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Psychotherapeutic Approaches for Enhancing Perinatal Mental Health

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Abstract

Pregnancy is a life turning event in a woman's life. Many women during pregnancy and after the birth of the child face mental health issues like anxiety, depression, and stress due to varied reasons. If not addressed properly, these can affect the mother-child bond, the lady's relationship with the entire family, and the child's cognitive and emotional development. As per WHO, "Globally about 10% of pregnant women and 13% of postnatal women experience a mental health disorder, primarily depression. In developing countries, the rate is even higher, i.e. 15.6% during pregnancy and 19.8% after childbirth. In severe cases mothers' suffering might be so severe that they may even commit suicide. Psychotherapy, sometimes referred to as talk therapy, is one of several therapeutic modalities that a psychotherapist uses to assist clients in recognizing and addressing the negative feelings, ideas, and behaviors that are causing them distress. Researchers throughout the world have proved that maternal mental health affects the health of the unborn child and thus the entire family is affected. Therefore, there is a need to find out an effective psychotherapeutic technique to deal with perinatal mental health issues. This study aims to find out the efficacy of psychotherapies during the perinatal period and the most effective psychotherapeutic technique in dealing with perinatal mental health. The purposive sample method was used to choose five pregnant women, and the interview technique was used to collect data over the phone. CBT in combination with the progressive relaxation technique was found to be the most effective therapy in dealing with mental health issues of women in the perinatal period.

Keywords: Maternal health, perinatal mental health, psychotherapeutic techniques, progressive relaxation, postnatal depression

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INTRODUCTION

Mental health is a "state of well-being in which the individual realizes his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and can make a contribution to his or her community," according to the World Health Organization. Physical health is defined as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity". These definitions show the importance of mental health along with other factors for the complete holistic well-being of an individual and society.

Pregnancy is a very uncertain period for a woman where women are vulnerable to physical, psychological, financial, social, and religious jeopardy. In Ethiopia, Pregnancy is referred to as a period "between Life and Death" (Hanlon et al., 2010) [1]. Perinatal mental health corresponds to a

woman's mental health/well-being from the start of her pregnancy till one year after the birth of the child and includes mental illness existing before her conception or pregnancy, or new mental health issues that she develops for the first time in pregnancy, or in the postnatal period after birth. The perinatal period includes the period from conception till one year after the birth of the child. The development of a mentally healthy child greatly depends on the pregnant woman's and the new mother's good mental health. Perinatal mental health is a new concept that is gaining pace globally. WHO data (March 2023) has shown that more than 10% of women experience depression during the perinatal period. An article published in "The Lancet" suggested that 12%-17% of women develop depression in the perinatal period (Stevenson 2023) [2]. In the first year after giving birth, 10% to 20% of women experience depression (Shorey et al., 2018; Woody et al., 2017) [3, 4]. Women who experience anxiety and depression in the early stages of pregnancy are more likely to develop preeclampsia (Kurki et al., 2000) [5]. Depression in the third trimester results in adverse obstetric outcomes causing increased numbers of emergency cesarean sections (Bayrampour et al., 2015) [6]. Self-reported anxiety symptoms experienced by women in the first trimester were 18.2%, 19.1% in the second trimester, and 24.6% in the third trimester. The prevalence of clinical diagnosis of any anxiety disorder was 15.2% and for generalized anxiety disorder was 4.1%. In the postnatal period, the prevalence of anxiety symptoms was 15.0%, for any anxiety disorder was 9.9%, and for a generalized anxiety disorder was 5.7%. In low-to middle-income countries, rates can go even higher (Dennis et al., 2018) [7].

In India, 22% of women suffer from antenatal common mental health disorders (Kalra et al., 2021), 10%-18% suffer from peripartum depression (Sidhu et al., 2019) and the suicide rate is 7.6% in the perinatal period (Supraja et al., 2016) [8–10]. The prevalence of PTSD symptoms and PTSD is 9% (Shiva et al., 2021) [11]. Generalized anxiety disorder accounts for 23% during the perinatal period in a tertiary care hospital in south India (Kantipudi et al., 2020) [12].

