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Title of Proposed Resolution

Minimizing the Negative Effects of Postpartum Depression

Resolved Clauses:

RESOLVED, That CFUW Ontario Council urge the Ontario Government, Ontario Medical Association and the Ministry of Health to minimize the negative effects of postpartum depression (PPD) by:

- Enhancing postpartum public health supports and services
- Developing educational campaigns directed at the general public and healthcare providers to increase awareness of PPD – its symptoms, treatment options, reducing stigma, and encouraging those affected to seek help.
- Integrating routine mental health screenings into prenatal and postpartum care to allow for early diagnosis and intervention. Ensuring consistent use of prenatal and postpartum screening tools for anxiety and depression embedded in the Ontario Perinatal records.
- Funding research on treatments for PPD to enhance safety, effectiveness, and accessibility, thus supporting evidence-based therapies.
- Conducting research on perinatal and postpartum mental illness, and related maternal mortality, to better understand the long-term impacts of untreated perinatal and postpartum mental health conditions.
- Providing equitable access to medical care for both mental and physical health during pregnancy and after, for all women, including underserved groups such as Black, Indigenous, and People of Color (BIPOC), immigrants, and women in poverty.
- Creating specialized evidence-based treatments and programs to support women and their families impacted by PPD, such as group cognitive behavioral therapy (CBT).

Background

Perinatal mental health refers to a mother's well-being during the pregnancy, the postpartum period and the first year after childbirth (Public Health Agency of Canada, 2025). About 400,000 births occur a year in Canada, with 80,000 of mothers being impacted with a perinatal mental illness (Public Health Agency of Canada, 2025). Approximately 23% of women in Canada reported experiencing symptoms of PPD after childbirth (CMHA Ontario, 2025). Along with PPD, mothers can experience anxiety disorders, obsessive compulsive disorder, post-traumatic stress disorder, and psychosis (Public Health Agency of Canada, 2025). A population-based repeated cross-sectional surveillance study in Ontario that was active from 2007-2021 demonstrated that perinatal mental health outpatient care rates increased after March 2020 (Vigod et al., 2025). From the same study, the results

demonstrated that the usage of short-term care plans also increased after 2015, especially for those impacted by anxiety and substance use disorder (Vigod et al., 2025). Approximately 22-28% of mothers utilize mental health services relating to their perinatal mental health each year, which supports the need of accessible evidence-based supports and services (Vigod et al., 2025).

PPD differs from the “baby blues”. Baby blues will begin within the first 3-4 days after birth and symptoms will diminish on their own without requiring treatment (CAMH, n.d.) PPD is characterized by the long-term nature generally starting the first month after childbirth and includes symptoms such as depressed mood, anhedonia, sleep disturbance, excessive feelings of guilt, and recurrent thoughts of suicide (CAMH, n.d.). Additionally, PPD has been linked to strained family relationships, increased stress in partners, and a higher likelihood of maternal suicide (Women’s College Hospital, 2023).

The causes of PPD are multifactorial, involving biological, psychological, and social factors. In Canada, studies show that 40% of cases result from hormonal fluctuations, particularly rapid changes in estrogen and progesterone levels after childbirth, which affect neurotransmitters associated with mood regulation (BMC Women’s Health, 2024). Another 35% of cases are linked to pre-existing mental health conditions, such as anxiety or depression, which may worsen PPD (BMC Women’s Health, 2024). Finally, 25% stem from financial hardships, lack of social support, and stressful life circumstances (BMC Women’s Health, 2024). These factors highlight the need for comprehensive interventions, including early screening, accessible mental health services, social support programs, and policy-driven initiatives to improve maternal mental health and well-being.

While PPD can impact individuals from diverse backgrounds, those experiencing poverty or facing barriers to education and healthcare are at an elevated risk. Higher rates for PPD were reported for Indigenous people, people of colour, immigrants, people with disabilities, people with lower socioeconomic status, and individuals who experienced domestic violence (The Society of Obstetricians and Gynecologists of Canada, n.d). Younger mothers, under 25 years old, were also more likely to report feelings that were consistent with the diagnosis of PPD (Statistics Canada, 2019). This rate for women under the age of 25 was higher by 30% compared to women of other age groups (Statistics Canada, 2019). Women with pre-existing mental illnesses were also reported to be at higher risk for PPD (Statistics Canada, 2019). One third of mothers had previously been diagnosed with depression or another mood disorder (Statistics Canada, 2019). Families with lower socioeconomic status that include mothers diagnosed with PPD have a higher risk of negatively impacting the socio-emotional development of the child with cascading effects that begin emerging during school years (Clément et al., 2024). This demonstrates that the risk factors for maternal mental health impacts not only the mother, but the family as well. Thus, it is important to focus on ensuring these marginalized groups have access to the services and resources needed to thrive.

