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How Does Social Media Impact the Postpartum Depression Experience

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HOW DOES SOCIAL MEDIA IMPACT THE POSTPARTUM

DEPRESSION EXPERIENCE

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A Project

Presented to the

Faculty of

California State University,

San Bernardino

_____

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

_____

by

Connie Marie Stringfellow

June 2016

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ABSTRACT

This study explores the impact Social media has on the postpartum depression experience. To date, no work has examined the association between social media and postpartum depression. This research is an exploration into the use and impact of social media on individuals with postpartum depression. One hundred and three participants provided information about their demographics, experience with depression, treatment options, use of social media and preferred method of support. This information was gathered and analyzed via a web-based survey instrument. Descriptive statistics was used to compare responses on the internet based questionnaire. The study findings show that Social Media has a positive impact on individual that experience postpartum depression. Most participants indicted that social media assisted in offering emotional, informational and appraisal support through social media. In addition, it appears that a majority of study participants had a positive experience with social media. The greatest use through social networking and social knowledge sites.

Keywords: postpartum depression, social media

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TABLE OF CONTENTS

CHAPTER FIVE: TERMINATION AND FOLLOW UP

LIST OF TABLES

LIST OF FIGURES

CHAPTER ONE

ASSESMENT

Introduction

For centuries postpartum depression and been researched and studied.

One of the earliest recorded medical observations of postpartum illness

occurred in 400 B.C., when Greek physician Hippocrates described a severe

case of insomnia and restlessness that began on the sixth day in a woman

who bore twins (Tovino, 2010, p. 103). Researchers began to study the use

and effects of social media on postpartum illnesses in the last two decades.

Social media use has grown, with 72% of online U.S. adults using social

networking sites. And this trend is continuing to rise. (Brenner & Smith, 2013).

However, research on social media impacts and or effect on

postpartum depression is an area that has not been fully researched. This

research is an exploration into the use of and impacts of social media on

parents with postpartum depression.

Research Question

The research question for this study is: How does social media impact

the post-partum depression experience? According to McGraw-Hill (2015),

postpartum depression is defined as "a mood disorder that begins after

childbirth and usually lasts beyond six weeks". Symptoms may include

sadness, low energy, and changes in sleeping and eating patterns, reduced

desire for sex, crying episodes, anxiety, and irritability (McGraw-Hill, 2015). The potential impact of social media was obtained through an online survey with parents. Based on the information obtained, the impact of social media resulted in three common themes emerging. Depressed mothers generally felt one of if not all of the following: a lack of support, lack of information, and isolation.

Paradigm and Rationale for Chosen Paradigm

This study will be conducted using a Post-Positivist paradigm. The Post-Positivisim perspective "takes an inductive exploratory approach to understanding an objective reality" Morris (2014). Under this paradigm there is no specific hypothesis. The data is collected in a naturalistic setting. This data is used to build a theory about the research topic from the themes and ideas obtained during the data collection. The rationale for using this paradigm is that it will allow parents to give their objective perspective about the impact social media had on the post-partum depression experience. In addition, there has been little to no research done on the impact of social media as the internet is a fairly new technology, and research on social media use is limited.

Literature Review

Depression is a potentially life-threatening condition with substantial impact on quality of life. Postpartum depression is a significant problem in both mothers and fathers in the United States. In addition, it is a major public health

concern because of its adverse effect on the cognitive and social development of infants, and its lasting effect on families. Finally, the use of peer support groups as treatment method has found new possibilities on social media.

Definition

The most concise definition for postpartum depression can be found in the National Library of Medicine National Institute of Health (2015) which characterizes it as moderate to severe depression in women after they give birth. It may occur soon after delivery or up to a year later. However, most of the time it occurs within the first three months after birth.

According to the National Institute of Mental Health (2012) postpartum depression (PPD) comes in two forms: initial onset, usually referred to as the "baby blues," and delayed onset. The initial onset type is mild and may affect as many as 80% of new mothers. It starts after delivery and usually concludes within a couple of weeks without medical treatment. The delayed onset form is what most people think of as postpartum depression. This more severe form usually requires treatment and commonly begins several weeks after delivery. Overall, it affects about 15% of births (National Institute of Mental Health, 2012).

Paulson (2010) and Lansky (2007) detailed some standards for diagnosis of PPD use structured diagnostic interviews such as the Schedule of Affective Disorders and Schizophrenia (SAS) (Endicott & Spitzer, 1978) or self-report measures such as the Edinburgh Postnatal Depression Scale

(EPDS) and the Depression Arkansas Scale (D- Ark Scale). Dudley (2001) argues that both structured interviews and self-report measures methods provide a reliable picture of mood disorders in new parents.

Prevalence

The literature examining postpartum depression revealed that it is not just a significant problem for women. Men can also be affected with PPD, but it is often overlooked in both genders. For example, research by Claude and Bonnin (2004) detailed that approximately 13% of women with PPD go unrecognized. And when PPD is recognized, there is often a long lapse of time between referral, psychiatric evaluation, and treatment because of the lack of resources. While this is a Canadian study, information was gathered via Canadian and American sources from Wake Forest University and the American Academy of Pediatrics (Claude & Bonnin, 2004)

A study by Paulson (2006) confirmed the findings of a high prevalence of maternal postpartum depression, but also highlighted that paternal postpartum depression is also a significant issue. This study further found that PPD mothers were 1.5 times more likely to engage in poor interaction with their babies (Paulson, 2006). Matthey (2000) noted a correlation of risk factors and PPD in both men and women. These risk factors included prior depression and partner relationship issues. In addition, the study detailed that the incidence of self-reported depression in fathers were consistently lower than in the mother's. Reasons for this gender difference were underreporting

4

of depression by men, a real difference in experience of depression, poor recall of symptoms, or men expressing symptoms different than those assessed on the self-reports (Matthey, 2000).

Implications

The prevalence of postpartum depression has lasting implications on the mother, child, and family. Claude and Bonin (2004) found that infants of depressed mothers are at risk for developing insecure attachment, negative affect and dysregulated attention and arousal. They also found that toddlers and preschoolers are at risk for developing poor self-control, internalization and externalization problems, and difficulties in cognitive and social function with parents and peers. Furthermore, school age and adolescent children are at risk for impaired adaptive functioning and psychopathology, including conduct disorder, affective disorders and anxiety disorders (Claude & Bonin, 2004).

Field (2010) reviewed studies from the last decade and found the interaction disturbance of depressed mothers and their infants appears to be universal across different cultures. It also found that some caregiver activities appeared to be compromised by postpartum depression, including feeding practices, sleep routines, well child visits, vaccinations and safety practices (Field, 2010).

<u>Interventions</u>

Treatment of postpartum depression has focused on providing pharmaceutical or psychotherapy for the mothers. Dennis and Creedy, (as cited in Field, 2010) suggested that women who received psychosocial intervention were equally likely to develop postpartum depression as those receiving standard care. Field (2010), also noted in this review that the only promising intervention was intensive postpartum support by public health nurses or midwives.

