

Targeting Emotion in the Perinatal Period: Protocol of a Systematic Review of Emotion-Focused and Emotion Regulation-Based Interventions

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Kaya Yildirim, I; Dirik, G.

**Corresponding author:**  
İlkyaz Kaya Yıldırım

kayailkyaz@gmail.com

**Author Affiliation:**  
Izmir Katip Celebi University.

ADMINISTRATIVE INFORMATION

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**Conflicts of interest** - None declared.

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**Amendments** - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 2 May 2025 and was last updated on 2 May 2025.

INTRODUCTION

**Review question / Objective** This review aims to systematically synthesize evidence on the effectiveness of emotion-focused psychological interventions—such as Dialectical Behavior Therapy (DBT), Unified Protocol, and related approaches—on emotion regulation outcomes in perinatal women.

**Rationale** Perinatal women face elevated risks for psychological difficulties such as anxiety and depression, and growing evidence highlights the critical role of emotional processes in these outcomes. Although several systematic reviews have examined the effectiveness of specific approaches—such as Dialectical Behavior Therapy, Mindfulness-Based Interventions, or Cognitive Behavioral Therapy—in perinatal populations, there is currently no review that collectively synthesizes psychological interventions that explicitly target emotional processes. In light of increasing scholarly calls emphasizing the importance of emotion-focused approaches tailored to pregnant and postpartum women, this

review aims to comprehensively map and synthesize the characteristics, mechanisms, and psychological outcomes of interventions that directly address emotional functioning—including, but not limited to, emotion regulation. No meta-analysis will be conducted; the synthesis will be narrative in nature.

**Condition being studied** This review focuses on emotional functioning—including emotion regulation difficulties—as a transdiagnostic process underlying various forms of psychological distress in the perinatal period, such as anxiety, depression, and adjustment difficulties. The perinatal period, encompassing pregnancy and up to one year postpartum, is characterized by heightened emotional vulnerability and increased risk for psychopathology.

METHODS

**Search strategy** A systematic search was conducted in PubMed, Scopus, and Web of Science databases. The search strategy combined terms related to the perinatal period, emotion-

focused psychological processes, and psychological interventions. The following search string was used:

("perinatal" OR "postpartum" OR "antenatal" OR "prenatal" OR "pregnan") AND ("emotion-focused therapy" OR "emotion regulation" OR "affect" OR "dialectical behavior therapy" OR "DBT" OR "dialectical" OR "unified") AND ("intervention" OR "treatment" OR "therapy")\*

Boolean operators (AND/OR) were used to combine concepts. Only peer-reviewed articles published in English were considered. No date restrictions were applied. The latest search was conducted on March 26, 2025. References of included studies were also hand-searched to identify additional relevant publications.

**Participant or population** The population of interest includes perinatal women, defined as individuals who are pregnant or within the first year postpartum. Studies involving participants from the antenatal, postnatal, or full perinatal period were included regardless of parity or risk level. No restrictions were applied based on psychiatric diagnosis, age, or sociodemographic characteristics.

**Intervention** This review includes psychological interventions that explicitly target emotional processes in perinatal women. Eligible interventions encompass those directly aiming to improve emotion regulation (e.g., Dialectical Behavior Therapy, Unified Protocol, Emotion-Focused Therapy), as well as those addressing related constructs such as affective distress, emotional processing, and emotional awareness. Interventions may vary in format (e.g., individual, group, online), duration, and delivery setting, but all must include a defined emotional component as part of their therapeutic rationale or techniques.

**Comparator** This review included both controlled and uncontrolled intervention studies. Comparator conditions in controlled studies varied and included waitlist controls, treatment-as-usual (TAU), active control interventions (e.g., psychoeducation), or alternative psychological treatments. Uncontrolled studies (e.g., pre-post designs without a comparison group) were also eligible, provided they reported outcomes related to emotional or psychological functioning.

**Study designs to be included** This review includes experimental and quasi-experimental intervention studies, such as randomized controlled trials (RCTs), non-randomized controlled

studies, and uncontrolled pre-post studies. Studies must report pre- and post-intervention outcomes related to emotional or psychological functioning. Case studies, purely qualitative designs, protocols, and reviews were excluded.

### Eligibility criteria

Inclusion criteria:

- Empirical studies evaluating psychological interventions targeting emotional processes (e.g., emotion regulation, affective distress, emotional awareness) in perinatal women (pregnant or up to 12 months postpartum).
- Interventions delivered in individual, group, or online formats.
- Studies employing experimental, quasi-experimental, or pre-post designs.
- Studies reporting at least one pre- and post-intervention outcome related to emotional or psychological functioning (e.g., emotion regulation, anxiety, depression, distress).
- Peer-reviewed journal articles published in English and Turkish.

Exclusion criteria:

- Studies without a psychological intervention component.
- Studies not conducted in perinatal populations.
- Purely qualitative studies, case reports, reviews, meta-analyses, protocols, conference abstracts, or dissertations.
- Studies that do not report pre- and post-intervention outcomes.

**Information sources** Electronic databases searched included PubMed, Scopus, and Web of Science. In addition to database searches, the reference lists of included studies were manually screened to identify any additional eligible publications. Only peer-reviewed articles published in English and Turkish were considered. No date restrictions were applied. Grey literature, dissertations, and conference proceedings were not included.