In general, signs of PPD are often missed due to the life changes the mother experiences after childbirth, such as sleep disturbances, changes in interests, and body weight (CAMH, n.d.). Overall, many pregnant and postpartum individuals struggle to access mental health care due to shame, stigma, and guilt surrounding mental illness. Furthermore, high

costs, limited healthcare access, and social biases within the medical system create barriers to accessing emerging medications such as Zuranolone, for treatment of moderate to severe PPD (Zafar 2025, Biogen 2025). Logistical challenges, such as lack of childcare and transportation, further prevent treatment. Additionally, fear of child protective services or immigration agencies discourages individuals from seeking support. Overcoming these barriers is crucial to ensuring all mothers receive the care they need.

A promising treatment intervention for PPD is cognitive behavioral therapy (CBT), which is a problem-focused and goal oriented form of psychotherapy (CAMH, n.d). One in five mothers experience PPD, but only 10% received evidence-based care (Stranges, 2023). Researchers at McMaster University created an innovative model of care that has created the ability to improve access to effective treatment for PPD (Stranges, 2023). New mothers were given GROUP CBT treatment online delivered by other mothers who have also experienced PPD (Stranges, 2023). The mothers receiving treatment from their peers were 11 times more likely to experience remission of major depressive disorder (Stranges, 2023). Two hundred mothers received either nine weeks of group CBT delivered online by peers or treatment as usual (Stranges, 2023). Those mothers who completed the nine-week program showed clinically significant improvements in both PPD and anxiety, better social support, less anxiety about their child, and improvements in the infant's temperament with this lasting up to five months after treatment started (Stranges, 2023). At enrollment for the nine-week program, 64% of mothers met the criteria for major depressive disorder with this statistic dropping to 6% after the peer led CBT program ended (Stranges, 2023). The peer facilitators underwent three-day training with no prior psychiatric training and then observed the nine-week intervention delivered by experts in a hospital setting (Stranges, 2023). More recent research by Van Lieshout also demonstrated that group CBT delivered by public health nurses also demonstrated clinically significant improvements in depression and anxiety with the outcomes remaining stable up to 6 months after the treatment (Stranges, 2023). These two examples of group CBT demonstrate treatments that focus on ensuring that services are evidence-based and accessible, while reducing the waitlist for traditional treatments for mothers with PPD.

Implementation

CFUW national, provincial councils, clubs, and individuals are encouraged to take the actions below:

- Further inform yourselves through research to advance personalized and effective postpartum treatments.
- Invite speakers to speak on PPD and the impact it has on the mother and family.
- Promote and collaborate with community programs, like the MOMs Group in Ottawa, to expand support networks for new mothers.
- Support initiatives that improve access to virtual and digital mental health resources, particularly in underserved areas.
- Organize and participate in public awareness campaigns to reduce stigma and misinformation about PPD.

- Advocate for enhanced and equitable financial supports, including paid maternity and parental leave, and other workplace accommodations, to reduce financial strain and promote mental health recovery for individuals with PPD.

Bibliography

Biogen Canada Inc. (2025). Zuranolone Product Monograph. https://www.biogen.ca/content/dam/corporate/americas/canada/en-ca/medicines/zurzuvae/ZURZUVAE_PM_EN.pdf

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

CAMH (n.d.) Cognitive behavioural therapy. https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/cognitive-behavioural-therapy#header

CAMH. (n.d.). Postpartum Depression. https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/postpartum-depression

Clement, 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: 10.1111/jcpp.14051

CMHA Ontario. (2025). *World Health Day 2025: Supporting Maternal and Newborn Mental Health.* https://ontario.cmha.ca/news/21901-2/

Public Health Agency of Canada. (2025). *Mental Health During and After Pregnancy.* https://www.canada.ca/en/public-health/services/child-infant-health/mental-health-during-after-pregnancy.html

Statistics Canada. (2019). *Maternal Mental Health in Canada 2018/2019.* https://www150.statcan.gc.ca/n1/daily-quotidien/190624/dq190624b-eng.htm

Stranges, J. (2023). *Talk Therapy with Other Moms an Effective Treatment for Postpartum Depression, McMaster Research Shows.* https://healthsci.mcmaster.ca/talk-therapy-with-other-moms-an-effective-treatment-for-postpartum-depression-mcmaster-research-shows/

The Society of Obstetricians and Gynecologists of Canada. (n.d.). *Perinatal Mental Health for Health Care Providers.* https://sogc.org/en/en/content/events/HUB-Pages/Perinatal-Mental-Health-for-Health-Care-Providers.aspx

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:10.17269/s41997-024-00987-2.

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

Zafar, A. (2025). Postpartum depression drug **Z**uranolone approved by Health Canada. Retrieved from https://www.cbc.ca/news/health/postpartum-depression-zuranolone-9.7008846?cmp=newsletter_CBC%2BHealth%27s%2BSecond%2BOpinion_16030_2086094