Targeted group antenatal prevention of postnatal depression: a review

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CRD summary
This review investigated the effectiveness of group antenatal interventions to reduce postnatal depression in ‘at risk’ women. The author concluded that the current evidence base did not support the implementation of such interventions. However, the author appropriately advised that further research, avoiding the methodological limitations of the current studies, should be undertaken to determine the role of antenatal group interventions.

Authors’ objectives
To review the efficacy of antenatal group interventions aimed at reducing postnatal depression (PND) in ‘at risk’ women.

Searching
MEDLINE, PsycLIT, HealthSTAR, EMBASE, the Cochrane Library, the UK National Research Register and CINAHL were searched from 1960 to December 2001; a range of search terms were documented in the paper.

Study selection
Study designs of evaluations included in the review
Randomised or quasi-randomised controlled studies were included in the review.

Specific interventions included in the review
The interventions needed to be structured or unstructured antenatal interventions offered after a screening process to identify women ‘at risk’ of developing postpartum depression. The interventions in the included studies involved between two and eight weekly antenatal sessions, with some offering a variable number of postnatal sessions. Clinical psychologists, a psychiatric nurse, or a midwife educator delivered the interventions. The interventions included: extending support and accessing help; psychoeducation including mothercraft information; a standardised intervention using problem-solving to enhance social support; empowerment discussion groups; and inter-personal therapy covering psychoeducation, role transition and conflict resolution. All the studies used unvalidated screening questionnaires to identify women at ‘high risk’.

Participants included in the review
Pregnant women in any care setting were eligible for inclusion in the review. The proportions of women in the included studies who were ‘at risk’ of postnatal depression varied between 25 and 58% (one unstated).

Outcomes assessed in the review
The outcome measures were those assessing the prevalence of symptoms of postnatal depression and the identification of cases of depression at various time points after birth. The included studies used a range of measures for depression and assessed individuals at 6 and 12 weeks and at 3 months.

How were decisions on the relevance of primary studies made?
The author did not state how the papers were selected for the review, or how many reviewers performed the selection.

Assessment of study quality
The author did not state that they assessed validity.

Data extraction
The author did not state how the data were extracted for the review, or how many reviewers performed the data.
Methods of synthesis
How were the studies combined?
The studies were combined in a narrative format.

How were differences between studies investigated?
Differences between the studies in terms of participants, interventions, outcomes and study methodology were highlighted in the paper.

Results of the review
Five studies with a total of 512 participants were included in the review.

All five studies had substantial methodological limitations and were undertaken in clinically heterogeneous samples. Two studies (one of which was very small) reported positive outcomes for antenatal group interventions, but three studies did not.

Authors' conclusions
The author concluded that there is currently little evidence to support antenatal group interventions for reducing postnatal depression in ‘at risk’ women. However, further studies, addressing the limitations identified in the current research, is recommended before drawing conclusions on such interventions.

CRD commentary
The review had a clear objective with defined inclusion criteria for the participants, interventions, study designs and outcomes. The search strategy covered a range of databases, but it was unclear whether studies published in languages other than English were eligible for inclusion in the review. Although a formal validity assessment does not appear to have been undertaken, the author did discuss issues of study quality. Some information on the included studies was presented, but the author noted that details of the interventions were limited by the poor reporting of the primary research. Due to notable heterogeneity in the included studies, the author's narrative summary seems appropriate. Further research, taking account of methodological issues raised by the review author, would appear warranted.

Implications of the review for practice and research
Practice: A switch to ‘indicated’ interventions with women with existing symptoms or early diagnosis of depression or anxiety in pregnancy is recommended.

Research: The author gave guidance on the design of future studies. Aspects to be considered are: the need to use a structured, validated intervention performed in a clearly defined sample; the need to report changes between pre- and post-intervention scores, in addition to changes between baseline and postnatal scores; the need to assess the impact of the intervention on anxiety; and the need to use trained therapists with expertise in the particular intervention to deliver the intervention faithfully. Interventions should be low cost, replicable and have a theoretical basis. Studies need to have a sufficiently large sample size to detect a realistic effect of the intervention, and should take account of attrition and loss to follow-up.

Bibliographic details

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This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.