Scharer (2009) identified factors for mothers that contributed to their emotional state. These factors included lack of support, lack of information, being blamed, exclusion and isolation. "Social support is usually provided by one's social network". Social support is the expression of positive affects between people, affirmations, providing guidance, giving information, giving aid (actual or symbolic), and social reinforcement. Social support can be delivered face to face, by telephone or over the internet (p.88).

Scharer (2009) discussed four types of support: informational, material, emotional, and appraisal. Informational support was sharing knowledge or aiding another in learning to obtain needed information. Emotional support took the form of listening, offering sympathy or being available. Appraisal support was giving feedback, affirmations or praise (p.88).

In the Scharer (2009), study nurses provided emotional, informational and appraisal support through telephone social support (TSS) and Web-based social (WEB) (p. 87). The study revealed TSS mothers were passive recipients, while WEB mothers had to choose to participate.

Theoretical Orientation

The theoretical theory of this study will be the attachment theory. According to Bowlby (1988), attachment is defined as "a strong emotional tie that bonds one person intimately with another person". Bowlby's theory of attachment suggests that "children come into the world biologically pre-programmed to form attachments with others, because this will help them to survive" (p. 160). Bowlby also suggests that attachment behaviors are instinctive and activated by any conditions that seem to threaten the achievement of proximity, such as separation, insecurity and fear, (Bowlby, 1988, p. 164).

This theory is an ideal orientation in this study because it deals with the relationship between members of the family and how they were affected by postpartum depression. The effects of postpartum depression influence bonding between the parent and children.

According to Toth (2010) a significant body of research has been directed towards investigating the quality of attachment relationships in the offspring of parents with mood disorders. In general, maternal depression has been associated with high rates of insecure attachment. Toth (2010) reported

that attachment insecurity was more prevalent among toddlers of postnatally depressed mother than among toddlers of well mothers.

Contribution of Study to Micro and Macro Social Work Practices

The information obtained in the study will assist in identifying the potential impact social media has on the postpartum depression experience. At a micro level, this study could identity how to better treat postpartum depression using the internet or web-based services. Conversely, at a macro level this study would help in improvements services of postpartum depression on policy and organizational development. There is a critical need to increase and make more affordable to all prevention efforts and early screening of PPD. This is significant because some parents often suffer in silence. But this common illness takes a heavy toll on the children. That is why a study like this is important as it can assist to normalize the experience and reduce the stigma associated with PPD.

Summary

This section commences with the introduction of the research question. The post-positivist paradigm was chosen to identify the potential impact social media has on the postpartum depression experience. The literature review gives a brief synopsis of the topic and rationale for the study. Finally, the theoretical orientation was introduced along with the contributions to micro and macro social work practices.

CHAPTER TWO

ENGAGEMENT

Introduction

In the engagement section of this proposal, plans on engagement of the participants are discussed, along with how the researcher will ensure that cultural sensitivity and respect is provided to the participant. Finally, it will cover the political issues and the role of technology in the phase of engagement.

Research Site

The research site for this study is social media groups on the internet. Oxford Dictionary (n.d.), defines the internet is a "global computer network providing a variety of information and communication facilities, consisting of interconnected networks using standardized communication protocols" (para. 1). The internet has no centralized governance and is accessible through different modems to any individual that has a computer or smart device.

Engagement at Study Site

The research for this study was collected on the internet. The researcher created a web-based survey to assess how social media impacts the PPD experience. A 40 question survey was developed using the Qualtrics Survey Program. The survey link was emailed and posted on several Facebook pages and websites that catered towards individuals that

9

experienced or were impacted by postpartum depression. These post and emails solicited participation with the following statement:

"I'm a Grad student at CSUSB, I'm doing research on Social Media Effects on Postpartum Depression. If you can take the time to participate in this confidential survey, I would appreciate it. Please share this post with Friends and Family.

Please click on the link to participate in the following survey: How does Social Media Impact the Postpartum Depression experience?"

Self-Preparation

According to Morris, (2014), in post positivism, the problem focus, literature review and theoretical orientation are developed by the researcher. However, through engagement with the study site, it can change and further developed (loc. 973). In order to engage participants, the researcher solicited participation through individual and online associations that are strongly associated with PPD.

The researcher's previous personal experience with PPD assisted in ensuring the survey instrument and solicitation remained sensitive to the study participants.

Diversity Issues

Diversity issues were anticipated and the researcher remained open and sensitive to the possibility. The researcher studied various cultures and

socioeconomic statuses and the effect PPD had on those populations. No known diversity issues were encountered during the collection of data. Study participants had the option to omit answers to any questions they felt uneasy with. Research questions were evaluated by different professionals. Feedback was solicited when questions or objections to certain questions were raised.

Ethical Issues

The researcher made necessary adjustments to eliminate perceived biases, to assure that the questions were unequivocal, cross-cultural and unbiased. A survey was distributed that did not discriminate between the genders, cultures, ethnicities and socioeconomic status. Lastly the study did not discriminate between participants as they had the option to participate. Participation required an affirmative action of activating the link and thus was voluntary.

Political Issues

In asking the question concerning appropriateness, it is clear that researching postpartum depression is appropriate. However, there are always possible political issues in this study. In this study participants were protected via online anonymity. The survey instrument did not require the use on any screen name or commonly used identifiable pseudonym. While all online transaction leaves some form of footprint, for example an IP address, legal

protections are in place that protect anonymous users from identifying themselves.

The Role of Technology in Engagement

The researcher created an internet based survey using Qualtrics. The effect of online anonymity has been linked to the online disinhibition effect. This refers to a loosening or relinquishment of social norms and niceties normally present in face-to-face interaction during interactions on the Internet Suler (2005). Thus, contrary to other methods, an online anonymous survey fosters more emotional closeness in an unrestricted but safe setting.

Summary

This section commences with my proposed strategies and preparation for this study. It also details my personal preparation and discussed how the following issues concerning: ethics, diversity political and technology will be minimized and/or eliminated.

CHAPTER THREE

IMPLEMENTATION

Introduction

In this section, the researcher will discuss the research site and

participants, in addition to the rationale behind the selection of participants,

along with how the information will be gathered collected recorded and

analyzed. The researcher will also discuss how the findings will be presented.

The conclusion of the study will also be discussed.

Study Participants

All participants were users of the internet. Solicitation of these

participants was accomplished through email and posts on internet sites that

have some connection to postpartum depression. A majority of the participants

were women that have children. Other genders were solicited and encouraged

to participate in the survey. Individuals will be from all over the United States

of America. All participants will be English speaking as the instrument is in

English. Participants are culturally diverse and come from different

socioeconomic status.

