

A systematic review, evidence synthesis and meta-analysis of quantitative and qualitative studies evaluating the clinical effectiveness, the cost-effectiveness, safety and acceptability of interventions to prevent postnatal depression

C Jane Morrell,^{1*} Paul Sutcliffe,² Andrew Booth,³ John Stevens,³ Alison Scope,³ Matt Stevenson,³ Rebecca Harvey,³ Alice Bessey,³ Anna Cantrell,³ Cindy-Lee Dennis,⁴ Shijie Ren,³ Margherita Ragonesi,² Michael Barkham,⁵ Dick Churchill,⁶ Carol Henshaw,⁷ Jo Newstead,⁸ Pauline Slade,⁹ Helen Spiby¹ and Sarah Stewart-Brown²

¹School of Health Sciences, University of Nottingham, Nottingham, UK

²Division of Health Sciences, Warwick Medical School, University of Warwick, Coventry, UK

³School of Health and Related Research, University of Sheffield, Sheffield, UK

⁴Lawrence S Bloomberg Faculty of Nursing, University of Toronto, Toronto, ON, Canada

⁵Clinical Psychology Unit, Department of Psychology, University of Sheffield, Sheffield, UK

⁶School of Medicine, University of Nottingham, Nottingham, UK

⁷Division of Psychiatry, Institute of Psychology Health and Society, University of Liverpool, Liverpool, UK

⁸Nottingham Experts Patients Group, Clinical Reference Group for Perinatal Mental Health, Nottingham, UK

⁹Institute of Psychology, Health and Society, University of Liverpool, Liverpool, UK

*Corresponding author

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Plain English summary

Interventions to prevent postnatal depression

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What was the problem?

Mental health problems during pregnancy and after childbirth can have an enduring effect on women and their developing babies. It is important to identify women with mental health problems as early as possible, in order to help them and their children.

What did we do?

This research reviewed studies which looked at preventing depression in mothers with a baby less than 1 year of age. The studies examined interventions offered (1) to all women (which we called 'universal'), (2) to women at risk because of social circumstances ('selective') and (3) to women at higher risk because of a link to depression ('indicated'). We also reviewed what made interventions acceptable to women and whether or not interventions made the best use of NHS resources. Women who had experienced depression in pregnancy and after childbirth were involved in the research.

What did we find?

The included studies did not reveal a clear pattern. Extra visits from a midwife, a health visitor trained in person-centred approaches (PCAs) or cognitive-behavioural therapy (CBT)-based approaches helped in universal coverage. Education on preparing for parenting or interpersonal therapy-based intervention seemed useful in the selective group. Helping parents interact with their baby, peer support and approaches based on CBT or PCA seemed favourable in the indicated group. The interventions which appeared to be most cost-effective were midwifery redesigned postnatal care (universal), education on preparing for parenting (selective) and PCA-based intervention (indicated).

The research confirmed that women valued seeing the same health-care worker (building trusting relationships) and their partners' involvement.

What does this mean?

It is difficult to conclude on the value of these interventions and further research is necessary. We need better ways of measuring depression and its costs and need to involve more women in future research.

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Editorial contact: nhredit@southampton.ac.uk

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