**Main outcome(s)** The primary outcomes of interest are measures related to emotional functioning, particularly emotion regulation. Studies that assessed changes in emotion regulation through self-report instruments, clinician ratings, or behavioral measures were included. In addition, outcomes such as emotional awareness, affective distress, and other emotion-related constructs were considered primary, provided they were explicitly targeted by the intervention.

**Additional outcome(s)** Secondary outcomes include anxiety, depression, psychological distress,

perceived stress, self-compassion, and fear of childbirth, as well as general mental health indicators. These outcomes were considered relevant when assessed pre- and post-intervention, even if they were not the primary focus of the intervention.

**Data management** All references retrieved from database searches were imported into Zotero for reference management and deduplication. After removing duplicates, studies were exported to Rayyan for title, abstract, and full-text screening. Two independent reviewers screened studies and resolved any discrepancies through discussion. Data from included studies were extracted into structured Excel spreadsheets designed for the review. Extracted variables included study characteristics, sample features, intervention details, and psychological outcomes. All data files are securely stored on password-protected computers.

**Quality assessment / Risk of bias analysis** The methodological quality and risk of bias of the included studies were assessed using the Joanna Briggs Institute (JBI) Critical Appraisal Checklists. Different checklists were applied based on study design (e.g., RCTs, quasi-experimental, or pre-post studies). Two independent reviewers conducted the quality appraisal, and discrepancies were resolved through discussion. The appraisal considered domains such as study design, participant selection, outcome measurement, intervention integrity, and follow-up. Studies were not excluded based on quality scores but results were interpreted in light of the assessed risk of bias.

**Strategy of data synthesis** A narrative synthesis approach was used to summarize the findings of the included studies. The synthesis focused on the characteristics of the interventions (e.g., modality, duration, targeted emotional processes), the psychological outcomes assessed, and the reported effectiveness in perinatal populations. Meta-analysis was not conducted due to heterogeneity in study designs, outcome measures, and intervention types. Studies were grouped thematically based on intervention type and targeted emotional constructs. Tables and descriptive summaries were used to organize and present the data. A narrative synthesis approach will be used to summarize the findings of the included studies. The synthesis will focus on the characteristics of the interventions (e.g., modality, duration, targeted emotional processes), the psychological outcomes assessed, and the reported effectiveness in perinatal populations. No

meta-analysis will be conducted due to anticipated heterogeneity in study designs, outcome measures, and intervention types. Studies will be grouped thematically based on intervention type and targeted emotional constructs. Tables and descriptive summaries will be used to organize and present the data.

**Subgroup analysis** Subgroup analysis was conducted narratively based on the type of intervention (e.g., DBT, Unified Protocol, Emotion-Focused Therapy). Interventions were grouped and compared thematically to explore differences in emotional focus and reported psychological outcomes. No statistical subgroup analysis was performed.

**Sensitivity analysis** No sensitivity analysis was performed, as this review used a narrative synthesis approach and did not include a meta-analysis.

**Language restriction** Studies published in English and Turkish were included. These two languages were selected due to the research team's fluency and the relevance of regional studies to the review topic.

**Country(ies) involved** All authors are affiliated with institutions based in Turkey.

**Other relevant information** This review addresses a critical gap in the literature by synthesizing psychological interventions that explicitly target emotional processes in perinatal populations. Previous reviews have typically focused on specific intervention types (e.g., CBT, mindfulness, or DBT) within perinatal samples, often excluding interventions that are emotion-focused but not labeled under those predefined categories. As a result, protocols such as the Unified Protocol or interventions developed specifically with emotional mechanisms in mind have remained outside the scope of earlier syntheses. This review aims to provide a comprehensive and conceptually unified synthesis of interventions targeting emotional functioning, thereby offering a broader and more inclusive understanding of the field.

**Keywords** Perinatal mental health; Emotion regulation; Emotion-focused interventions; Pregnancy; Postpartum; Dialectical Behavior Therapy; Unified Protocol; Psychological treatment.

**Dissemination plans** The findings of this systematic review will be submitted for publication in a peer-reviewed journal indexed in the Social

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Sciences Citation Index (SSCI). In addition, the results may be presented at national and international conferences in the fields of clinical and perinatal psychology. The review also aims to inform public health strategies and support the integration of emotion-focused interventions into maternal mental health services and policy development.

### **Contributions of each author**

Author 1 - İlkyaz Kaya Yıldırım - Author 1 was responsible for the conception and design of the review, development of the search strategy, database searches, study selection, data extraction, quality assessment, data synthesis, and drafting of the protocol and manuscript. All methodological and reporting processes were conducted solely by Author 1.

Email: [ilkyaz.kaya.yildirim@ikcu.edu.tr](mailto:ilkyaz.kaya.yildirim@ikcu.edu.tr)

Author 2 - Gülay Dirik - Author 2 provided supervision and critical feedback on the development of the review protocol and the overall methodology. The author contributed to reviewing and editing the manuscript.

Email: [gulay.dirik@deu.edu.tr](mailto:gulay.dirik@deu.edu.tr)