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[Intervention Review]

Interventions (other than pharmacological, psychosocial or psychological) for treating antenatal depression

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ABSTRACT

Background

Although pregnancy was once thought of as a time of emotional well-being for many women, conferring 'protection' against psychiatric disorders, a recent meta-analysis of 21 studies suggests the mean prevalence rate for depression across the antenatal period is 10.7%, ranging from 7.4% in the first trimester to a high of 12.8% in the second trimester. Due to maternal treatment preferences and potential concerns about fetal and infant health outcomes, non-pharmacological treatment options are needed.

Objectives

To assess the effects, on mothers and their families, of non-pharmacological/psychosocial/psychological interventions compared with usual antepartum care in the treatment of antenatal depression.

Search methods

We searched the Cochrane Pregnancy and Childbirth Group's Trials Register (August 2007), the Cochrane Collaboration Depression Anxiety and Neurosis Group's Trials Registers (CCDANCTR-Studies and CCDANCTR-References) (January 2007), the Cochrane Central Register of Controlled Trials (*The Cochrane Library* 2006, Issue 3), MEDLINE (1966 to January 2007), EMBASE (1980 to January 2007) and CINAHL (1982 to January 2007). We scanned secondary references and contacted experts in the field to identify other published or unpublished trials.

We updated the search of the Cochrane Pregnancy and Childbirth Group's Trials Register on 31 March 2010 and added the results to the awaiting classification section.

Selection criteria

All published, unpublished and ongoing randomised controlled trials of non-pharmacological/psychosocial/psychological interventions to treat antenatal depression.

Data collection and analysis

All review authors independently participated in the evaluation of methodological quality and data extraction. .

Main results

We included one US three-armed randomised controlled trial in this review, incorporating 61 outpatient antenatal women who met Diagnostic and Statistical Manual for Mental Disorders-IV criteria for major depression. Maternal massage, compared to non-specific acupuncture (control group), did not significantly decrease the number of women diagnosed with clinical depression immediately post-treatment (one trial, n = 38; risk ratio (RR) 0.80, 95% confidence interval (CI) 0.25 to 2.53) or at final assessment at 10 weeks' postpartum

(one trial, $n = 32$; RR 1.93, 95% CI 0.37 to 10.01). Acupuncture specifically treating symptoms of depression, compared to non-specific acupuncture, did not significantly decrease the number of women diagnosed with clinical depression immediately post-treatment (one trial, $n = 35$; RR 0.48, 95% CI 0.11 to 2.13) or at final assessment at 10 weeks' postpartum (one trial, $n = 32$; RR 0.64, 95% CI 0.06 to 6.39).

Authors' conclusions

The evidence is inconclusive to allow us to make any recommendations for massage therapy or depression-specific acupuncture for the treatment of antenatal depression. The included trial was too small with a non-generalisable sample, to make any recommendations.

[Note: The eleven citations in the awaiting classification section of the review may alter the conclusions of the review once assessed.]

PLAIN LANGUAGE SUMMARY

Interventions (other than pharmacological, psychosocial or psychological) for treating antenatal depression

There is not enough evidence available to determine if maternal massage or depression-specific acupuncture interventions are effective in treating antenatal depression.

Although for many women pregnancy was once thought of as a time of emotional well-being, approximately 12% of women will suffer from antenatal depression. Research suggests that women who are on low income, lack social support, experience significant stress or negative life events, and have poor relationships may be at higher risk of developing antenatal depression. Unfortunately, depression during the pregnancy is related to poor maternal self-care behaviours, which may influence the baby's health, and it places a woman at significant risk of developing postpartum depression. Many women are unwilling to take medication during their pregnancy and are often interested in other forms of treatment. The review found only one trial involving 61 US women evaluating maternal massage and depression-specific acupuncture (the insertion of needles into the tissue for remedial purposes) for the treatment of antenatal depression. This trial provided insufficient evidence to determine if these therapies are effective treatment for antenatal depression. Further research is needed.