Selection of Participants

Purposive sampling was the method chosen to obtain data from

participants that best fit the criteria of the research study. According to Morris

(2014), under the post positivist the most approach to sampling is not random

sampling but "purposive" sampling where we look for study participants who will yield the most comprehensive data about the study focus. The researcher solicited participants from individuals who were members of an organizations of social media pages with an affiliation to postpartum depression. Snowball sampling was also encouraged among participants who choose to share the post or email. Overall, this study obtained the input of 103 individuals who had some affiliation to postpartum depression.

Date Gathering

To determine the impact social media has on the PPD experience, information was gathered through a simple web-based survey tool. The self-administered questionnaires consisted of 40 questions and was administered online (See Appendix A for questionnaire). The questionnaire consisted of multiple choice, matrix table, scale points, and text entry questions.

Phase of Data Collection

After viewing the study announcement online, participants clicked on a link that directed them to the informed consent page. Study participants were asked to read the informed consent. There were two mandatory questions on the page: 1) do you want to participate and 2) do you understand the above informed consent. Upon providing their consent to participate in the study they were presented with an online survey.

The questions were formulated based on information found in the literature review, as well as researcher's open mind factors not mentioned in the literature. The researcher prepared a list of questions designed to encourage each participant to openly share their experiences, values, feelings, and knowledge of postpartum depression.

Data Recording

Data collection began on October 23, 2015 and ended January 31, 2016. The collection and storage process took place online in a Qualtric account secured via a password. One hundred and three ethnically diverse participants from across the U.S completed this online survey.

Data Analysis Procedures

Online surveys were conducted using Qualtrics survey. Participants were recruited through email and various social networking sites (e.g., Facebook) that had an affiliations with PPD. The survey duration was at the participant's discretion and ranged from several hours to a couple of minutes. A secure Qualtrics account was used by the researcher to build surveys, send surveys, and analyze responses. The Qualtrics account also provided the researcher the ability to export data directly to SPSS for further analysis. Descriptive quantitative data analysis was utilized to obtain the frequency distributions and percentage of the outcomes for each question in the survey.

Summary

This chapter provided a descriptive of the study participants and how they were recruited. The participants consisted of one hundred and three ethnically diverse participants from across the U.S. Participants had some affiliation with postpartum depression. The research design in this chapter was broken down according to the following areas: study participants, selection of participants, data gathering, and phases of data collection, data recording, and data analysis procedures.

CHAPTER FOUR

EVALUATION

Introduction

In this chapter the researcher will present the data gathered from the survey. First the researcher will discuss the demographics of the participants, and then the key variables. These include participant's standpoint on information, emotional support and feedback received from social media and experiences encountered while participating is social media. Finally, the researcher will summarize the key findings.

Data Analysis

<u>Demographic</u>

The current study consisted of 103 participants (see Table 1). There were 100 females (97.1%) and 3 participants (2.9%) of unknown gender that participated in the study. A vast majority of the participants were married (77%), followed by single (13.6%), Divorced (2.9%), Separated (1.9%), Widowed (1.0%) and 1.9% reported to being a marital status other than those listed.

Table 1. Demographic Characteristics of Participants

Variable	Frequency (N)	Percent (%)
Gender		
Male		
Female	100	97.1
Unknown	3	2.9
Marital Status		
Single	14	13.6
Married	77	74.8
Divorced	3	2.9
Separated	2	1.9
Widowed	1	1.0
Other	2	1.9

To gather further information about the participants, they were asked questions and additional demographic information such as the number of children and mode of delivery. When asked about the number of biological children, 36 participants (35.0%) reported having one child. 41 participants (39.8%) reported having 2 biological children. 20 participants (19.4%) reported having 3 or more biological children. 6 participants (5.8%) reported an unknown amount of biological children. When participants were questioned about the total number of children the numbers moved slightly. (31.1%) participants reported 1 child, (37.9%) reported have a total of 2 children, (14.6%) reported having a total number of 3, (6.8%) reported having a total 4

or more children and 9.7 have a unknown total of children. When participants were asked about the mode of delivery 66 had vaginal deliveries (64.1%), 32 had Cesarean sections (31.1%), 5 participants (4.9%) had unknown modes of deliveries.

Table 2. Additional Demographics of Participants

Variable	Frequency (N)	Percent (%)
Number of Bio Children		
1	36	35.0
2	41	39.8
3 or more	20	19.4
Unknown	6	5.8
Total Number of Children		
1	32	31.1
2	39	37.9
3	15	14.6
4 or more	7	6.8
Unknown	10	9.7
Mode of Delivery		
Vaginal	66	64.1
Cesarean Section	32	31.1
Unknown	5	4.9

Depression

The survey had two question to gain an understanding on whether the participants had identified or perceived diagnosis of depression. 74

participants 71.8% reported experiencing depression after having a child.

About a quarter 16 or 15.5% reported they did not experience depression.

More than half of the participants 51.5% reported being diagnosed with

postpartum depression by a medical or mental health professional. 38% of

participants reported they had not been diagnosed and 11.7 % were unknown.

Table 3. Identified or Perceived Depression

Variable	Frequency (N)	Percent (%)
Experience of PPD		
Yes	74	71.8
No	16	15.5
Unknown	13	12.6
Diagnosis of PDD		
Yes	53	51.5
No	38	36.9
Unknown	12	11.7

The survey included 8 depression scale questions taken from The

Edinburgh Postnatal Depression Scale Question (EPDS) and/or The

Depression- Arkansas Scale Question (D-Ark Scale). The questions inquired

about emotions experienced since having a child. The available answers

included: 1) not at all, 2) several days, 3) more than half the days, and

4) nearly every day (See Table 4). When participants were questioned about

an inability to laugh or see the funny side of life. 41.7% of participants reported

several days, 20.4 % reported not at all, 14.6 % reported more than half, and 8.7 % reported nearly every day. When questioned about poor appetite or overeating 25.2 % reported nearly every day, 23.3 % reported either more than half or several days or 15.5 % reported not at all. When questioned about trouble concentrating 25.2% reported several days, 24.3 reported nearly every day, 23.3 % reported More than half, and 12.6 reported not at all. When questioned about low energy or feeling tired 36.9 % reported nearly every day, 27.2 % reported more than half, 16.5 % reported several days and 6.8% not at all. When questions about falling asleep or staying asleep 28.2 % reported nearly every day, 25.2 % reported several days, 22.3% reported more than half and 11.7 % not at all. When questioned about feeling down or depressed 29.1 reported more than half, 25.2 % reported several days, 21.4 % reported nearly every day and 11.7 % reported not at all. When questioned about blaming yourself when things go wrong 28.2% reported more than half, 21.4 reported nearly every day, 20.4 reported not at all, and 16.5 % reported several days. When questioned about thinking that they may be better off dead 45.6 % reported not at all, 22.3% reported several days, 10.7 reported nearly every day, and 7.8 % more than half.

