

Cognitive Behavioral Therapy in the Treatment of Postpartum Depression: A Systematic Review

Terapia Cognitivo Conductual en el Tratamiento de la Depresión Postparto: Una Revisión Sistemática

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Abstract

Postpartum depression (PPD) is a psychological condition that occurs in women during and after childbirth, characterized by symptoms of sadness, anxiety, and difficulties adequately caring for their baby. Studies suggest that cognitive-behavioral therapy (CBT) is most effective if it focuses on changing one's own thoughts. The following provides an explanation of the effectiveness of CBT in the treatment of postpartum depression through a systematic review. This is the main objective of the article. Searches were conducted in the Web of Science, Scopus, and PubMed databases, considering studies published between 2019 and 2024. The PRISMA and CONSORT methodology was applied to assess the quality of the selected studies. As a result, 17 articles were analyzed, most of which concluded that cognitive-behavioral therapy is effective in reducing the symptoms of postpartum depression. It is concluded that this therapy, in its various modalities, promotes maternal adaptation and improves the mother-child relationship, making it necessary to adapt its application to the context and individual needs of each mother.

Keywords: Cognitive-behavioral therapy, efficacy, postpartum depression, systematic review.

Resumen

La depresión posparto es una afección psicológica que se presenta en las mujeres durante y después del parto, caracterizado por síntomas de tristeza, ansiedad y dificultades para cuidar adecuadamente del bebé. Estudios sugieren que la terapia cognitivo-conductual (TCC) es más efectiva si se centra en cambiar los propios pensamientos. A continuación se proporciona una explicación de la eficacia de la TCC en el tratamiento de la depresión posparto a través de una revisión sistemática. Siendo este el principal objetivo del artículo. Se realizaron búsquedas en las bases de datos Web of Science, Scopus y PubMed, considerando estudios publicados entre 2019 y 2024. Se aplicó la metodología PRISMA y CONSORT para evaluar la calidad de los estudios seleccionados. Como resultado, se analizaron 17 artículos que en su mayoría concluyen que la terapia cognitivo-conductual es efectiva en la reducción de los síntomas de la depresión posparto. Se concluye que esta terapia, en sus diversas modalidades, favorece la adaptación materna y mejora la relación madre-hijo, siendo necesario adaptar su aplicación al contexto y necesidades individuales de cada madre.

Palabras clave: Terapia cognitivo-conductual, eficacia, depresión posparto, revisión sistemática.

1. Introduction

Postpartum depression (PPD) has been identified as a psychological disorder that affects women after childbirth, characterized by symptoms such as sadness, anxiety, irrational fears, and difficulties in caring for newborns (Molina et al., 2021). This disorder interferes with the mother's emotional well-being and her relationship with her child (Alverenga et al., 2018). Factors such as a history of depression, depressive symptoms during pregnancy, and lack of social support have been identified as main triggers (González et al., 2019). The World Health Organization recognizes it as a public health problem with a prevalence of 10% to 20% in Latin America (Alverenga et al., 2018).

Globally, recent studies have estimated that between 15% and 23% of women experience PPD symptoms, with a higher prevalence among younger women, those with a family history of depression, or those who have experienced violence (Acuña et al., 2021; Villegas et al., 2019). Furthermore, prevalence rates vary according to cultural factors, emphasizing the need for contextually tailored treatment strategies (Van Lieshout et al., 2023).

cognitive behavioral therapy (CBT) has been widely studied as an effective treatment for postpartum depression. This approach, developed by Beck, is based on the development of cognitive theory and the understanding of the connections between thoughts, feelings, and behaviors (Alimoari et al., 2022 ; Li et al., 2022). Recent research has demonstrated its effectiveness in cognitive restructuring, behavioral activation, and problem-solving skills training, which are essential for reducing depression (Milgrom et al., 2021). Similarly, CBT has been shown to be beneficial in improving maternal resilience and promoting mother-child bonding, which is essential for maternal and child health (Monaco, 2019).

The transition to motherhood is a critical period in which women experience challenges related to their personality, relationships, and psychological and physical changes (Li et al., 2022), and for this reason, it can represent a time of increased risk for women to develop mental health problems (Alimoari et al., 2022). Postpartum depression (PPD) is the most common psychological disorder after childbirth, with a prevalence of 20% (González et al., 2019; Milgrom et al., 2021). Postpartum depression is defined as an episode of depression that occurs from birth to 12 months (WHO, 2018) and causes negative consequences for the mother, the child, and the mother-child relationship (Bahar et al., 2021; Monaco, 2019).

