

Postpartum Mental Health Treatment Through Acceptance and Commitment Group Therapy in an Integrated Care Model

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INTRODUCTION

- Perinatal mood and anxiety disorders (PMADs) affect approximately one in five postpartum individuals and, if untreated, can lead to long-term consequences for both parent and child (Byatt et al., 2015).
- At UC Davis, the Departments of OB/GYN and Psychiatry collaborate to provide integrated care through the Women's Mental Health (WMH) Subspecialty Clinic.
- WMH Clinic team includes a multidisciplinary team of attending psychiatrists, third-year psychiatry residents, medical students, and a perinatal mental health-certified psychologist, working together to deliver mental health treatment plans tailored to the unique needs of postpartum women.
- Referrals are streamlined through the WMH clinic, facilitating timely access to psychiatric evaluation, medication management, and evidence-based psychotherapies.
- A core component of WMH care includes screening and referring for participation in the ACT for Postpartum Mood and Anxiety Disorders (PMADs) group to provide timely access to care, reduce distress, and support adjustment during the postpartum phase.
- ACT is a values-based, evidence-supported approach that fosters psychological flexibility—a core skill for navigating the emotional demands of early parenthood (Bonacquisti et al., 2017; Loughnan et al., 2019).

METHODS

- 18 patients were referred; 11 enrolled and 6 completed the full 8-week program.
- Participants: Female-identified, heterosexual; Mean age=33.2
- Race/Ethnicity: ~17% Latino/Hispanic, 83% White
- The group followed a structured ACT framework, meeting weekly for 60-minute sessions.
- Content focused on six core ACT processes adapted to address the unique emotional experiences of postpartum individuals.
- At the conclusion of the group, participants were invited to complete an anonymous satisfaction survey. Five participants submitted feedback.

RESULTS

- 80% strongly agreed that the group provided timely and quality care
- 100% strongly agreed they would recommend the group and therapist to others.
- 60% strongly agreed to an improvement of symptoms

Qualitative Feedback Themes

Group Format Appreciated

Small group size fostered safety and openness.

Participants valued connecting with other new moms in a shared space.

ACT Approach Preferred

At least one participant stated a strong preference for ACT over CBT.

ACT is perceived as validating and well-suited to postpartum needs.

Impactful and Timely Support

Participants reported the group helped them through challenging postpartum periods.

DISCUSSION

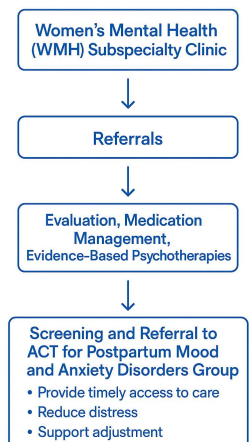
- While the small sample size, attrition after enrollment, and limited demographic diversity constrain generalizability, preliminary outcomes suggest strong acceptability, perceived benefit, and patient satisfaction with the ACT group format.
- Participants valued the safe, supportive group environment and reported that the ACT approach felt validating and well-suited to the emotional demands of new motherhood.
- These findings support the continued development and evaluation of ACT groups within integrated care settings. Future studies should aim to expand recruitment and assess symptom outcomes more systematically.

Acceptance and Commitment Therapy is a promising first-line group treatment for PMADS within a team-based integrated care model.

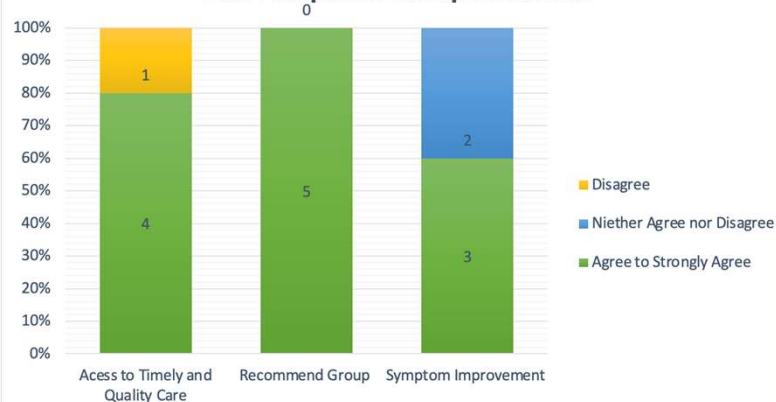
Findings support the feasibility and acceptability of integrating ACT groups into first-line postpartum mental health care. Interdisciplinary coordination between OB/GYN and Psychiatry facilitated timely access to team-based integrated treatment.

Patient feedback emphasized the unique value of ACT in addressing the emotional complexity of the postpartum period. Future efforts should focus on expanding access, increasing sample diversity, and further evaluating clinical outcomes to strengthen the role of ACT within integrated care models for PMADs.

Integrated Care Process



ACT Postpartum Group Feedback



References

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