Group treatment for postpartum depression: a systematic review
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CRD summary
The review concluded that group therapy can be an effective approach to treating postpartum depression. The authors' conclusions reflect the evidence presented and seem appropriately cautious. The value of the review is limited by a lack of clarity in the review question, a basic synthesis and unclear study quality.

Authors' objectives
To review the efficacy of support groups and group therapy for women with postpartum depression within the first year after delivery.

Searching
Eight relevant databases were searched for articles published in English up until March 2011. Search terms were reported. Reference lists of relevant records were searched manually.

Study selection
Both randomised controlled trials (RCTs) and non-randomised controlled trials that investigated a support group or group therapy using a psychological or psychosocial approach were eligible for inclusion. Interventions had to specifically target postpartum depression as defined using standardised measures and occurring during the first year after delivery. Interventions had to begin within the first year after delivery. Trials had to assess depressive symptoms or postpartum depression (defined as before) as a primary outcome. Studies of preventative interventions for postpartum depression were excluded.

Mean participant age (where stated) ranged from 26.5 to 34.5 years. Where reported, participants were mainly well educated, married or cohabiting middle class women. Various established measures were used at a range of time points to assess postpartum depression. Two trials included both depressed and non-depressed mothers. The start of the intervention (where stated) ranged from six weeks to 24 months after delivery. The original inclusion criteria were modified to include studies where intervention started later than one year post-delivery. Interventions included unstructured approaches, cognitive behavioural therapy, interpersonal psychotherapy as well as education, social support and workshops. Group sizes (where stated) ranged from four to 10 mothers. Some interventions included infants and/or partners for all or some of the sessions. Treatment duration ranged from four to 14 weeks. All studies included weekly therapy sessions that ranged from 1.5 to two hours' duration except for one study where duration was up to five hours.

Control treatments included no intervention, waiting list controls and standard care. Some included trials compared different forms of therapy (for example group versus individual therapy).

Details of the study selection process were not reported.

Assessment of study quality
The Downs and Black checklist suitable for both RCTs and non-randomised controlled trials was used to assess the quality of the included studies. No details of the quality assessment process were reported.

Data extraction
Two reviewers extracted study characteristics, details on intervention and control groups, outcomes and results. Any disagreements were resolved through discussion.

Methods of synthesis
A narrative synthesis was used to summarise studies.

Results of the review
Six RCTs and five non-randomised controlled trials were included (770 participating mothers, range 14 to 192). Seven
studies (three RCTs) did not have follow-up. Among the remaining four trials follow-up ranged from three to 12 months. Details of study quality were reported for each included trial but no overall evaluation of study quality was presented. Three RCTs reported appropriate, robust methods of randomisation.

Nine studies (six RCTs, three non-randomised controlled trials) reported a decrease in depressive symptoms in mothers who received group therapy. Two non-randomised controlled studies reported mixed results with participants in the intervention group improving on some measures but not others. One of these studies included both depressed and non-depressed mothers. Four RCTs reported on remission rates: two trials reported greater remission in treatment group participants, one trial reported no remission in either treatment or control groups and another trial reported greater remission in the treatment group at six months follow-up. Three out of the four studies (three RCTs, one non-randomised controlled study) that included assessment at follow-up reported that benefits of group therapy emerged or continued at follow-up. One RCT had such high attrition that assessment at follow-up was not possible.

**Authors’ conclusions**

Group therapy can be an effective approach to treating postpartum depression. Methodological limitations of the included studies reduced the validity of the presented results.

**CRD commentary**

The review question and the focus of the review were somewhat unclear due to the large variety of interventions investigated. It was unclear whether the review aimed to compare group treatment to usual care or to compare group versus individual treatments. The extension of inclusion criteria to include additional relevant studies was documented and seemed reasonable. The search strategy was clear but studies in languages other than English may have been missed. Independent duplicate processes were in place for data extraction and this reduced the risk of reviewer bias and error; it was unclear whether similar processes were used for study selection and quality assessment and if not this may have introduced error and bias.

Use of a narrative synthesis rather than a meta-analysis seemed appropriate given the variability between the included studies but limited quantitative results were presented and this made it difficult to gauge the clinical relevance of the findings. A thorough quality assessment of studies was conducted but the results of this were not reported clearly. It did not appear that study quality was taken into account in the synthesis.

The authors’ conclusions reflect the evidence presented and seem appropriately cautious. The value of the review is limited by a lack of clarity in the review question, a basic synthesis and unclear study quality.

**Implications of the review for practice and research**

**Practice:** The authors did not state any implications for practice.

**Research:** The authors recommend that future research focus on the efficacy of peer-support groups for women with postpartum depression and on the effect of including partners in the treatment of postpartum depression. Further, they recommended investigation of the level of therapist training and the timing of the group intervention. Direct comparisons between different types of treatment providers and also between different treatment approaches were recommended. Further recommendations were presented in the paper.

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Record Status
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.