Psychological interventions are effective in treating postpartum depression (Duffecy et al., 2019) and are among the options for postpartum women. A recent review of systematic reviews and in-depth analyses showed that cognitive behavioral therapy (CBT) is the most effective way to support postpartum depression. According to the type of CBT, awareness is the “key” to a person’s feelings and behavior in certain situations (Darcy et al., 2023; Franco et al., 2020). CBT-based interventions for PPD are based on this principle, which also assumes that previous experiences and factors (e.g., biological and psychological) contribute to the development of vulnerability to certain underlying beliefs (Duffecy et al., 2019).

Wenzel and Kleiman (2015) also hypothesized that these beliefs, which manifest solely through negative thoughts, are activated during periods of stress that lead to change or adaptation and therefore play an important role in the development and maintenance of postpartum depression. Given the complexities of childbirth, CBT treatment in this context must focus on specific beliefs about women and integrate them with society in order to function effectively (Husain et al., 2023), covering aspects such as the need for practical and emotional support and addressing changes in the couple’s relationship (Liu and Yang, 2020). Of the many effective treatments, many women do not seek professional help for their postpartum symptoms (Fonseca et al., 2015) due to lack of

information (e.g., where to find help) and practical barriers (e.g., lack of time and childcare limitations), as well as perceived stigma (Button et al., 2000; Goodman). Recently, efforts have been made to develop new ways to support mental health, such as peer support.

Despite the existence of effective treatments, many women do not seek professional help for their postpartum depressive symptoms (Fonseca et al., 2015) due to lack of knowledge (e.g., where to get help) and practical barriers (e.g., lack of time and childcare limitations), as well as perceived stigma (Button et al., 2017; Goodman, 2009). Recently, efforts have been made to develop new formats of psychological interventions, such as combination interventions.

Blended interventions combine traditional in-person psychotherapy with e-mental health tools, such as web-based programs, that build upon each other in a sequential and integrated protocol (Erbe et al., 2017). In this format, sessions via online programs can replace some in-person sessions with a therapist. It is common to incorporate time-consuming psychotherapy elements, such as psychoeducation and exercises, into web-based programs to provide patients with an opportunity to practice between sessions and integrate strategies into daily routines (Ebert et al., 2018).

Therefore, a combination treatment for PPD could present many advantages for postpartum women, such as reduced costs (fewer sessions with a therapist, reduced travel costs) and greater flexibility, accessibility, and intensity by narrowing the time gap between in-person sessions. Furthermore, a combination treatment also contributes to increasing women's autonomy by allowing them to progress in their own time and at their own pace, access content and exercises between sessions with a psychologist (Titzler et al ., 2018), and reduce the shame and stigma associated with seeking help.

Despite advances in the understanding and use of CBT for postpartum depression, challenges remain, including variability in

individual response, limited availability of mental health services, and the stigma associated with seeking treatment. A need for further research has been identified to evaluate its long-term efficacy and compare it with other treatment options (Bahar et al., 2021).

In this article, this study aims to describe the effectiveness of CBT in the treatment of PPD through a randomized controlled trial. To do so, studies published between 2019 and 2024 were reviewed, using statistical tools such as CONSORT to assess the quality of evidence. The results obtained will provide a better understanding of the effects of CBT in this vulnerable population, which will contribute to the optimization of treatment strategies and the improvement of interventions and access.

2. Methodology

The systematic review was conducted according to the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) flowchart, which ensures transparency and rigor in the selection of included studies. The purpose of this data analysis was to obtain valid and reliable conclusions regarding the effectiveness of Cognitive-Behavioral Therapy in reducing symptoms of Postpartum Depression. By following a rigorous and systematic approach to data analysis, the quality and reliability of the conclusions obtained in the systematic review were guaranteed (Donis, 2013).

Eligibility criteria:

The established criteria were designed to ensure the inclusion of studies that met quality standards and thematic relevance on the efficacy of CBT in the treatment of PPD.

