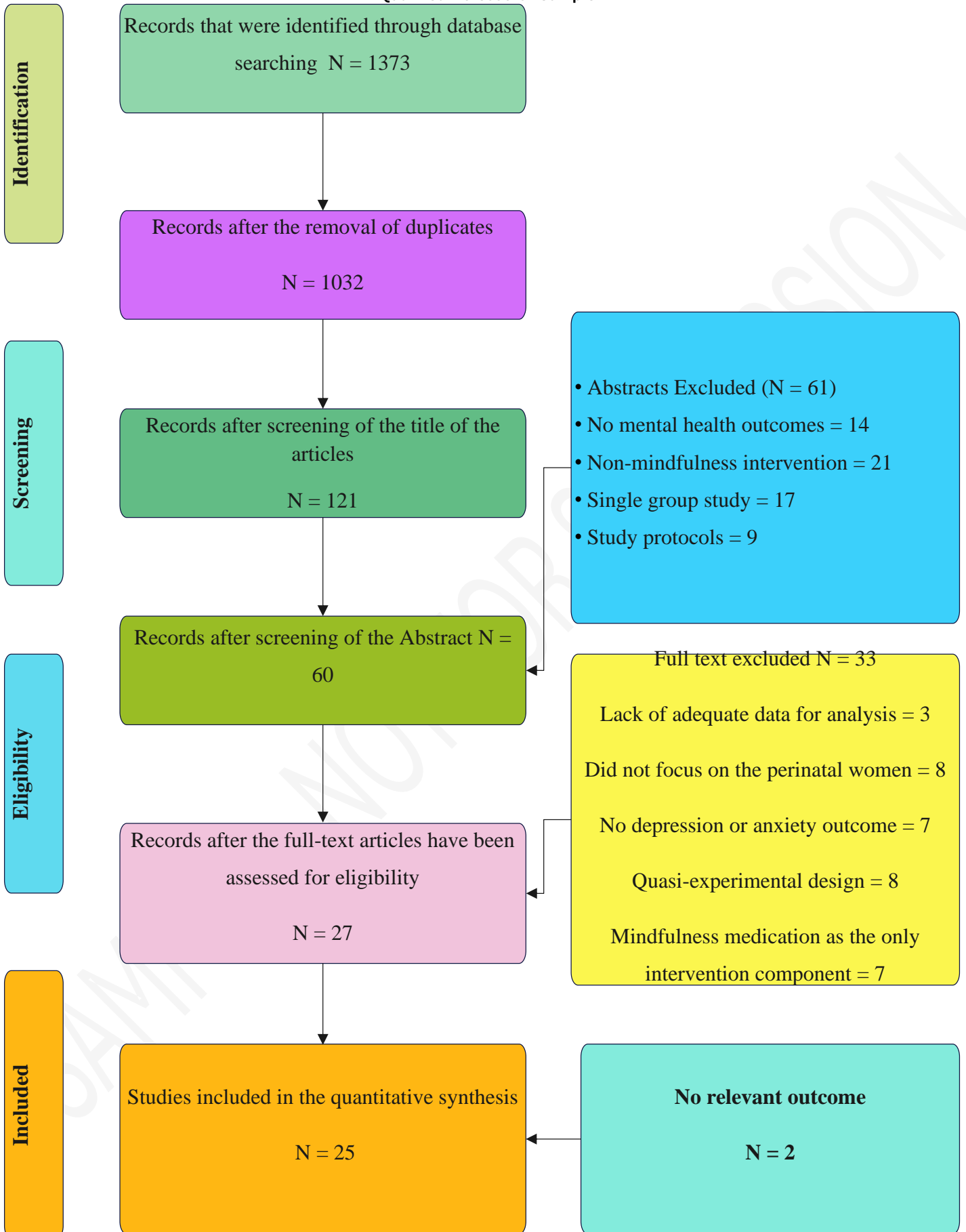
Implications for Practice

Nurses can utilize mindfulness-based interventions (MBIs) among postpartum females battling depression and improve patient outcomes. The intervention reduces negative emotions such as stress, anxiety, and depression and hence will provide an alternative therapy with maximum efficacy (Felder et al., 2018). The interventions are not just important but also to the frontline healthcare workers most of whom suffer from depression and anxiety. They can therefore embrace such interventions to increase relaxation and reduce the prospect of suffering from professional burnout. That would increase their job performance leading to patient satisfaction. Hence, the intervention is a game-changer in the nursing practice.

Dissemination Statement

The researcher is committed to divulging the findings about mindfulness-based interventions to hospitals and the public using traditional and social media approaches. The traditional media in this case represent print publications, oral communication, television, and phones. Social media entails microblogs, text messages, and online news outlets

The Prisma Framework Flow Chart



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