

## MATERNAL MENTAL HEALTH SYNTHESIS

Research Gaps from Cochrane Reviews (Cochrane Library Issue 3, 2008)

The faces indicate the direction of findings in each review:

- ☺ **Likely to be effective**
- ☹ **Both benefits and risks**
- ❓ **Uncertain or limited effect**
- ☹ **Likely to be ineffective or potentially harmful**

*Important research implications are more likely to arise from reviews with uncertain findings or where the benefits and risks are mixed*

### CONTENTS

- ✚ Prevention - during pregnancy
- ✚ Treatment – During Pregnancy
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- ✚ Treatment - Postnatal
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### PREVENTION - DURING PREGNANCY

***Antenatal psychosocial screening for preventing antenatal and postnatal anxiety and depression (Priest 2005)***

*Cochrane protocol, Cochrane review in progress.*

❓ **Antidepressants for preventing postnatal depression (Howard 2005)**

*Only trials of postnatal interventions were located.*

*Last assessed as up to date: 11 June 2007*

- Need further research to further refine the identification of high risk women, to compare the effectiveness of antidepressants and psychosocial treatments for women with depression in the postnatal period, and long term follow-up of women and their children, including monitoring of adverse effects for the mother and infant.
- Need to investigate women's attitudes to the use of antidepressants.

### TREATMENT – DURING PREGNANCY

❓ **Antipsychotic drugs for non-affective psychosis during pregnancy (Webb 2004)**

*No trials were identified that met the inclusion criteria.*

*Last assessed as up to date: 17 January 2003*

- Need RCTs of antipsychotics during pregnancy that reflect the treatment dilemmas faced in routine clinical practice.
- Need head-to-head comparisons of different antipsychotic drugs, and antipsychotic drugs versus non-pharmacological interventions.
- Need to assess a wide range of outcomes, including the mental health of the mother, the physical health of the fetus and neonate, developmental outcomes in infants and young children, and healthcare utilisation rates for both mothers and their offspring.
- Trials should comply with CONSORT recommendations for reporting.

***Interventions (other than pharmacological, psychosocial or psychological) for treating antenatal depression (Dennis 2007)***

*Cochrane protocol, Cochrane review in progress.*

**[?] Psychosocial and psychological interventions for treating antenatal depression (Dennis 2007)**

*In one trial of women with major depression antenatally, interpersonal psychotherapy compared with a parenting education program, showed reduced depressive symptomatology immediately post-treatment.*

*Last assessed as up to date: 30 September 2006*

- Dearth of research regarding the role of psychosocial and psychological interventions for antenatal depression.
- Need to assess outcomes relating to maternal satisfaction with the intervention, quality of life and neonatal outcomes.
- Need longer-term follow-up to determine if the effects are maintained into the postpartum period.

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## **PREVENTION – POSTNATAL**

**[?] Antidepressants for preventing postnatal depression (Howard 2005)**

*In two small trials of antidepressants taken just after birth by women with a past history of postpartum depression, nortriptyline did not show any benefit over placebo and sertraline reduced postnatal depression compared with placebo.*

*Last assessed as up to date: 11 June 2007*

- Need to refine ways of identifying high risk women.
- Need trials of antidepressants and psychosocial treatments for women with depression in the postnatal period, with longterm follow-up of women and their children, including monitoring of adverse effects for the mother and infant.
- Need to investigate women's attitudes to the use of antidepressants in the postnatal period.

**[?] Oestrogens for preventing postpartum depression (Dennis 1999)**

*No prevention trials were identified*

*Last assessed as up to date: 31 July 2004*

- Need RCTs of oestrogens for preventing postpartum depression.

- Important to evaluate the potential adverse effects of oestrogen therapy on endometrial tissues and breastmilk production.
- Need to evaluate maternal preferences and compliance with hormonal treatment in general.

**☹ Progestogens (synthetic) for preventing postpartum depression (Dennis 1999)**

*Last assessed as up to date: 31 July 2004*

*In one trial, a synthetic progestogen administered just after birth was associated with a significantly higher risk of developing postpartum depression.*

No further research suggested, since synthetic progestogens may increase depression

**❓ Progesterone (natural) for preventing postpartum depression (Dennis 1999)**

*No RCTs of natural progesterone were located*

*Last assessed as up to date: 31 July 2004*

**❓ Psychosocial and psychological interventions for preventing postpartum depression (Dennis 2004)**

*Although psychosocial and psychological interventions overall do not seem to prevent postpartum depression, intensive professionally-based postpartum support shows some promise.*

*Last assessed as up to date: 27 January 2004*

- Need RCTs that assess structured interventions with homogeneous, symptomatic women
- Need to address low participation rates in RCTs and to effects on both antenatal symptoms as well as preventing postpartum depression (at least one such trial is in progress).
- Need more trials of home visits by nurses with a specific focus on content of visits and intensity of the interventions.
- Need another trial (outside a UK-midwifery context) of flexible, individualised postnatal care provided by a professional that incorporates postpartum depression screening tools.
- Need more trials evaluating individually based lay interventions specifically targeting maternal mood.
- Need to explore the importance of psychosocial interventions in preventing minor depression since minor depressive symptomatology often precedes a major depressive episode.
- Need further interdisciplinary networking (to develop and test multi-level intervention approaches embedded in service systems).
- Need to include women from ethnically and socio-economically diverse backgrounds.
- Need to include an economic analysis of the relative costs and benefits in all trials.
- Preventive interventions should be relatively simple and inexpensive.
- Need to consider the risk of negative outcomes (such as increased anxiety or stigmatisation).