Table 4. Depression Scale

	Not at All	Several days	More than Half	Nearly Everyday	Unknown
Since Birth… (%)					
Inability to laugh (€)	20.4	41.7	14.6	8.7	14.6
Poor Appetite Overeating (Ҡ)	15.5	23.3	23.3	25.2	12.6
Trouble concentrating (Ҡ)	12.6	25.2	23.3	24.3	14.6
Tired/ Low Energy (Ҡ)	6.8	16.5	27.2	36.9	12.6
Falling/ Staying Asleep(€)	11.7	25.2	22.3	28.2	12.6
Feeling Depressed/ Down(Ҡ)	11.7	25.2	29.1	21.4	12.6
Blaming Yourself (€)	20.4	16.5	28.2	21.4	13.6
Thoughts better off Dead(Ҡ€)	45.6	22.3	7.8	10.7	13.6

Ҡ= Depression- Arkansas Scale Question (D-Ark Scale)
€= The Edinburgh Postnatal Depression Scale Question (EPDS)
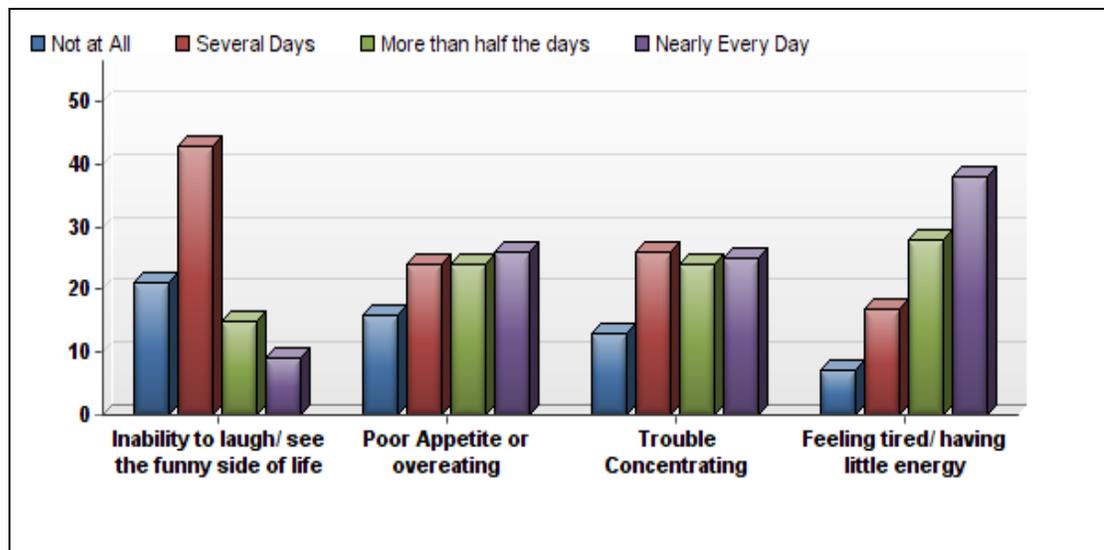
Figure 1. Depression Scale (A)
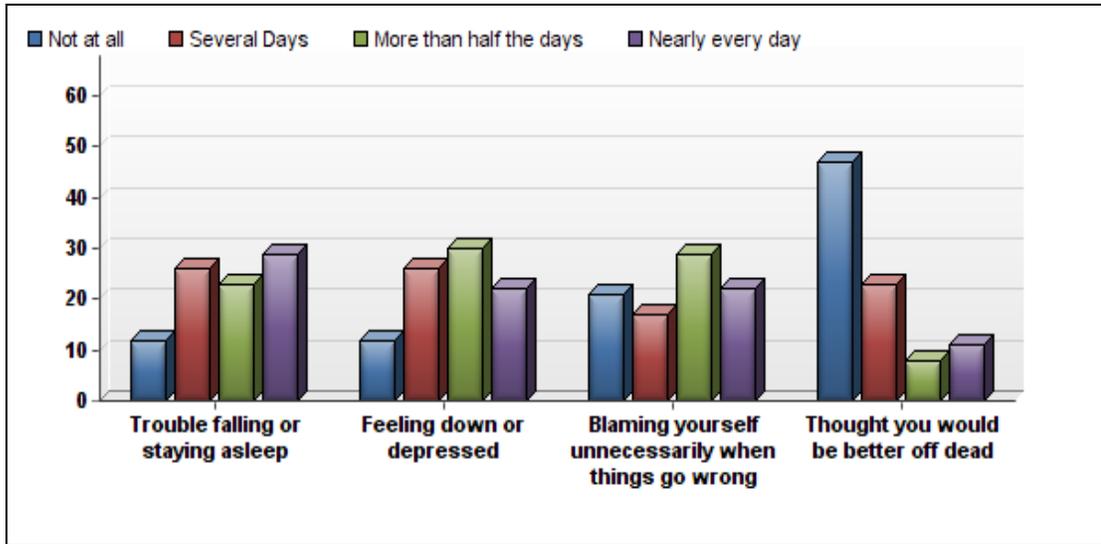
Figure 2. Depression Scale (B)

The survey asked participants to identify the forms of treatment used to treat their depression. Participants were allowed to check all the forms that applied (See Table 5). Of the responses received 57% reported using individual counseling/ therapy, 50% reported Antidepressants medicine, 26% reported spiritual faith based support, 24 % reported other forms, 16% reported group counseling/ therapy, 14% reported support groups and 9% reported social media was the only form of treatment.

Table 5. Forms of Treatment for Depression

Variable	Frequency (N)	Percentage (%)
Individual Counseling/ Therapy	40	57
Group Counseling/ Therapy	11	16
Support Groups	10	14
Antidepressants Medicine	35	50
Spiritual Faith Based support	18	26
Other	17	24
Social Media Only Treatment	6	9
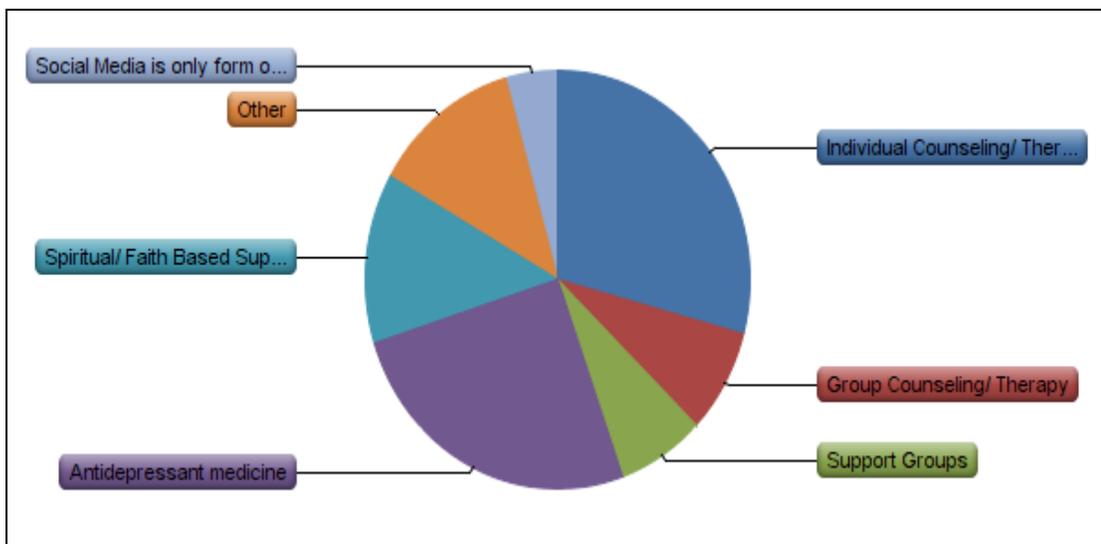
Figure 3. Forms of Treatment for Depression