The mother's perinatal mental health has a significant influence on the child's growth and development during both the prenatal and postnatal stages. Depression during pregnancy has been shown to increase the risk of intrauterine development retardation, low birth weight newborns, and premature deliveries. A cohort study in France concluded that the rate of spontaneous preterm birth is high in women with a depression score of 9.7% (Dayan et al., 2006) [13]. Maternal mental health problems can hamper the mother's ability to take care of the child in their most sensitive times and can lead to poor behavioral, cognitive, and emotional development in the child (Kingston and Tough, 2014; Stein et al., 2014) [14, 15]. A cohort study conducted on 992 mothers and their offspring confirmed the transmission of anxiety disorder from mother to their offspring (Martini J et al., 2010) [16]. A study on prenatal stressors and autism showed that there is a higher incidence of autism in children born to mothers who have prenatal stress during 21 weeks to 32 weeks of gestation, with a peak at 25 to 28 weeks (Beversdorf et al., 2005) [17]. High levels of prenatal mental stress during the first trimester of pregnancy can have a deleterious effect on the fetus's brain development, which can lead to toddlers with reduced overall intellectual and language ability (Laplante et al., 2004) [18]. High levels of anxiety during pregnancy can lead to prolonged crying in the neonatal period, restlessness and irritability, and more fear in dealing with life events and a higher risk of developing anxiety issues in later life (Petzoldt et al.,2014; Heuvel et al., 2015; Braeken et al., 2013) [19–21]. Babies born to depressed mothers are at higher risk of developing difficulties in cognitive functioning, difficulties in social interactions with parents and peers, impaired adaptive functioning and psychopathology, including affective disorders, anxiety disorders, conduct disorders, ADHD, and learning difficulties in later life (Bonnin., 2004) [22].

Speaking with a qualified expert can assist a person in recognizing and altering negative thoughts, feelings, and behaviors using a range of strategies used in psychotherapy, sometimes referred to as talk therapy. There are numerous forms of psychotherapies, such as behavior therapy, cognitive therapy, cognitive behavior therapy, psychoanalytic therapy, and humanistic therapy. Psychotherapy improves mental health and lowers anxiety and sadness in pregnant women, according to a meta-analysis on the subject ""Role of psychotherapy on antenatal depression, anxiety, and maternal quality of life" (Li C et

al.,2020) [23]. Psychotherapy is proven to be efficient in bringing moderate to large improvement in the scores of Fears of childbirth, pregnancy-specific stress, and general anxiety (Abdollahi et al., 2020) [24]. Another study proved that Behavioral cognitive counseling is effective in improving the mental health of women during pregnancy (Jalali et al., 2020) [25]. Cognitive behavior therapy is beneficial in significantly reducing the stress and anxiety levels in pregnant women (Kaboli et al., 2017) [26]. Research is being conducted worldwide to find out the most effective therapy in the perinatal period to enhance the overall mental health of the pregnant woman and her child. The study aims to identify the most effective therapeutic techniques that can help in managing perinatal mental health issues.

METHODOLOGY

Aim: To find out the most effective psychotherapeutic technique in dealing with perinatal mental health.

Sample size: 05 women in the perinatal period were selected. The age group was between 26 years to 38 years. All of them were multigravida and working women.

Sample selection criteria: The participants were chosen using a purposive selection technique.

Inclusion criteria: Women during the perinatal period

Exclusion criteria: Unmarried woman, woman not in perinatal period.

Method: A qualitative phenomenological research method was used.

Research design: A comparative multiple Case study method design was used for the research.

Data Analysis: Data collection was done telephonically by using interview technique. Open-ended questions were asked to the participants.