Inclusion:

- Studies published during the last 5 years.
- Studies in which a psychological intervention with CBT has been carried out for PPD.
- Studies detailing the effectiveness of cognitive behavioral treatments in mothers with PPD.
- Studies are freely accessible and available for download in their full versions.
- Documents in Spanish and English from indexed journals that use the peer-review method.
- Articles with quartile from 1 to 4.
- Include quantitative studies associated with randomized and longitudinal clinical trials in order to have greater resources for analysis.

Exclusion

- Studies containing duplicate records.
- Studies with unclear methodology regarding the synthesis of information on the effectiveness of CBT for PPD.
- Studies that, as part of your treatment, include only pharmacological and non-therapeutic aspects.
- Different sample than adult mothers with PPD or who did not receive treatment.
- Studies that contain another type or approach to psychotherapeutic treatment.

Information sources and search strategies

The information search was conducted on October 31, 2022, and two additional searches were subsequently conducted on May 16, 2023, and July 18, 2024, to obtain more articles that met the information required for

this work. Databases such as Web of Science, Scopus, and PubMed were reviewed, including terms associated with PPD as well as contemporary psychological treatments (CBT), using Boolean operators that resulted in the following search string: (“Cognitive Behavior Therapy” OR “Cognitive Behavioral Therapy”) AND (“Postpartum Depression” OR “Postnatal Depression” OR “Puerperal Depression”). After identifying the articles, each one was evaluated according to the aforementioned inclusion criteria, taking into account the titles, abstracts, and keywords.

Study selection and data extraction processes

In the context of the prior data analysis, which involved collecting and organizing data extracted from studies included in the review using Rayan software, relevant data were compiled from the studies selected for selection. These included study characteristics based on sample, study type, and design, in addition to extracting the results and main clinical findings on the efficacy of CBT for PPD. Additionally, it involved extracting numerical data, such as outcome measures, as well as qualitative data with descriptions of interventions and study contexts.

In this case, duplicates were eliminated and titles and abstracts were screened according to inclusion and exclusion criteria to obtain crucial information. The collected data were then systematically organized using tools such as PRISMA graphs and summary tables to facilitate visualization and understanding. This organization was crucial for identifying patterns of improvement in depressive symptoms, trends in the efficacy of CBT over time, and discrepancies in results between studies that used different intervention methods (face-to-face, online, or blended).

Publication bias assessment

To analyze the methodological quality of the studies, the Consolidated Standards of Reporting Trials (CONSORT) tool was used. It

was specifically used to assess the methodological quality of randomized clinical trials, using criteria such as randomization, implementation, and results analysis, among others. By standardizing data presentation, the aim is to minimize bias, promote comparability between studies, and reinforce confidence in scientific findings (Schulz, 2010). The CONSORT checklist was applied to individual articles, scoring them according to their methodological rigor: (+) for complete compliance, (P) for partial compliance, and a blank score for non-compliance. This detailed scoring system facilitated a thorough assessment of trial quality, providing a standardized and objective measure of methodological quality.

Synthesis method

Throughout the process, PRISMA was used, which has key stages: initial identification of studies in databases, elimination of duplicates, screening by titles and abstracts according to inclusion criteria, and full-text evaluation of potentially eligible studies.

Another synthesis method was the construction of tables to record the extraction of valid information that justifies the study objective. This approach reinforces the quality and transparency of the selection process, ensuring that the evaluated studies met the methodological standards established for systematic reviews.