Key Variables Social Media Site Usage

Background concerning the participants baseline use of social media was gather from the following questions (See Table 6). For the purpose of the survey social media encompassed the following: Multimedia i.e. YouTube, Social networking i.e. Facebook, blogging site like WordPress and social knowledge sites like Google. Participants were asked if this was the first time they participated in social media group. 40% reported no, 32% reported yes, and 27.2% failed to answer the question. Participants were also asked if social media was the only support received for any feeling of depression. 10.7% reported yes, 40.8% reported no and 26.2 % failed to answer. Participants were also questioned about how many social media sites they used. 29.1 % reported they only used one site. 25.2% reported 3 or more, 18.2% reported 2 sites and 27.2 % failed to answer the questions.

Table 6. Social Media Background

Variable	Frequency (N)	Percent (%)
First-time User		
Yes	33	32.0
No	42	40.8
Unknown	28	27.2
Social Media Only Support		
Yes	11	10.7
No	65	63.1
Unknown	27	26.2
Social Media Site Used		
1	30	29.1
2	19	18.4
3 or More	26	25.2
Unknown	28	27.2

Participants were also asked when they started using social media sites (See Table 7). 43.7% reported before the birth of their child, 12.2% reported 5 or more months after the birth, 6.8% reported either within a month after birth or 3-4 months after birth, and 5.8% reported 1-2 months after birth.

Table 7. Participants began Using Social Media

Variable	Frequency (N)	Percent (%)
Onset of Social Media		
Before the Birth	45	43.7
With a mo. after birth	7	6.8
1-2 mo. after Birth	6	5.8
3-4 mo. after Birth	7	6.8
5 or more after Birth	9	12.2
Unknown	29	28.2
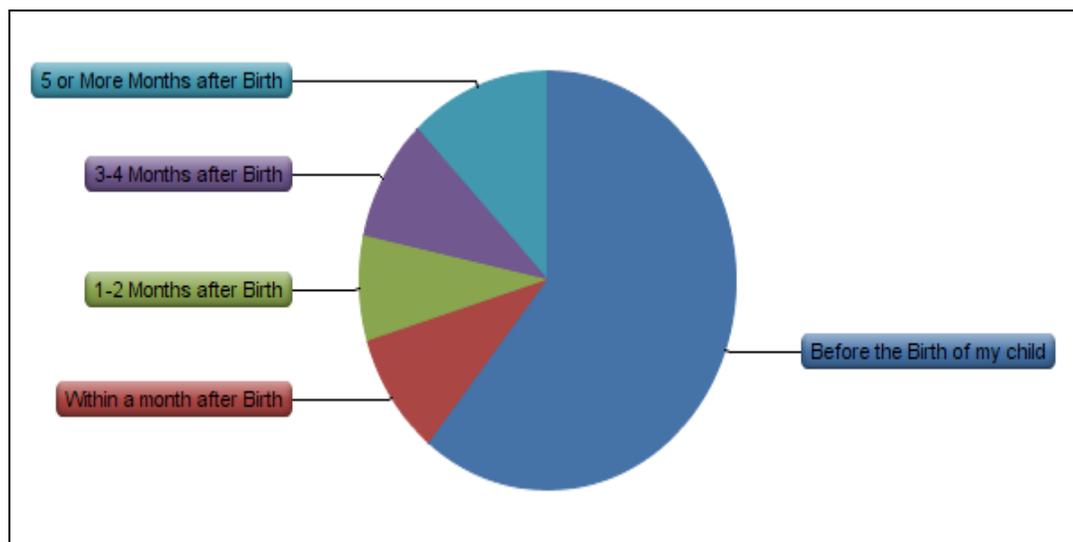
Figure 4. Participant's Use of Social Media

Participants were also questioned on how often they used social media Sites (See Table 8). More than half 52% reported daily use, 16% reported 2-3 times a week, 11% reported 2-3 times a month, 9% reported Once a week, 7% reported less than once a month and 3% reported never or once a month.

Table 8. How Often Social Media used by Participants

Variable	Frequency (N)	Percentage (%)
Never	2	3
Less than One Mo	5	7
Once a Month	2	3
2-3 Time Month	8	11
Once a Week	7	9
2-3 Times a Week	12	16
Daily	39	52

Participants were also questioned about how they used the social media sites (See Table 9). Participants were allowed to check all the usage that applied. Almost all participants 97% reported reading post was the one of the main form of usage. Another popular form was learning new information with 79% reportage. Making comments was used by 67% of participants. 56% of participants reported finding other resources, sharing personal experiences, and questions and answers as uses. 55% of participants reported writing questions/post as usage. 41 % reported making connections as a usage. 27%

reported developing online friendships as a usage. Finally, 11% reported

developing in-person friendship as a usage.

Table 9. How Social Media used by Participants

Variable	Frequency (N)	Percentage (%)
Reading Post	73	97.33
Questions/ Answers	42	56
Writing Questions/Post	41	54.67
Making Comments	50	66.67
Learning New Info	59	78.67
Sharing Personal Experiences	42	56
Finding Other Resources	42	56
Making Connections	31	41.33
Developing Online Friendships	20	26.67
Developing In-Person Friendships	8	10.67

Participants were also questioned about why they joined social Media

(See Table 10). Participants were again allowed to mark all that apply. 45%

reported they searched for the type of group. 35% of participants reported the

found a link in a group or website. 31% reported they join to help deal with

symptoms they were experiencing. 26% were recommend to join by friends

and 9% had other reasons not listed.

