A qualitative study of participants' experiences with Engage & Connect Psychotherapy for Postpartum Depression through interviews

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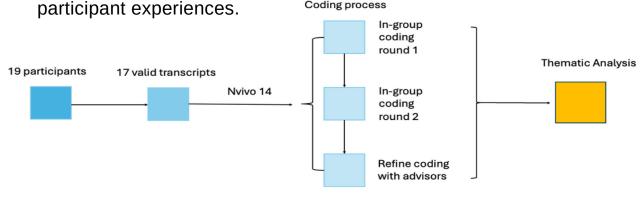


Introduction Results

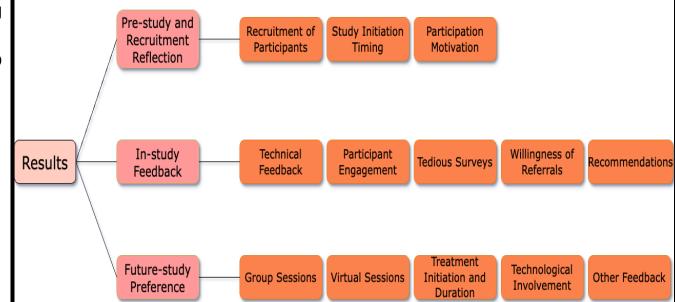
- --- Postpartum depression: a mood disorder that can affect women after giving birth. It can cause intense feelings of sadness, anxiety, and tiredness that last for a long time and make it difficult to care for themselves and their baby. PPD can occur at any time after childbirth, but it often starts within 1 to 6 weeks.
- → Prevalence: In the United States, approximately 1 in 10 women suffer from postpartum depression after childbirth, with some studies indicating a prevalence as high as 1 in 7
- -> Current Therapy: Cognitive Behavioral Therapy (CBT) and Interpersonal Therapy (IPT)
- -> Objectives: Evaluate patient perspectives on an innovative, streamlined therapy delivered via telemedicine called 'Engage & Connect'. This treatment could offer potential improvements in care and support for this vulnerable population.

Methodology

- Participants: 19 postpartum people participated in the sample, each having experienced varying degrees of depressive symptoms. 17 interview transcripts are valid.
- Interview: Questions were pre-defined and ensure the consistency. The key areas include referral and initiation, therapy experience, modality and technology integration
- Data Analysis: Initial codes were generated from the interview data by multiple analysts, documented using NVivo 14, refined through discussions with advisors, and categorised into main themes affecting



Participants reported a high level of satisfaction with the therapy, citing improved emotional health and better coping mechanisms.



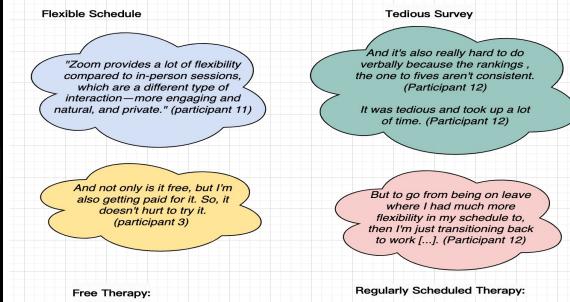
Participation motivation deep dive

Motivating Factor	Number	Estimated Percentage
Need for treatment	11	65%
Free Therapy	6	35%
General Interest in Research	4	24%
Benefits of Guidance	4	24%
Regularly Scheduled Therapy	1	6%
Lack of physical side effects in talk therapy	1	6%

quickly, minimizing disruption to the therapy process.

Therapy Experience: The majority of participants reported a highly positive experience with the therapy, appreciating the personalized support and effective communication provided by their therapists. While there were reports of inconsistency in therapist assignments, one participant noted a significant improvement after switching to a therapist who offered more personalized support Session Format Preferences: A divided preference was observed with significant support for virtual sessions depending on personal comfort and therapeutic needs successfully integrates digital surveys for participant interaction, there is than in-person sessions.

Integration of Technology: There was support for incorporating more personalized options like home visits and improving the integration of technology such as wearable devices and self-paced modules.



Discussion

Adaptability: Future therapies should incorporate flexible scheduling tools and more user-friendly interfaces to cater to the dynamic lifestyles of postpartum women.

Engagement: The feedback regarding the taxing nature of traditional verbal and memory-dependent methods indicates that integrating digital tools could streamline session activities. This would not only reduce the Technical Challenges: Connectivity problems were reported but generally resolved cognitive load but also potentially increase adherence by making sessions easier to engage with and more accessible.

> **Preference for Telemedicine:** This method eliminates the need for travel. which can be especially challenging for new mothers who are managing physical recovery, childcare, and tight schedules. The private setting tends to lessen the anxiety related to discussing sensitive issues, making participants feel more comfortable and secure.

> **Technological Integration in Therapy Sessions**: While our program room for improvement of administration of these tools. To avoid confusion and enhance the engagement of participant, it is crucial to limit administering the same survey through multiple modalities—such as verbally during sessions and via text—unless a clear rationale.