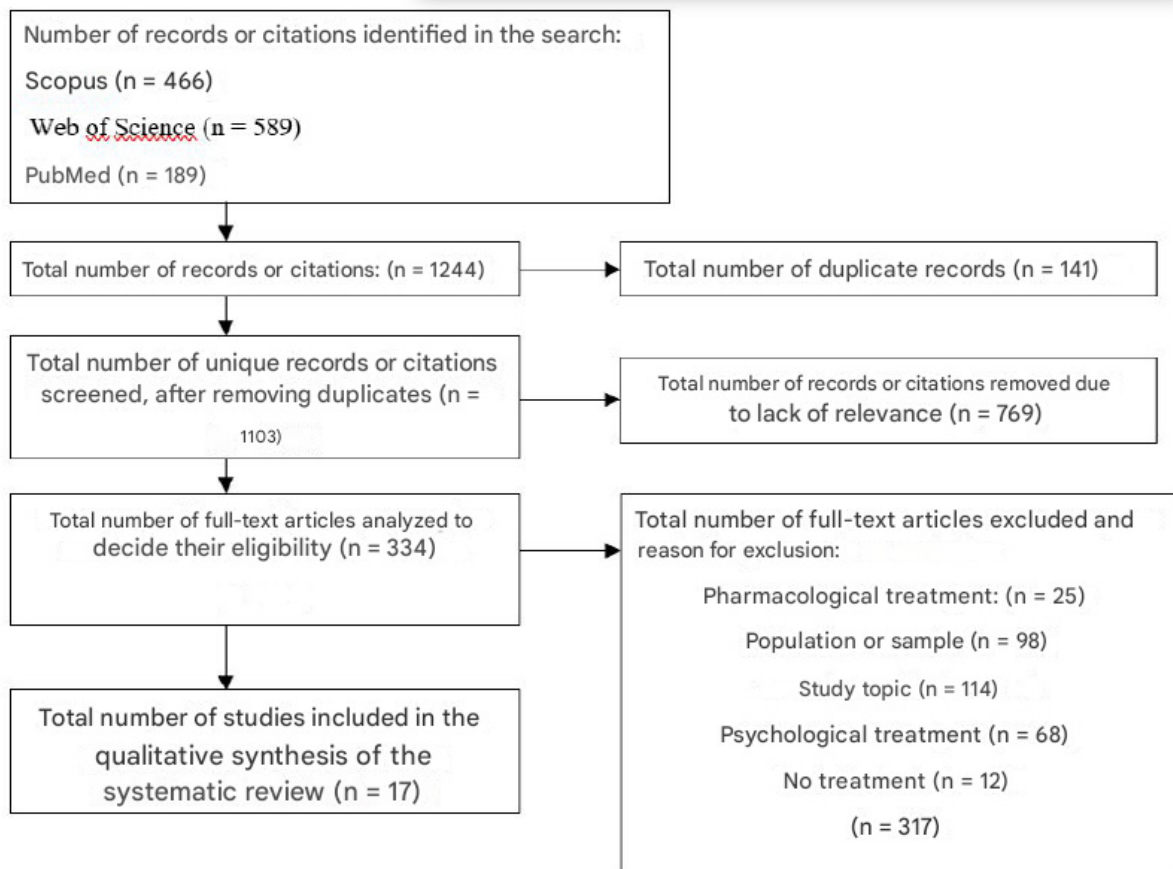


Figure 1. Flowchart of the systematic review process. Source: Arévalo, Gabriela (2025).

As a result of the search in Scopus, Web of Science and PubMed, 1244 articles were identified. After following the exclusion criteria, 141 duplicate articles and 769 additional articles were removed due to lack of relevance. Subsequently, 25 studies that focused on non-psychological treatments, such as medication, or that did not clearly demonstrate the efficacy of cognitive-behavioral therapy (CBT) were discarded. Ninety-eight studies were excluded because their numbers or samples did not meet the selection criteria. Additionally, 114 articles were excluded for addressing irrelevant issues and 68 for focusing on psychological treatments and approaches other than CBT. Finally, 12 studies that did not demonstrate drug use were discarded. Following this selection, 17

studies that met the criteria were included, primarily those examining CBT approaches for postpartum depression (PPD).

3. Development

Effectiveness of CBT in Postpartum Depression

The Effectiveness of CBT for Postpartum Depression The reviewed studies have shown that cognitive behavioral therapy (CBT), in its various modalities (individual, group, and online), significantly reduces depressive symptoms in women with postpartum depression (PPD). Delivery methods via mobile apps were also effective for women who needed greater flexibility in their medication regimens, suggesting that hybrid and web-based methods are useful for this population.

Individual and group intervention

Liu and Yang (2021) showed that after six weeks of cognitive intervention, women who received this treatment for the first time showed a significant reduction in symptoms of depression and anxiety compared to the control group. Furthermore, it was shown that CBT can prevent the development of PPD and increase satisfaction with the care received. Van Lieshout et al., (2022) reported that mothers who participated in groups used CBT methods in the management of their children, achieving relevant changes in depression, childhood anxiety, rejection and anger, with stable results up to six months after treatment.

