CFUW ONTARIO COUNCIL | ADVOCACY BRIEF

Take Action: Minimizing the Negative Effects of Postpartum Depression (PPD)

Take action today to support perinatal mental health across Ontario.

1 Executive Summary

Perinatal mental health encompasses a mother's emotional well-being during pregnancy, the postpartum period, and the first year following childbirth. Maternal mental illness remains a pressing public health concern in Canada, directly affecting thousands of families every year.

Postpartum depression (PPD) is linked to strained family dynamics, elevated partner stress, and an increased risk of maternal suicide. When PPD affects lower-socioeconomic families, it can negatively impact a child's socio-emotional development into their school years.

80,000
Mothers affected by perinatal mental illness in Canada each year

1 in 5
Mothers experience postpartum depression

Only 10%
Of mothers with PPD receive evidence-based care

2 Understanding PPD in Canada and Ontario

The Scope in Canada & Ontario

- **Prevalence:** Out of roughly 400,000 annual births in Canada, approximately 80,000 mothers experience perinatal mental illness.
- **Ontario Healthcare Trends:** Outpatient care rates for perinatal mental health rose after March 2020. Acute care utilization for perinatal mental health has also increased since 2015, particularly for anxiety and substance use disorders.
- **Service Usage:** About 22–28% of mothers utilize mental health services related to perinatal health each year, demonstrating a critical need for accessible, evidence-based care.

Postpartum Depression (PPD) vs. "Baby Blues"

- **Baby Blues:** Begins within 3–4 days after birth and resolves spontaneously without medical treatment.
- **Postpartum Depression:** Long-term and persistent, typically emerging within the first month after delivery. Symptoms include depressed mood, loss of pleasure (anhedonia), sleep disruption, severe guilt, and suicidal ideation.

3 Key Causes & High-Risk Populations

Postpartum depression stems from a complex mix of biological, psychological, and social factors:

Cause Category	Share	Key Drivers
Biological	40%	Rapid fluctuations in estrogen and progesterone after delivery, altering mood-regulating neurotransmitters.
Psychological	35%	Pre-existing mental health conditions (such as anxiety or depression) worsening during the postpartum period.
Social / Environmental	25%	Financial hardships, lack of social support networks, and stressful life circumstances.

Who Is Most at Risk?

- **Younger Mothers:** Mothers under age 25 report PPD symptoms at a rate 30% higher than older mothers.
- **Pre-existing Mental Health Conditions:** 1 in 3 mothers experiencing PPD had a prior diagnosis of depression or another mood disorder.
- **Marginalized & Vulnerable Groups:** Elevated risk exists among Indigenous individuals, people of colour, immigrants, people with disabilities, low-income families, and survivors of domestic violence.

4 Barriers to Accessing Care

Although 1 in 5 mothers experience PPD, **only 10% receive evidence-based care**. Major barriers include:

- **Diagnostic Overlap:** Early signs (sleep loss, appetite/weight shifts, fatigue) are frequently mistaken for normal post-birth adjustment.
- **Stigma & Guilt:** Shame, fear of judgment, or anxiety regarding child protective services and immigration agencies prevent mothers from seeking help.
- **Systemic & Logistical Hurdles:** High medical costs, lack of transportation, insufficient childcare, and barriers to obtaining novel therapies (e.g., Zuranolone).

5 Evidence-Based Solutions & Innovative Models

Promising solutions show that peer-led and community-based interventions significantly improve recovery rates while reducing clinical waitlists:

McMaster University Online Peer CBT Program

- Mothers received a 9-week online group Cognitive Behavioural Therapy (CBT) program facilitated by peers with lived experience (trained via a 3-day course and hospital observation).
- **Results:** Major Depressive Disorder rates dropped from **64% at enrollment to 6% post-treatment**. Participants were **11 times more likely to experience remission** compared to usual care, showing sustained improvements in anxiety, maternal confidence, and infant temperament up to 5 months later.

Public Health Nurse-Led CBT

- Group CBT delivered by public health nurses similarly produced clinically significant improvements in depression and anxiety that remained stable up to 6 months.

6 CFUW Implementation & Call to Action

CFUW national, provincial councils, local clubs, and individual members are encouraged to take the following actions:

1. **Self-Education & Research**
   Continuously inform ourselves through research to advance personalized, effective postpartum treatments.

2. **Speaker Series**
   Host guest speakers to educate members and communities on PPD and its broader impact on family health.

3. **Community Collaboration**
   Partner with and promote local community initiatives (such as Ottawa's MOMs Group) to expand support networks for new mothers.

4. **Digital & Virtual Access**
   Support programs that improve access to virtual and digital mental health resources, especially in underserved regions.

5. **Awareness Campaigns**
   Organize public awareness campaigns to break down stigma, eliminate misinformation, and encourage early intervention.

6. **Policy Advocacy**
   Advocate for equitable financial supports — including paid maternity and parental leave and workplace accommodations — to ease financial stress during mental health recovery.

ABOUT CFUW ONTARIO COUNCIL

CFUW Ontario Council represents 48 clubs and approximately 4,500 members across the province. Through briefs, letters and direct submissions to the Ontario government, we work to ensure women's voices are heard on the issues that shape their lives.

7 Bibliography

BMC Women's Health. (2024). *Socioeconomic Factors Influencing Postpartum Depression*.

CAMH. (n.d.). *Postpartum Depression*. camh.ca

Clément, M. et al. (2024). The Interplay of Maternal and Paternal Postpartum Depressive Symptoms with Children's Internalizing and Externalizing Symptoms from Childhood to Adolescence: Does Socioeconomic Status Matter? A Cohort Study. *Journal of Child Psychology and Psychiatry, 66*(2), 225–240. doi.org/10.1111/jcpp.14051

CMHA Ontario. (2025). *World Health Day 2025: Supporting Maternal and Newborn Mental Health*. ontario.cmha.ca

Public Health Agency of Canada. (2025). *Mental Health During and After Pregnancy*. canada.ca

Statistics Canada. (2019). *Maternal Mental Health in Canada 2018/2019*. statcan.gc.ca

Stranges, J. (2023). *Talk Therapy with Other Moms an Effective Treatment for Postpartum Depression, McMaster Research Shows*. healthsci.mcmaster.ca

The Society of Obstetricians and Gynaecologists of Canada. (n.d.). *Perinatal Mental Health for Health Care Providers*. sogc.org

Vigod, S. et al. (2025). Perinatal Mental Illness in Ontario (2007–2021): A Population-Based Repeated Cross-Sectional Surveillance Study. *Can J Public Health, 116*(5), 710–721. doi.org/10.17269/s41997-024-00987-2

Women's College Hospital. (2023). *Addressing Stigma in Postpartum Mental Health Care*.

Zafar, A. (2025). *Postpartum depression drug zuranolone approved by Health Canada*. CBC News. cbc.ca