Table 10. Why Participants Joined Social Media

Variable	Frequency (N)	Percentage (%)
Friend Recommended	19	25.68
Found a Link	26	35.14
Search for this type	33	44.59
Help w/ Symptoms	23	31.08
Other	7	9.46
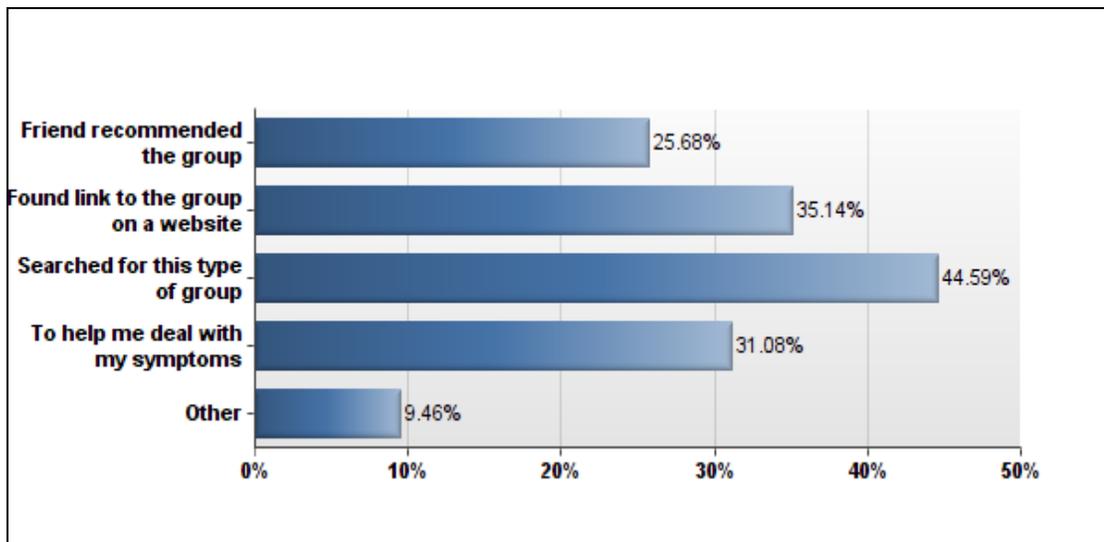
Figure 5. Why Participants Joined Social Media

Support Information: Participants Standpoint

  There were a series of questions asked to gather data about participant's standpoint concerning the information they obtain from the Social Media sites. The first question inquired about the type of website used to obtain information. Participants were allowed to check all that applied. 92% of participants reported using social networking sites, 72% reported using Social Knowledge sites, 26 % reported Blogging sites, and 18 % reported using multi-media sites. The second question asked participants if the information received made an impact. 54% reported an impact and 18% reported no impact. The last question asked participants how important was obtaining information from social media. 50% reported it was neither important nor unimportant. 36% reported it was very important. 5% reported it was very unimportant 4% reported it was extremely important or not at all important.

Table 11. Participant's Outlooks on Information

Variable	Frequency (N)	Percentage (%)
Websites Used		
Multi-Media	13	18
Social Knowledge	53	72
Blogging	19	26
Social Networking	68	92
Impact		
Yes	56	54
No	18	18
Unknown	29	28
Importance		
Not at all Important	3	4
Very Unimportant	4	5
Neither Important/ Unimportant	37	50
Very Important	27	36
Extremely Important	3	4

Emotional Support: Participants Standpoint

Another series of questions inquired about participant's standpoint concerning the emotional support they obtain from the Social Media sites. The first question inquired about the type of website used to obtain emotional support. Participants were allowed to check all that applied. The first question inquired about the type of website used to obtain emotional support. 91% of participants reported social networking site, 31% reported social knowledge

sites, 16 % reported blogging sites and 2 % reported multimedia sites. The

second question asked participants if the emotional support received made an

impact. 41% of participant reported yes there was an impact, 23 % reported no

impact and 36% failed to answer the question. The last question asked

participants how important was obtaining emotional support from social media.

36% of participant reported it was neither important or unimportant, 33%

reported it was very important, 13 % reported it was not at all important, 10%

reported very unimportant and 7% reported it was extremely important.

Table 12. Participant's Outlook on Emotional Support

Variable	Frequency (N)	Percentage (%)
Websites Used		
Multi-Media	1	2
Social Knowledge	20	31
Blogging	10	16
Social Networking	58	91
Impact		
Yes	42	41
No	24	23
Unknown	37	36
Importance		
Not at all Important	9	13
Very Unimportant	7	10
Neither Important/ Unimportant	25	36
Very Important	23	33
Extremely Important	5	7

Feedback: Participants Standpoint

The final series of questions inquired about participant's standpoint concerning the feedback obtained from Social Media sites. The first question inquired about the type of website used to obtain feedback. Participants were again allowed to check all that applied. The first question inquired about the type of website used to obtain feedback. 97 % of participants reported social networking sites, 24 % reported Social knowledge sites, and 7% reported Multimedia and Blogging sites. The second question asked participants if the feedback received made an impact. 34% of participants reported yes there was an impact. 23 % reported no impact and 43% failed to answer. The last question asked participants how important was obtaining the feedback from social media. 45 % reported neither important nor unimportant, 29 % reported very important, 16 % reported not at all important, 6 % reported extremely important and 3 % reported very unimportant.

Table 13. Participant's Outlook on Feedback

Variable	Frequency (N)	Percentage (%)
Websites Used		
Multi-Media	4	7
Social Knowledge	13	24
Blogging	4	7
Social Networking	51	94
Impact		
Yes	35	34
No	24	23
Unknown	44	43
Importance		
Not at all Important	10	16
Very Unimportant	2	3
Neither Important/ Unimportant	28	45
Very Important	18	29
Extremely Important	4	6

Participants were asked follow up questions regarding experiences encountered while participating in these types of social media groups. When questioned about whether or not they had any positive experienced almost half 49% reported a yes they had positive experience. 11% reported no they did not have a positive experience. Participants were also asked if they had any negative experiences. 26% yes they had negative experience, 34% reported they had no negative experiences.

Table 14. Participants Experiences Encountered

Variable	Frequency (N)	Percentage (%)
Positive		
Yes	51	49.
No	11	11
Unknown	41	40
Negative		
Yes	24	26.
No	43	34.
Unknown	41	40

Summary

This chapter provided the data that was gathered from the survey. The demographic of the participants was provided, in addition to the key variables concerning the usage of social media sites. Furthermore, the participant's standpoint on information, emotional support and feedback received from social media. Finally, participant experiences encountered while participating is social media.

CHAPTER FIVE

TERMINATION AND FOLLOW UP

Introduction

This chapter provides an overview of the major themes discovered from this study and their importance as they relate to social media and the postpartum depression experience. A brief discussion on how the limitations of the study could have influenced the researcher's findings is included in the chapter. In addition, this chapter also discusses recommendations for further research regarding postpartum depression and social media.

Termination of Study

Before beginning the survey participants were thanked for their time. In addition, before exiting the survey participants were directed to a page thanking them for their time and research contribution.

Furthermore, online announcement containing information on PPD services were posted to the social networking sites used to recruit participation. Finally, participant had sole discretion to stop the survey at any time, for whatever reason. The researcher will not communicate with the participants after the study is complete.

Communicating Findings and Dissemination Plan

This study was aimed to at understand the impact social media has on postpartum depression. Study participants resided in throughout the United

States. All the participants in this study were females. Over 70% of these women reported experiencing depression symptoms and 5% were diagnosed with postpartum depression. This means that is that 20% of these women were not officially diagnosed. Why these women were not diagnosis is something that should be investigated further. There are several plausible reason as to why and further research should be done on the topic.