Van Lieshout et al. (2023) found that one-day face-to-face CBT sessions were effective in treating postpartum depression, with significant improvements in depression, anxiety, and mother-infant bonding. They also had a positive effect on the behavior of infants under 12 months of age, although the same effect was not observed in older children.

As for Jidong et al. (2024) they showed that culturally adapted CBT for British African or Caribbean women improved treatment satisfaction, retention and engagement, significantly reduced postpartum depression and anxiety and strengthened support networks. Simhi et al. (2021) reviewed the effectiveness of a CBT-based workbook and concluded that both group and individual aspects were effective in reducing anxiety, depression and stress in postpartum women, although the individual aspects showed a fundamental improvement .

Similarly, Duffecy et al. (2022) examined the Sunnyside online intervention to prevent PPD in pregnant women with mild to moderate ED, and found improvement in symptoms over time with no significant differences between groups or means.

Technology-based interventions

Milgrom et al. (2021) found that online CBT was as effective as in-person CBT in relieving depression after 21 weeks, but showed a significant reduction in symptoms over time. At follow-up, symptoms of depression, anxiety, and depression were reduced by 50%. Qin et al. (2022) using a mobile app-based CBT program provided preliminary evidence of reduced depressive symptoms in postpartum mothers, although no relevant improvements in anxiety were observed during a very early four-week period.

Van Lieshout et al. (2021) showed that one-day CBT-based online workshops are effective in reducing symptoms of postpartum depression and anxiety, while also improving mother-infant social support and bonding, as well as positive affectivity in infants regardless of the type of therapist. Darcy et al. (2023) showed that Woebot, a digital therapeutic agent based on CBT principles, is effective in treating postpartum depression, with significant improvements in depression and anxiety scores compared to a control group, while participants reported high

satisfaction with the device and good acceptance of the digital therapeutic bond comparable to that of human therapists.

In the study Duffecy et al. (2019) analyzed how the internet helped prevent PPD and found that only 5% of at-risk women developed PPD, compared to 17% in the no-intervention group. Furthermore, the intervention reduced depression in many participants and its use was higher than other online programs. Research by Carona et al. (2023) found that the “Web Be a Mom ” intervention was highly effective in reducing symptoms of depression and anxiety in postpartum women at high risk for depression, with positive effects being especially notable in those participants with severe symptoms of depression at baseline. Meanwhile, Monteiro et al. (2024) reviewed “Be a Mother ” and found that the intervention benefited women with severe symptoms and demonstrated a stable cost-effectiveness ratio, although the final score was lower in the intervention group compared to the control group.

Comparisons and limitations

According to Suchan et al. (2022) compared structured therapy with a therapist-assisted CBT program in new mothers and found that the majority of participants in the intervention group had reduced anxiety, depression, and depression for up to six months. However, after the first month, significant differences were only seen in anxiety. In contrast, Seo et al. (2022) found that in mothers with PPD the CBT-based app had no significant impact on reducing depressive symptoms after eight weeks of use, although there were no substantial improvements in knowledge about depression, maladaptive beliefs, stress coping, social support, or sleep quality, a significant increase was observed in health-promoting behaviors such as daily enjoyable activities.

Finally, Husain et al. (2023) found no differences in depression levels between mothers who received a CBT group intervention and the control group at the three- and six-month follow-ups. However, the retention rate

was high (76%), and participants reported improvements in their attitude and confidence, with a greater reduction in depressive symptoms in those who attended more sessions.

Table 1
Table of authors analyzed

N	Study	Country	Study Features					Treatment		Results	
			Size	Middle Ages	Design	Assessment tools	Diagnoses/ clinical status	Application type	Device	Sessions	Effectiveness
1	Duffecy et al. (2019)	USA	25	30.5 years	ECA	HDRS IDASPHQ	PPD Symptoms	Internet-based CBT	Individual and Group	8 weeks x 10 to 15 minutes	The reduction in depression symptoms was positive, with peer support helpful in maintaining treatment adherence.
2	Liu and Yang (2021)	China	260	26.89 and 27.31 years	ECA	HAMD HAMA EPDS PSQI	DPP	In-person CBT	Individual	Once a week for 6 weeks x 1 hour each session	Reduced the incidence of postpartum depression by alleviating anxiety and depression.
3	Van Lieshout et al. (2021)	Canada	403	31.8 years	ECA	EPDS GAD-7 PBQ	PPD Symptoms	Online workshops based on CBT	Group	Four modules in one day x 7 hours	Significant improvements were reported in postpartum depression, anxiety, social support, positive infant affectivity, and mother-child bonding.
4	Simhi et al. (2021)	Israel	34	30.79 years	Single-group open trial	EPDS GAD DASS	PPD Symptoms	WAWA Protocol based on TCC	Individual by phone and Group	Once a week x four weeks.	Both intervention formats significantly reduced depression, anxiety, and stress.

