Psychosocial and psychological interventions for preventing postpartum depression

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There is no evidence to recommend psychosocial interventions to prevent postpartum depression. In under-resourced settings emotional support during pregnancy and the postpartum period is usually provided by the woman's family. Efforts should be directed towards educating family members in the early detection of the signs and symptoms of depression in a pregnant woman.

RHL Commentary by Castillo-Torralba M

1. EVIDENCE SUMMARY

This Cochrane review (1) was last updated in 2004. It summarizes the results of 15 trials involving 7697 women. The review found that women who received preventive psychosocial interventions were just as likely to experience postpartum depression as those who received standard care [relative risk (RR) 0.81; 95% confidence interval (CI) 0.65–1.02]. The interventions included antenatal and postnatal classes, home visits by lay persons, early postpartum follow-up, application of continuity-of-care models, in-hospital psychological debriefing, and interpersonal psychotherapy. Thus, at the present time there is no evidence for these practices to be recommended for the prevention of postpartum depression. It should be noted that the interventions (training of the personnel, information and support provided, etc.) implemented in the included trials were not described in detail.

There is evidence to suggest that interventions with only a postnatal component appeared to be more beneficial (RR 0.76; 95% CI 0.58–0.98) than interventions that also incorporated an antenatal component. While individually-based interventions may be more effective (RR 0.76; 95% CI 0.59–1.00) than those that are group-based, women who received a multiple-contact intervention were just as likely to develop postpartum depression as those who received a single-contact intervention. Likewise, these preventive interventions had no effect on other maternal outcomes, including health service contact, maternal-infant attachment, maternal attitudes towards motherhood, maternal competence, general physical and mental health, perceived support, breastfeeding duration, and marital discord.

2. RELEVANCE TO UNDER-RESOURCED SETTINGS

2.1. Magnitude of the problem

Financial difficulty is a risk factor commonly associated with perinatal depression. Low socioeconomic status affects many women and their families in developing countries. Hence, women in these setting may be
more at risk of developing postpartum depression. There is a need to develop effective interventions targeting mothers in such settings.

2.2. Applicability of the results

The interventions in the review included antenatal and postnatal classes, home visits by lay persons, early postpartum follow-up, continuity of care models, in-hospital psychological debriefing, and interpersonal psychotherapy provided by nurses, midwives and other professionals. It may not be feasible to implement all such interventions in different socioeconomic and cultural settings. In under-resourced settings, like in my country (Philippines) emotional support during pregnancy and the postpartum period is usually provided by the husband and “extended” family (meaning the grandparents and other relatives) of the patient. It is not common for pregnant patients in our country to seek professional help if they are depressed, but rather to turn to their family for support. In my opinion, probably the results of the study would be different in our setting if the interventions to prevent postpartum depression were provided not just by trained professionals, but by the family members of the patients as well. I think the initial effort in our setting should be directed in educating family members in the early detection of the signs and symptoms of depression in a pregnant patient as well as first line management while awaiting evaluation by a professional.

2.3. Implementation of the intervention

There is no evidence to recommend psychosocial interventions to prevent postpartum depression

3. RESEARCH

The protocols of research on psychosocial interventions to prevent postpartum depression (2) should state specifically how the interventions differ from the usual care during provided to women during antenatal and postpartum periods.

There is a need to conduct research in under-resourced settings on the effectiveness of support provided by not just by trained professionals but also by the family members of the women.

References