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Postpartum depression is a serious concern that effects about 1 out of 9 women in the United States (Ko, Rockhill, Tong, Morrow, & Farr, 2017). The economic burden of depression in the United States is estimated at \$210.5 billion and can be attributed to health care—, workplace-, and suicide-related costs (Greenberg, Fournier, Sisitsky, Pike, & Kessler, 2015). Maternal morbidities associated with postpartum depression include gestational diabetes, hypertension, blood transfusion, and preterm labor (Sundaram, Harman, & Cook, 2014). Postpartum depression also affects offspring and is associated with increased risk for intrauterine growth restriction, low birth weight, impaired cognitive development, and behavioral problems in infants and children (Conroy et al., 2012; Grote et al., 2010). In addition to the potentially major distress a woman may experience during a depression episode, she also remains at increased risk for recurrent depression episodes, during and outside of the peripartum period (World Health Organization, 2009).

Abstract: Postpartum depression is a debilitating disorder that requires greater awareness and treatment. Depending on severity of symptoms, standard treatment calls for individual psychotherapy and medication. Although postpartum depression can lead to negative health outcomes for women and their offspring, numerous barriers prevent women from receiving appropriate care. A review of the literature shows that nontraditional modes of psychotherapy dominate recent studies, whereas data for other complementary options are severely lacking. Further research is needed to help identify cost-effective alternative therapies for treating postpartum depression. Combined with prevention and screening, treatment options that suit women's varied situations and preferences must be explored to increase reception and adherence to treatment and, ultimately, to improve outcomes. http://dx.doi.org/10.1016/j.nwh.2017.07.003

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