5	Milgrom et al. (2021)	Australia	116	30.8 years	ECA	BDI-II PHQ-9 DASS-21	DPP	Online CBT + coaching calls	Individual	One session each week x 6 sessions	Reduced the severity of depression symptoms and perceived stress.
6	Qin et al. (2022)	China	112	31.6 and 32.2 years	ECA	GAD-7 EPDS	PPD Symptoms	App-based CBT CareMom	Individual	28 daily challenges for 4 weeks x 2 to 4 minutes	Depression decreased significantly, which did not occur in the control group.
7	Suchan et al. (2022)	USA	63	30.83 years	Pilot study	EPDS GAD-7 PHQ-9	DPP	Transdiagnostic CBT online	Individual	5 lessons x 8 weeks	There were significant improvements in depression, anxiety and general distress.
8	Van Lieshout et al. (2022)	Canada	234	31.4 and 30.4 years	ECA	EPDS	DPP	TCC	Group	9 weekly sessions x 2 hours	It reduced worry, anxiety, anger, and rejection, and improved the mother-child bond, with stable effects at six months.
9	Duffecy et al. (2022)	USA	208	29.08 years	ECA	PHQ HAMDD ASMINI	PPD Symptoms	Internet-based CBT	Individual and Group	8 weeks x 10 to 15 minutes	The individual and group programs did not have significant differences in the results, and both showed a decrease in anxiety and depression.
10	Seo et al. (2022)	Korea	73	33.54 and 33.36 years	ECA	EPDS	DPP	Mobile app-based TCC	Individual	Free access for eight weeks	There was no difference in the intervention effect on postpartum depression, but there was improvement in maternal health behaviors.

11	Van Lieshout et al. (2023)	Canada	461	31.6 and 32.3 years	ECA	EPDS GAD-7 PBQ	PPD Symptoms	In-person workshops based on CBT	Group	4 workshops x 7 hours	Decreased depression, anxiety, rejection, anger, and baby-centered anxiety, increased mother-baby bonding, and increased children's effortful control.
12	Husain et al. (2023)	United Kingdom	83	30.4 and 30.1 years	ECA	EPDS PHQ-9	DPP	Culturally adapted CBT	Group	12 sessions of 90 minutes each, once a week, for 3 months.	There was no significant difference in the reduction of depression, but awareness of mental health issues improved.
13	Carona et al. (2023)	Portugal	1053	32.81 and 32.91 years	ECA	EPDS PDPI-R	PPD Symptoms	Internet-based CBT	Individual	5 modules in 8 weeks x 45 minutes	Since the beginning of treatment, depression and anxiety were shown to be reduced.
14	Darcy et al. (2023)	USA	192	Nd	ECA	PHQ-9 GAD-7	PPD Symptoms	Agent-Guided CBT WB001	Individual	Daily use for 8 weeks x 5 to 10 minutes	It was shown to significantly reduce depression and anxiety.
15	Franco et al. (2024)	Chili	65	32.53 years	ECA	PHQ-9 EPDS	PPD Symptoms	Web-based TCC	Individual	6 modules x 8 weeks	It helped to modify negative thoughts and dysfunctional beliefs about parenting and caregiving.

16	Jidong et al. (2024)	United Kingdom	130	Nd	ECA	PHQ-9	DPP	Culturally adapted CBT LTP+CaCBT	Group	12 sessions of 60 minutes x once a week.	It has been shown to reduce depression, parenting concerns, and increase positive moods.
17	Monteiro et al. (2024)	Portugal	1052	32.91 and 32.81 years	ECA	PDPI-R	DPP	Internet-based TCCi	Individual	For 14 months	It had health effects and lower costs, and could help manage DPP symptoms effectively.