Case Study 1

Introduction of Summary

To assess the stress level of the client during the antenatal period due to the diagnosis of Rubella

Executive Summary

28-year-old multigravida lady, a teacher by profession. Three pregnancies–first 07-year-old male child, second elective abortion due to Rubella, third present pregnancy, completing 08 months. Stays in a joint family in a remote village, mother-in-law bedridden**.** Has to do all household chores before leaving for school. Has to walk a distance of around 3 km and travel 5 km by bus to reach school. The first pregnancy was uneventful, and she was not working at that time and was happy throughout the pregnancy**.** Second pregnancy–was diagnosed with rubella in the first trimester and had to undergo abortion which caused lots of mental agony as the couple wanted the baby.

Relevant Facts

Many physical and mental stressors are present during the present pregnancy**.**

First Trimester

- Severe nausea
- Has to go to her job daily
- Has to do whole household chores
- Has to look after the elder kid
- Rubella's test came positive again during this pregnancy, so was worried again about the wellbeing of the unborn child

- The client said she was on the verge of crying at times
- Second trimester
- Started feeling tired due to job and household pressure
- After consultation with many doctors and relatives, decided to continue the pregnancy despite rubella positive result and started treatment for the same
- Still worried about unborn child's well-being
- Had pneumonia and severe breathing difficulty. Took treatment for the same
- Third trimester–feels exhausted at the end of the day due to work pressure
- Worried about the delivery process
- Because of transverse lie may go for a caesarean, scared of spinal anesthesia and pain following C-section
- Anxious about normal delivery also because following previous normal delivery had PPH.
- Biggest worry is still regarding the health of the child

Case Evaluation

Point of Focus–Couple stressed about the health of the unborn child

Explanation of the Situation

Due to Rubella's positive condition, the couple had to undergo an abortion during second pregnancy which they were unwilling for. Also, they took a very expensive treatment for it. Again, getting diagnosed with the same during the present pregnancy is worrisome. Though they are assured by the doctor that the positive result may be due to circulating antibodies and all scans to date are normal, they are worried.

Proposed Solution

- progressive relaxation therapy
- stop card technique
- meditation
- mindfulness

Techniques Integrated

- The client was taught progressive relaxation techniques to relax her body and mind.
- She was taught the "STOP" card technique to keep her away from anxiety-provoking thoughts.
- She was told to meditate and also listen to soothing music to help her relax her mind
- Mindfulness was taught so that she can stop worrying about the future and enjoy her pregnancy now.

Case Study 2

Introduction of Summary

To assess the anxiety level of the client during the antenatal period due to the previous 02 IUDs

Executive Summary

31-year-old multigravida lady, nursing officer by profession**.** First and second pregnancy-Intrauterine deaths at 06 months of pregnancy, cause severe oligohydramnios. Third pregnancy–present pregnancy, uneventful. Stays alone, Husband works abroad. Was scared to conceive for the third time due to previous IUDs**.** Was counseled by mother-in-law, gynecologist, and colleagues to give it one more try as she is healthy and all tests are normal**.** The husband left his job and returned to India, Conceived naturally within no time. Her full-time and only support is her husband

Relevant Facts

Many physical and mental stressors are present during the present pregnancy

First Trimester

- Mild nausea
- demanding job and night duties

Second Trimester

- Stressed as she lost her previous two children in the second trimester
- In client's words, "pura pregnancy dar dar ke nikala"
- Had sleeping difficulties
- Too cautious about eating habits also
- Took maternity leave in the sixth month to avoid physical stressors

Third Trimester

- Though everything was normal, but still was very scared
- was counting the days for delivery.
- Requested gynecologist for an early C-section as soon as possible
- Use to get an NST done every week after the seventh month
- Was hospitalized for having false contractions in the eighth month
- Was discharged after giving steroids injections & all the tests were normal
- A planned LSCs was done after the completion of 36 weeks

Case Evaluation

Point of Focus: The couple is very anxious and stressed about having a live, healthy child

