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Psychosocial and psychological interventions for preventing postpartum depression (Review)

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[Intervention Review]

Psychosocial and psychological interventions for preventing postpartum depression

Cindy-Lee Dennis¹, Debra K Creedy²

¹Lawrence S. Bloomberg Faculty of Nursing, University of Toronto, Toronto, Canada. ²Faculty of Nursing and Health, Griffith University, Nathan, Australia

Contact address: Cindy-Lee Dennis, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto, 155 College Street, Toronto, Ontario, M5T 1P8, Canada. cindylee.dennis@utoronto.ca.

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ABSTRACT

Background

The cause of postpartum depression remains unclear, with extensive research suggesting a multi-factorial aetiology. However, epidemiological studies and meta-analyses of predictive studies have consistently demonstrated the importance of psychosocial and psychological variables. While interventions based on these variables may be effective treatment strategies, theoretically they may also be used in pregnancy and the early postpartum period to prevent postpartum depression.

Objectives

Primary: to assess the effect of diverse psychosocial and psychological interventions compared with usual antepartum, intrapartum, or postpartum care to reduce the risk of developing postpartum depression. Secondary: to examine (1) the effectiveness of specific types of psychosocial and psychological interventions, (2) the effectiveness of individual versus group-based interventions, (3) the effects of intervention onset and duration, and (4) whether interventions are more effective in women selected with specific risk factors.

Search methods

We searched the Cochrane Pregnancy and Childbirth Group trials register (January 27 2004), the Cochrane Depression, Anxiety and Neurosis Group trials register (October 2003), the Cochrane Central Register of Controlled Trials (October 2003), MEDLINE (1966 to 2004), EMBASE (1980 to 2004) and CINAHL (1982 to 2004). We scanned secondary references and contacted experts in the field.

Selection criteria

All published and unpublished randomised controlled trials of acceptable quality comparing a psychosocial or psychological intervention with usual antenatal, intrapartum, or postpartum care.

Data collection and analysis

Both reviewers participated in the evaluation of methodological quality and data extraction. Additional information was sought from several trial researchers. Results are presented using relative risk for categorical data and weighted mean difference for continuous data.

Main results

Fifteen trials, involving over 7600 women, were included. Overall, women who received a psychosocial intervention were equally likely to develop postpartum depression as those receiving standard care (relative risk (RR) 0.81, 95% confidence interval (CI) 0.65 to 1.02). One promising intervention appears to be the provision of intensive postpartum support provided by public health nurses or midwives (RR 0.68, 95% CI 0.55 to 0.84). Identifying mothers 'at-risk' assisted the prevention of postpartum depression (RR 0.67, 95% CI 0.51 to 0.89).

Interventions with only a postnatal component appeared to be more beneficial (RR 0.76, 95% CI 0.58 to 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 to 1.00) than those that are group-based, women who received multiple-contact intervention were just as likely to experience postpartum depression as those who received a single-contact intervention.

Authors' conclusions

Overall psychosocial interventions do not reduce the numbers of women who develop postpartum depression. However, a promising intervention is the provision of intensive, professionally-based postpartum support.

PLAIN LANGUAGE SUMMARY

Psychosocial and psychological interventions for preventing postpartum depression

Psychosocial and psychological interventions compared with usual care provided antenatally or postnatally do not reduce the risk of postpartum depression.

Postpartum depression affects approximately 13% of all new mothers. While no clear beneficial effect in the prevention of postpartum depression from a range of psychosocial and psychological interventions was found, intensive professionally-based postpartum support may be helpful. Interventions that were individually based appear to be more beneficial than those that were group-based. There is also evidence supporting interventions that are initiated in the postnatal period that do not include an antenatal component. Finally, interventions targeting 'at-risk' mothers may be more beneficial than those including a general maternal population. Many questions remain unanswered and additional research is needed.