Discussion

Research suggests that the use of cognitive behavioral therapy (CBT) in the treatment of postpartum depression (PPD) is effective and leads to good outcomes (Milgrom et al., 2021; Qin et al., 2022; Darcy et al., 2023; Franco et al., 2024; Monteiro et al., 2024; Daffesi et al., 2022). Overall, interventions using CBT techniques reduce depressive and anxiety symptoms and promote healthy habits and behaviors by developing flexibility and adaptability in patients.

According to the reviewed studies, various CBT-based psychotherapies were demonstrated, with varying durations and types of treatment, ranging from 4 to 6 weeks of interventions to in-person individual therapy. They were effective and long-lasting. The group significantly reduced obsessive thoughts, irrational fears, sadness, and other symptoms, and improved relationships with children, in addition to improving the proper management of emotions (Liu & Yang, 2021; Van Lieshout et al., 2022; Husain et al., 2023) . The authors demonstrated that CBT is an excellent treatment for significantly alleviating the aforementioned symptoms of postpartum depression.

Regarding the intervention modality, Seo et al. (2022) and Duffecy et al. (2019) conducted individual and group interventions in the United

States and South Korea, respectively, demonstrating the importance of cultural context in different groups. This process makes the treatment efficacy inconclusive, since in South Korea, lasting and evident improvements were achieved through individual therapy, while similar efficacy was achieved in the United States. However, there is no doubt that the tools used are effective in a high percentage of different cultures and lead to symptom relief and significant benefits.

On the other hand, among the various intervention methods currently available, intensive, short-term, and guided interventions have achieved good results because they focus on specific symptoms (Van Lieshout et al., 2021, 2023; Darcy et al., 2023). In addition, there are online intervention methods such as those by Duffeey et al. (2019) and Carona et al. (2023), who highlighted that only about 5% of interventions developed PPD. The prevention effect was 95%, but the efficacy rate was higher in women with severe symptoms, and at the same time, the dropout rate was high. They have been shown to be a useful tool for alleviating symptoms of postpartum depression and increasing patient acceptance and participation due to the low need for skilled workers, short-term intervention, and affordable cost and availability of therapists.

Regarding risk factors for the effectiveness of CBT-based therapy, it was observed that situations such as single mothers, first-time mothers, and a lack of healthy behavioral habits before pregnancy were predisposing factors for the development of PPD with acute symptoms. These patients benefited from treatment in different ways. Some patients achieved 100% results for at least six months, while others only noticed significant differences in attitude and confidence. However, it is important to note that there were positive benefits on several levels.

4. Conclusions

CBT is proven to be effective on electronic devices due to its ease of access, especially for this population whose medical condition makes it difficult to access in-person psychotherapeutic treatment. Regarding the type of device, it is evident that at the individual level, better results were obtained in terms of sustained symptom reduction over the medium term. It is concluded that this is due to the possibility of developing interventions focused on personality characteristics and functional dynamics.

Another relevant finding is that as the symptoms of PPD decreased, they observed an improvement in bonding, especially with children under 12 months old. Meanwhile, among first-time mothers with PPD, the symptomatic reduction occurred more rapidly with the intervention of CBT. The results obtained provide specific data for clinical decision-making when treating PPD.

It is important to mention that, for the symptoms of severe depression, CBT is most effective when it is in-person and individualized, and combined with complementary treatment such as pharmacological treatment, as this modality has demonstrated sustained long-term results, promoting levels of commitment and personal satisfaction, since one of the areas focused on in the treatment is the creation of support networks.

Finally, it is concluded that CBT is a very useful therapeutic tool in any modality, whether individual, group, or digital. Each has its benefits depending on the culture in which they are found, achieving benefits such as symptomatic relief, flexibility, adaptability, improved bonding, among others.

5. Contribution of the authors

Future research would be advisable to include more representative samples that encompass greater demographic, cultural, and socioeconomic diversity. This would allow for more generalizable findings and a more precise understanding of how different groups respond to therapeutic interventions.

Likewise, it is relevant to explore the effectiveness of combined interventions that integrate different therapeutic approaches. Evaluating these strategies could provide valuable information on more personalized and effective treatments for postpartum depression, thereby optimizing clinical outcomes and tailoring them to the specific needs of each patient.

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