Explanation of the Situation

Due to the previous two IUDS couple was very much anxious and stressed about having a live issue**.** They have decided not to have any child after two IUDs but after counselling from family members and friends they decided to take one more chance after four years. They used to get an NST done every week after the seventh month**.** They even requested gynecologist for an early C-section as soon as possible**.** Started having false contractions due to stress and was hospitalized for the same

Proposed Solution

- STOP card technique
- ABC technique
- Progressive relaxation
- Meditation
- Mindfulness
- Guided imagery

Psychotherapeutic Techniques Integrated

- STOP card technique was taught to prevent unwanted disturbing thoughts of previous IUDs
- ABC was taught to replace the thought of IUDs with having a healthy child in this pregnancy
- The client was taught progressive relaxation technique to help her relax and sleep.
- She was also taught antenatal yoga to relax her body and mind
- She was advised to meditate and chant some mantras that will empower her from within.
- She was taught mindfulness so that she can stay in the present and enjoy her present pregnancy rather than dwelling in the past.
- With guided imagery, she was told to imagine beautiful things about pregnancy and her baby and stay in that feeling always.

Case Study 3

Introduction of Summary

To assess the level of guilt during the postnatal period for leaving 5-month-old child at home

Executive Summary

33-year-old multigravida lady, banker by profession**.** Two pregnancies–first 07-year-old male child, second 05-month-old female child**.** Husband-working from home, mother-in-law died 03 years back. Father-in-law looking after the child**.** Has to do all household chores before leaving for job**.** The first pregnancy uneventful, was not working at that time**.** Second pregnancy–planned.

Relevant Facts

First Trimester

- Was unaware of pregnancy for two months due to implantation bleed
- Started having nausea and vomiting third month onward

Second Trimester

- Nausea and vomiting continued till the fifth month
- Started feeling exhausted due to job and household pressure

Third Trimester

- feels exhausted at the end of the day due to household and work pressure
- Underwent planned LSCS on completion of nine months
- Delivered a healthy female child

Postnatal Period

- Breastfed the baby for four months
- Started weaning with bottle feeds and solids from five months onward
- Started going on job as maternity leave finished
- Does all household chores including bathing the baby and making feeds for her before leaving for job
- Child is mostly looked after by father–in–law with help from husband
- Father-in-law is not very keen on looking after the child as he feels that the mother should take care of the child
- Also, some nagging is present from sister-in-law, who is a homemaker and feels that the child is ignored by her mother
- Feels guilty to leave the child at home from 10 am to 7 pm
- Gets terribly tired and exhausted mentally and physically due to work pressure
- Unable to get proper sleep at night as she has to look after the kid

Case Evaluation

Point of Focus: The client lives in guilt all the time as she has to leave her 5-month-old at home for her job

Explanation of the Situation

The client is already feeling guilty about leaving her child which is topped up by her father-in-law and sister-in-law. Sometimes the child gets only two or three feeds of milk and biscuits the whole day

After coming home, she starts preparing for dinner. Due to immense work pressure, she is not able to give quality time to her child which is adding to the guilt feeling.

Proposed Solution

- Mindfulness
- Progressive relaxation therapy
- Role play technique
- Good enough principle

Implementation

- The client was taught mindfulness so that whatever time she is getting with the child can be converted into quality time
- She was taught progressive relaxation to relax her body and mind so that she can be more productive
- Via role play technique, she could understand her father-in-law's perspective
- Via role play, her husband could also understand her pressure and now they have a maid to help the client.
- She became a good enough mother instead of a flawless mother by using good enough technique.

