Do preventive psychosocial and psychological interventions reduce the risk of postpartum depression (PPD)?

**METHODS**


*Study selection and assessment:* randomised controlled trials (RCTs) of preventive psychosocial or psychological interventions with a primary or secondary aim of reducing the risk of PPD in pregnant women and new mothers (<6 wks postpartum). Methodological quality of individual studies was assessed.

*Outcome:* main outcome was PPD.

**MAIN RESULTS**

15 trials (n = 7697) met the selection criteria. Most trials (n = 10) defined PPD as scores >12 on the Edinburgh Postnatal Depression Scale (EPDS). Meta-analysis showed that, in general, psychosocial and psychological interventions did not prevent PPD (table). 6 pre-specified subgroup analyses were reported. (i) Type of psychosocial intervention: antenatal and postnatal classes (2 trials), lay home visits (1 trial), early postpartum follow up (1 trial), and continuity of care (1 trial) did not reduce PPD: home visits by a health professional did reduce PPD (table). (ii) Type of psychological intervention: psychological debriefing (5 trials) and interpersonal psychotherapy (2 trials) did not reduce PPD. (iii) Mode of delivery: individually based interventions were marginally beneficial (table), whereas group based interventions had no effect (4 trials). (iv) Intervention onset: postnatal only interventions had a beneficial effect (table), whereas interventions initiated antenatally and continued postnatally did not (4 trials). (v) Duration of intervention: neither single contact (4 trials) nor multiple contact (11 trials) interventions reduced PPD. (vi) Study sample: interventions directed at women at high risk had a beneficial effect (table), whereas those directed at the general population did not (8 trials).

**CONCLUSIONS**

Generally, preventive psychosocial and psychological interventions do not reduce risk of postpartum depression. However, home visits by professionals, interventions initiated postnatally, and those directed at high risk women may reduce risk of postpartum depression.

<table>
<thead>
<tr>
<th>Preventive psychosocial and psychological interventions</th>
<th>Weighted event rates</th>
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<tr>
<td><strong>Outcomes</strong></td>
<td><strong>Number of trials (n)</strong></td>
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<td>PPD (variously defined)</td>
<td>15 (7697)</td>
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<td>PPD (EPDS score &gt;12)</td>
<td>10 (6126)</td>
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<td>Subgroup analyses (intervention characteristics)‡</td>
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<td>Home visits by professionals</td>
<td>2 (1663)</td>
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<tr>
<td>Postnatal period only†</td>
<td>10 (6379)</td>
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<tr>
<td>At risk women only†</td>
<td>7 (1162)</td>
</tr>
</tbody>
</table>

*EPDS = Edinburgh Postnatal Depression scale; other abbreviations defined in glossary. Weighted event rates, RRR, NNT, and CI calculated from data in article. Duration of follow up ranged from 3–24 weeks postpartum; all outcomes reported for final study assessment.

†Calculated using a random effects model. Results for other outcomes based on a fixed effects model.

‡Outcome is PPD (variously defined).
Review: some specific preventive psychosocial and psychological interventions reduce risk of postpartum depression

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