Scharer (2009) detailed factors that contributed to the emotional state of participants. These factors were also present in my study participants and included support, information, blamed, and isolation. Similar to the Scharer (2009) study participants confirmed that various forms of social media provided offering emotional, informational and appraisal support. According to the study 91 % of participants use social networking sites like Facebook to obtain such support. In addition, it appears that a majority of study participants had a positive experience with social media. The greatest use through social networking and social knowledge sites.

The findings will be presented in a research project that will be available through California State University, San Bernardino. There will also be a PowerPoint presentation to staff and students of CSUSB.

Hopefully this information can assist others in creating additional online services that can assist individuals that have been affected by postpartum depression.

Summary

This study explored how social media impacts the postpartum depression experience. There is not a lot of research to date that focus on this as a formidable treatment option. Social media has changed the way people interact and communicate with others. Thus, further research would be helpful to see what specific interactions are most beneficial. Over time, the influence of social media will grow, which make research on this topic more pertinent.

This study showed that social media had a significant positive impact on more than half of the participants in this study. Most participants indicted that social media assisted in offering emotional, informational and appraisal support through social media. When questions specifically about the impact of social media has on these three area. Study participants similar to Scharer (2009) study identified factors such as support, information, blame, and isolation. Further research in the area into the specific areas of benefits through social media would provide further information.

APPENDIX A

DATA COLLECTION INSTRUMENTS

CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO

College of Social and Behavioral Sciences
School of Social Work

Data Collection Instrument

You are being invited to participate in a research study about postpartum depression and how social media use impacts the experience. Postpartum depression is defined as a type of clinical depression which can affect women after childbirth. The study in which you are being asked to participate is designed to investigate the potential effects of postpartum depression. This study is being conducted by Connie Stringfellow under the supervision of Carolyn McAllister, Ph.D., MSW, California State University, San Bernardino. This study has been approved by the School of Social Work Sub-Committee of the Institutional Review Board, California State University, San Bernardino. There are no known risks if you decide to participate in this research study. However, it is possible that some participants may experience discomfort or duress as mental health is a sensitive subject. There are no costs to you for participating in the study. As part of Connie Stringfellow's graduate project, the information obtained in the study will assist in identifying the potential impact of social media on the postpartum depression experience. This study would explain how social media affects the postpartum depression experience on the mothers, and fathers. Conversely, this study would help to explain why individuals look to social media in regards to postpartum depression. The survey will take approximately 10-15 minutes to complete. The information collected may not benefit you directly, but the information learned in this study should provide more general benefits. You will not be asked to give your name. No one will be able to identify you or your answers, and no one will know whether or not you participated in the study. Individuals

from the Institutional Review Board may inspect these records. Should the data be published, no individual information will be disclosed. Your participation is completely voluntary and you do not have to answer any questions you do not wish to answer. You may skip or not answer any questions and can freely withdraw from participation at any time. Any questions about the study, please contact: Carolyn McAllister Ph.D., MSW, cmcallis@csusb.edu

Do you want to participate?
- ❍ Yes (1)
- ❍ No (2)

I understand that I must be 18 years of age or older to participate in your study, have read and understand the above Informed Consent document and agree to participate in this study.
- ❍ Yes (1)
- ❍ No (2)

What is your gender?
- ❍ Male (1)
- ❍ Female (2)
- ❍ Other (3)

If other, briefly explain

How old are you?

What is your Marital Status?
- ❍ Single (1)
- ❍ Married (2)
- ❍ Divorced (3)
- ❍ Separated (4)
- ❍ Widowed (5)
- ❍ Other (6)

Number of Bio Children?
- ❍ 1 (1)
- ❍ 2 (2)
- ❍ 3 or More (3)

Total Number of Children? (Include Bio, Step, Adopted, etc.)
- ❍ 1 (1)
- ❍ 2 (2)
- ❍ 3 (3)
- ❍ 4 or more (4)

Age of youngest child?

What was the mode of delivery for your last birth?
- ❍ Vaginal (1)
- ❍ Cesarean Section (2)

Have you or your significant other experienced depression after having a child?
- ❍ Yes (1)
- ❍ No (2)

Have you been diagnosed with Postpartum Depression by a medical or mental health professional? (Ex., Physician, OB-GYN, Social Worker, Psychiatrist, Nurse Practitioner)
- ❍ Yes (1)
- ❍ No (2)

Since having a child how often have you experienced the following?

	Not at All (1)	Several Days (2)	More than half the days (3)	Nearly Every Day (4)
(1) Inability to laugh/ see the funny side of life	❍	❍	❍	❍
(2) Poor Appetite or overeating	❍	❍	❍	❍
(3) Trouble Concentrating	❍	❍	❍	❍
(4) Feeling tired/ having little energy	❍	❍	❍	❍

Since having a child how often have you experienced the following?

	Not at all (1)	Several Days (2)	More than half the days (3)	Nearly every day (4)
(1) Trouble falling or staying asleep	❍	❍	❍	❍
(2) Feeling down or depressed	❍	❍	❍	❍
(3) Blaming yourself unnecessarily when things go wrong	❍	❍	❍	❍
(4) Thought you would be better off dead	❍	❍	❍	❍

For the Purpose of this Survey Social Media = Multimedia (YouTube), Social Networking (Facebook), Blogging (WordPress), Social Knowledge (Google)

Is this the first time you have participated in social media group?
- ❍ Yes (1)
- ❍ No (2)

Is Social Media the only support you receive for any feelings of depression you have?
- ❍ Yes (1)
- ❍ No (2)

If you use other forms of support/ treatment, what other forms of treatment have you participated in? (Mark all that apply)
- ❑ Individual Counseling/ Therapy (1)
- ❑ Group Counseling/ Therapy (2)
- ❑ Support Groups (3)
- ❑ Antidepressant medicine (4)
- ❑ Spiritual/ Faith Based Support (5)
- ❑ Other (6)
- ❑ Social Media is only form of treatment (7)

How many social media sites have you used?
- ❍ 1 (1)
- ❍ 2 (2)
- ❍ 3 or more (3)

When did you first begin to use the social media site(s)?
- ❍ Before the Birth of my child (1)
- ❍ Within a month after Birth (2)
- ❍ 1-2 Months after Birth (3)
- ❍ 3-4 Months after Birth (4)
- ❍ 5 or More Months after Birth (5)

How often did you use the Social Media site(s)?
- ❍ Never (1)
- ❍ Less than Once a Month (2)
- ❍ Once a Month (3)
- ❍ 2-3 Times a Month (4)
- ❍ Once a Week (5)
- ❍ 2-3 Times a Week (6)
- ❍ Daily (7)

How did you use the Social Media site(s)? Mark all that apply
- ❑ Reading Post (1)
- ❑ Questions and Answers (2)
- ❑ Writing Questions/ Post (3)
- ❑ Making Comments (4)
- ❑ Learning New Information (5)
- ❑ Sharing Personal Experiences (6)
- ❑ Finding Other Resources (7)
- ❑ Making Connections (8)
- ❑ Developing Online Friendships (9)
- ❑ Developing In-Person Friendships (10)

What led you to join a social media group? (Mark all that apply)
- ❑ Friend recommended the group (1)
- ❑ Found link to the group on a website (2)
- ❑ Searched for this type of group (3)
- ❑ To help me deal with my symptoms (4)
- ❑ Other (5)

What website(s) did you use to obtain Information? (Mark all that Apply)
- ❑ Multimedia i.e. YouTube etc. (1)
- ❑ Social Knowledge i.e. Google etc. (2)
- ❑ Blogging i.e. WordPress, etc. (3)
- ❑ Social Networking i.e. Facebook etc. (4)

Did the Information obtained via Social Media have an impact on you?
- ❍ Yes (1)
- ❍ No (2)

If the Information gathered from Social Media had an impact, please briefly explain.