Case Study 4

Introduction of Summary

To assess the mental and physical burden of an unplanned second pregnancy in the postnatal period of first pregnancy

Executive Summary

26-year-old multigravida lady, nursing officer by profession. First pregnancy–uneventful, having an 18-month-old male child**.** Second pregnancy–unplanned pregnancy, conceived when the first child was 10-months old

Relevant Facts

First Trimester

- Felt shocked when pregnancy was confirmed
- Was in great dilemma whether to continue or abort
- As the first child was very small, decided to abort
- But we're also worried about problems in conceiving in the future after abortion
- One week passed by in a very confused state, thinking and discussing with parents about pros and cons of both aborting or continuing the pregnancy
- Decided to abort the fetus and took MTP kit after consultation with the gynecologist
- Check ultrasound after MTP revealed that she is still pregnant
- Everyone was in a "now what to do" situation
- The client was on the verge of a nervous breakdown now and was worried about the effects of the MTP kit on the fetus
- Decided to continue the pregnancy after consultation with family members and gynecologist, got NIPT test done to rule out any negative effects of MTP kit on the fetus

Second Trimester

- Accepted the fetus wholeheartedly but still worried about the effect of the MTP kit on the fetus
- Faced difficulties in looking after elder kid also
- Was sleep-deprived because of the elder kid

Third Trimester

- Exhausted physically from looking after herself and the elder kid

Case Evaluation

Point of Focus: The couple is stressed and confused due to the second unplanned pregnancy as their first child is still very small

Explanation of the Situation

As the pregnancy was unplanned, the couple was initially unhappy about it**.** Moreover, their first child was very small and needed their full attention and time**.** The decision of abortion was difficult as

they wanted another baby in the future and were scared that abortion might impact future conception chances**.** Finally, the decision for abortion was taken and an MTP kit was used for the same but it was unsuccessful**.** This affected the client's mental peace as now they have to deal with an unplanned pregnancy plus the effect of the MTP kit on the fetus.

Proposed Solution

- Progressive relaxation
- ABC technique
- Meditation
- Mindfulness
- Good enough principle

Psychotherapeutic Techniques Implemented

- Progressive relaxation technique was used first to relax her mind and body
- ABC was taught to replace the thought of this pregnancy being unwanted with the thought that anyhow they always wanted a second child, which helped them accept the pregnancy
- Again, the ABC technique helped in replacing the worry of bad effects of the MTP kit on the baby with the thought that genetic screening is normal, so everything is going to be fine
- With the help of mindfulness, she learned to be in the present and enjoy her pregnancy and her toddler's mischief.
- Via the good enough principle, she learned to be a good enough mother of two kids with the wholehearted support of her husband and parents

Case Study 5

Introduction of Summary

o assess the stress level in pregnancy due to inadequate fetal body weight and GDM status

Executive Summary

38-year-old multigravida lady, retired nursing officer**.** G5 A3 P1 First pregnancy–uneventful, male child, 8 yrs old**.** Second pregnancy–missed abortion in two and a half months**.** Third pregnancy–anembryonic pregnancy**.** Fourth pregnancy–IUI conception, missed abortion**.** Was adamant about having a second child no matter what**.** Went for IVF–failed IVF**.** Fifth pregnancy–conceived naturally, 32 weeks completed.

Relevant Facts

First Trimester

- Had nausea and mild vomiting
- Was stressed about having a missed abortion again in two and half months

Second Trimester

- Had UTI, took medicines for the same
- Diagnosed as a case of GDM
- Started with tab metformin and dietary restrictions
- A 19-week anomaly scan showed the presence of a choroid plexus cyst in the babies' brain
- Got very much scared on finding out this
- Went for NIPT screening test and repeat anomaly scan at 23 weeks, both were normal

Third Trimester

- Stressed about baby's weight being on the lower side
- Feels that it's because she has to follow dietary restrictions due to her GDM condition

Case Evaluation

Point of Focus: The client is very much stressed about the low birth weight of the fetus

Explanation of the Situation

The client is stressed about having a normal and healthy child because of the one after another complication that happened during pregnancy. The client feels that low birth weight is due to the restrictions in diet imposed due to GDM status. Feels that she is misdiagnosed with GDM and the dietician has imposed too many dietary restrictions on the pregnant lady and feels like discontinuing her diet advice. The client said that she is trying but she can't stop thinking about the wellbeing of the child, also having sleep disturbances due to this.