How important is obtaining Information from Social Media to you?
- ❍ Not at all Important (1)
- ❍ Very Unimportant (2)
- ❍ Neither Important nor Unimportant (3)
- ❍ Very Important (4)
- ❍ Extremely Important (5)

What website(s) did you use to obtain Emotional Support? (Mark all that Apply)
- ❑ Multimedia i.e. YouTube etc. (1)
- ❑ Social Knowledge i.e. Google etc. (2)
- ❑ Blogging i.e. WordPress, etc. (3)
- ❑ Social Networking i.e. Facebook etc. (4)

Did the Emotional Support obtain via Social Media have an impact on you?
- ❍ Yes (1)
- ❍ No (2)

If the Emotional Support obtained from Social Media had an impact, briefly explain?

How important is obtaining Emotional Support from social media to you?
- ❍ Not at all Important (1)
- ❍ Very Unimportant (2)
- ❍ Neither Important nor Unimportant (3)
- ❍ Very Important (4)
- ❍ Extremely Important (5)

What website(s) did you use to obtain Feedback? (Mark all that Apply)
- ❑ Multimedia i.e. YouTube etc. (1)
- ❑ Social Knowledge i.e. Google etc. (2)
- ❑ Blogging i.e. WordPress, etc. (3)
- ❑ Social Networking i.e. Facebook etc. (4)

Did the Feedback obtained via Social Media have an impact on you?
- ❍ Yes (1)
- ❍ No (2)

If Feedback was obtained from Social Media had an impact, briefly explain?

How Important is obtaining Feedback from social media to you?
- ❍ Not at all Important (1)
- ❍ Very Unimportant (2)
- ❍ Neither Important nor Unimportant (3)
- ❍ Very Important (4)
- ❍ Extremely Important (5)

Did you encounter any Positive experiences while participating in Social Media?
- ❍ Yes (1)
- ❍ No (2)

What if any POSITIVE aspect did you encounter while participating in this type of social media Group?

Did you encounter any Negative experiences while participating in Social Media?
- ❍ Yes (1)
- ❍ No (2)

What if any NEGATIVE aspect did you encounter while participating in this type of Social Media?

Developed by Connie Stringfellow

APPENDIX B

INFORMED CONSENT

CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO

College of Social and Behavioral Sciences

School of Social Work

INFORMED CONSENT

How does Social Media impact the Postpartum Depression experience?

You are being invited to participate in a research study about postpartum depression and how social media use impacts the experience. Postpartum depression is defined as a type of clinical depression which can affect women after childbirth.

The study in which you are being asked to participate is designed to investigate the potential effects of postpartum depression. This study is being conducted by Connie Stringfellow under the supervision of Carolyn McAllister, Ph.D., MSW, California State University, San Bernardino. This study has been approved by the School of Social Work Sub-Committee of the Institutional Review Board, California State University, San Bernardino.

There are no known risks if you decide to participate in this research study. However, it is possible that some participants may experience discomfort or duress as mental health is a sensitive subject. There are no costs to you for participating in the study. As part of Connie Stringfellow's graduate project, the information obtained in the study will assist in identifying the potential impact of social media on the postpartum depression experience. This study would explain how social media affected the postpartum depression experience on the mothers, and fathers. Conversely, this study would help to explain why individual look to social media in regards to postpartum depression. The survey will take approximately 15-20 minutes to complete. The information collected may not benefit you directly, but the information learned in this study should provide more general benefits.

You will not be asked to give your name. No one will be able to identify you or your answers, and no one will know whether or not you participated in the study. Individuals from the Institutional Review Board may inspect these records. Should the data be published, no individual information will be disclosed. Your participation is completely voluntary and you do not have to answer any questions you do not wish to answer. You may skip or not answer any questions and can freely withdraw from participation at any time.

If you have any questions about the study, please contact:

Carolyn McAllister Ph.D., MSW,   Phone: (909)537-5559   E-mail: cmcallis@csusb.edu

CONFIRMATION STATEMENT:

I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

49

APPENDIX C

DEBRIEFING STATEMENT

Debriefing Statement

This study you have just completed was designed to investigate the potential impact of social media on the post-partum depression experience. In this study you were asked basic questions about yourself, your social media habits and family interworking. In this study you may have discussed personal issues related to your or your partner's struggles with mental health. Having a child/ children around can be extremely overwhelming. Some families adjust effortlessly while others need some help settling into their routine. Postpartum depression is not something that should be taken lightly. It's a medical symptom that can include feeling anxious, depressed, irritable, moody, restless, and obsessive and it needs professional looking-after.

Thank you for your participation and for not discussing the contents of the decision question with other participants. If you have any questions about the study, please feel free to contact Professor Dr. Carolyn McAllister at (909)537-5559. If you would like to obtain a copy of the group results of this study, please contact Professor Dr. Carolyn McAllister at (909)537-5559. Winter, Quarter of 2016.

APPENDIX D

INSTITUTIONAL REVIEW BOARD APPROVAL FORM

Expedited Review

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
SCHOOL OF SOCIAL WORK
Institutional Review Board Sub-Committee

Researcher(s) _____ Connie Stringfellow _____

Proposal Title _____ How Does Social Media Impact the Postpartum _____
_____ Depression Experience? _____

_SW1575_

Your proposal has been reviewed by the School of Social Work Sub-Committee of the Institutional Review Board. The decisions and advice of those faculty are given below.

- -

Proposal is:

_√___ approved

_____ to be resubmitted with revisions listed below

_____ to be forwarded to the campus IRB for review

Revisions that must be made before proposal can be approved:

_____ faculty signature missing

_____ missing informed consent _____ debriefing statement

_____ revisions needed in informed consent _____ debriefing

_____ data collection instruments missing

_____ agency approval letter missing

_____ CITI missing

_____ revisions in design needed (specified below)

_____
_____
_____
_____
_____
_____
_____

_____   10/21/2015
Committee Chair Signature   Date

Distribution: White-Coordinator; Yellow-Supervisor; Pink-Student

53

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