Proposed Solution

- STOP card technique
- ABC technique
- journaling
- Role play technique
- Meditation
- Mindfulness

Psychotherapeutic Techniques Implemented

- STOP card technique was taught to keep the unwanted thoughts away from herself
- ABC was taught to replace the thought that babies' low birth weight is due to diet restriction with the thought that being a medical professional she knows that GDM ladies have to follow a diet and diet restriction doesn't cause low birth weight.
- Journaling was advised where she used to write the negative thoughts coming to her mind and then to write a positive statement to counter that negative thought and to stay in that positive thought
- Role play technique was used to make her understand the dietician's perspective of giving her a diabetic diet chart
- Meditation was taught to keep her mind calm.
- Mindfulness techniques were taught to keep stress off her mind and was told that her feelings will affect the fetus also. So, she should just think of good things happening to her and the fetus.

RESULT

A combination of progressive relaxation and techniques of CBT was found to be the most effective psychotherapy in dealing with perinatal mental health as shown in Table 1.

Table 1. Promoting combination of therapeutic techniques for each case study.

Case Study	Predisposing factors	Interventions offered	Number of sessions offered	Promoting combination of therapeutic technique
1	• Rubella positive • Elective Abortion in 2nd pregnancy • Fear of abnormality in the fetus • Fear of normal delivery and LSCS	• Progressive relaxation technique • Stop card technique • Mindfulness • Meditation	4	Progressive relaxation + stop card
2	• Previous two IUDs at 06 months of gestation • Work pressure • Fear of losing this child	• Stop Card technique • ABC technique • -Progressive relaxation technique • Mindfulness • Meditation	5	Progressive relaxation + ABC technique + guided imagery

Case Study	Predisposing factors	Interventions offered	Number of sessions offered	Promoting combination of therapeutic technique
		• Guided Imagery		
3	• Guilt of leaving 05-month-old child for work • work and home pressure • Fear of neglect of the child	• Mindfulness • Progressive relaxation technique • Role play technique • Good enough principle	4	Progressive relaxation + ABC technique + guided imagery
4	• Unplanned 2nd pregnancy in first postnatal period • Effect of MTP kit on fetus • -fear of abnormality in the fetus • Fear of handling two small kids simultaneously	• ABC technique • Meditation • Mindfulness • Progressive relaxation technique • Good enough principle	5	Progressive relaxation + ABC technique + guided imagery + good enough principle
5	• 03 abortions • Diabetes in Present pregnancy • Low birth weight of fetus • -Fear of abnormality in the child	• Stop card technique • ABC technique • Journaling • Role play technique • Meditation • Mindfulness	5	Progressive relaxation + ABC technique + mindfulness

DISCUSSION

Pregnancy is considered a period of transition in a woman's life in which important emotional and physical changes occur that can affect the quality of life of the pregnant woman and can affect the health of the mother and the child (Lagadec et al., 2018) [27]. It is well acknowledged that perinatal mental health is a public health concern for women (Ko and Haight, 2020; Vigo et al., 2016) [28, 29]. It was shown that lower-middle-income countries had the highest rate of prenatal depression (pooled prevalence-25.5%), followed by upper-middle-income countries (pooled prevalence-24.7%) and lastly low-income-countries (pooled prevalence–20.7%) (Mitchell et al., 2023) [30]. Studies have proved that psychotherapy can help to a great extent in dealing with perinatal mental illnesses.

The main purpose of our study was to find out the most effective psychotherapeutic technique for enhancing perinatal mental health. A combination of Progressive relaxation and techniques of Cognitive Behavior Therapy (CBT) was found to be the most effective psychotherapy in dealing with perinatal mental health. A clinical trial on pregnant women suggested that cognitive behavior therapy and group counseling along with the husband is effective in reducing stress, anxiety, and depression in pregnant women (Dafei et al., 2021) [31]. The mean scores of felt stress, anxiety, and depression significantly decreased in the intervention group after 14 weeks of pregnancy after receiving CBT-based counseling, according to the results of a controlled randomized clinical trial including 56 pregnant women with a history of primary infertility (Golshani et al., 2021) [32]. A randomized pilot study on the "Be a Mom" program, (self-guided, web-based intervention grounded on the principles of CBT, to prevent symptoms of persistent postnatal depression in postnatal women) was carried out to assess the efficacy of the program in reducing the symptoms of depression in the postnatal period concluded that it is effective in enhancing women's emotion regulation abilities and self-compassion and thus reducing the depressive symptoms (Fonseca et al., 2019) [33]. Another study conducted on women with recurrent miscarriages and depression/anxiety suggested that CBT was found to be very effective in these women (Nakano et al., 2013) [34]. Cognitive behavior group treatment (CBGT) of 06 weeks, offered to 10 women in their perinatal period concluded that CBGT for perinatal anxiety is a promising treatment for relieving symptoms of both anxiety and depression (Green et al., 2015) [35]. O'Mahen et al. (2013) introduced modified CBT (mCBT) to 55 perinatal, low-income women with major depressive disorder and concluded that mCBT promises a feasible and acceptable treatment for these women [36]. A systematic review of digitalized CBT intervention on pregnant women with depression concluded that CBT showed promising evidence in terms of positive outcomes and efficacy in depression (Wan Mohd

Yunus et al., 2022) [37]. A literature review on "Insomnia evaluation and treatment during peripartum" concluded that CBT for insomnia (CBT-I) should be the preferred treatment modality for insomnia during the peripartum period and it also helps in improving mood, anxiety symptoms, and fatigue (Palagini et al., 2022) [38]. A systematic review and meta-analysis on the effectiveness of CBT-based interventions on women in their perinatal period having depressive symptoms concluded that CBT-based interventions were effective in dealing with depression during the perinatal period (Pettman et al., 2023) [39]. A study carried out on 60 nulliparous pregnant women (less than 20 weeks gestation), who were offered 08 group behavioral cognitive counseling sessions weekly, concluded that group CBT improved the mental health of nulliparous women.

In case study 1 progressive relaxation and stop card combination has shown a good improvement. In case study 2 a combination of Progressive relaxation, ABC technique, and guided imagery reduced the undesired emotions and feelings. In case study 3 Progressive relaxation, ABC technique, and guided imagery have helped in managing the symptoms. In case study 4 Progressive relaxation, ABC technique, guided imagery, and good enough principle have helped in managing the symptoms, and in case study 5 Progressive relaxation, ABC technique, and mindfulness have helped in managing symptoms. So, it is seen that a combination of progressive relaxation and different techniques of CBT helps in relieving the symptoms.

CONCLUSION

To conclude, a combination of progressive relaxation and techniques of CBT proves to be an effective psychotherapeutic technique (eclectic approach) to deal with stress, anxiety, and depressive symptoms during the perinatal period. Nevertheless, the results of five case studies served as the foundation for this judgment. On this subject, more thorough investigation is required.

Future Implication

Present research reveals that a combination of progressive relaxation and techniques of CBT have helped in relieving the symptoms in perinatal mental health cases. The role of CBT during the perinatal period is not very well researched. There is a scarcity of research data especially in the Indian context. A limited study has been done on the effectiveness of CBT in psychiatric disorders during pregnancy and is predominantly based on a small sample size with major depressive disorder. In the general population, CBT is considered the treatment of choice for anxiety disorder but few studies have targeted the efficacy of CBT in perinatal anxiety. A review published in the Indian Journal of Psychiatry stated that studies from India on the impact of antenatal or postnatal distress on birth outcome, child temperament, and behavior are few. In this area, a great deal of work has to be done to enhance the mental well-being of pregnant women.

Limitations

The result of this research is based on a few case studies. The conclusion of the research is derived from the verbal response of the participants and observation of the researcher. There can be biases in both.

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