***Debriefing for preventing psychological trauma in women following childbirth (Bastos 2008)***

*Cochrane protocol, Cochrane review in progress.*

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## TREATMENT – POSTNATAL

### ***Advocacy interventions to reduce or eliminate violence and promote the physical and psychosocial well-being of women who experience intimate partner abuse (Ramsay 2005)***

*Cochrane protocol, Cochrane review in progress.*

### **[?] Antidepressants for treating postnatal depression (Hoffbrand 2001)**

*After an initial session of counselling, one trial indicated that fluoxetine was, as effective as a full course of cognitive-behavioural counselling in treating postnatal depression.*

*Last assessed as up to date: January 2001*

- Need more trials of antidepressants for treating women with moderate or severe postnatal depression.
- Need to compare antidepressant treatment with, or without, psychosocial interventions.
- Need to address the issue of acceptability of drug treatment and its potential influence on recruitment to studies.
- Need to study longterm effects of antidepressants, including adverse effects in the mother and infant when the mother is breastfeeding.
- Need to measure maternal satisfaction and quality of life.

### **[?] Antipsychotic drugs for treating non-affective psychosis postpartum (Webb 2004)**

*No trials were identified that met the inclusion criteria.*

*Last assessed as up to date: 17 January 2003*

- Need RCTs of antipsychotics postpartum that reflect the treatment dilemmas faced in routine clinical practice.
- Need head-to-head comparisons of different antipsychotic drugs, and antipsychotic drugs versus nonpharmacological interventions.
- Need to assess a wide range of outcomes, including the mental health of the mother, the physical health of the fetus and neonate, developmental outcomes in infants and young children, and healthcare utilisation rates for both mothers and their offspring.
- Trials should comply with CONSORT recommendations for reporting.

### **[?] Mother and baby units for schizophrenia (Joy 2007)**

*No trials were located.*

*Last assessed as up-to-date: 13 November 2006*

- Need to follow CONSORT guidelines (including those for cluster RCTs)
- The review authors have provided a detailed design for a RCT in Table 1 of their review
- Need to attempt some form of blinding and to recognise that provision of interventions and controls will differ between sites of the multicentre RCT that would be required
- Need clear and uniform diagnostic criteria in RCTs
- Need to pay attention to infant outcomes

**[?] Oestrogens for treating postpartum depression (Dennis 1999)**

*In one trial of women with severe depression, oestrogen therapy was associated with greater improvement in depression compared with placebo.*

*Last assessed as up to date: 31 July 2004*

- Need more RCTs of oestrogens for treating postpartum depression.
- Important to evaluate the potential adverse effects of oestrogen therapy on endometrial tissues and breastmilk production.
- Need to evaluate maternal preferences and compliance with hormonal treatment in general.

**[☹] Progestogens (synthetic) for treating postpartum depression (Dennis 1999)**

**No treatment trials of synthetic progestogens were located**

*Last assessed as up to date: 31 July 2004*

No further research suggested, since synthetic progestogens may increase depression

**[?] Progesterone (natural) for treating postpartum depression (Dennis 1999)**

*No RCTs of natural progesterone were located*

*Last assessed as up to date: 31 July 2004*

**[?] Psychosocial and psychological interventions for treating postpartum depression (Dennis 2007)**

*Any psychosocial or psychological intervention, compared with usual postpartum care, was associated with a reduced likelihood of continued depression.*

*Last assessed as up to date: 1 August 2007*

- Need adequately powered RCTs needed to compare different treatments and examine their individual components to determine which treatments are most useful for women with different risk factors or clinical presentations of postpartum depression.
- Need to address difficulties in defining postpartum depression by using structured diagnoses or psychometrically tested self-report instruments such as the EPDS.
- Need to encourage dialogue between researchers encouraged to promote consistency in outcome measures and research methods.
- Need long term follow-up.

**[😊] Parent-training programmes for improving maternal psychosocial health (Barlow 2003)**

*Pooled data from 26 included studies showed parent programs to have beneficial effects on mothers' depression, anxiety/stress, self-esteem and relationship with spouse/marital adjustment, but not for social support.*

*Last assessed as up to date: July 2003*

- Need long-term follow-up data to determine if effects of programs are maintained over time.
- Need to see if effectiveness differs between groups of parents, particularly whether the type and severity of psychosocial problem being experienced by the parent plays a role in determining the outcome.
- Need to evaluate self-report measures against objective evaluations of parental psychosocial functioning such as, for example, some form of clinical assessment.
- Need research which focuses on the process of program delivery.

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**[?] Support for mothers, fathers and families after perinatal death (Flenady 2008)**

*No trials were located*

*Last assessed as up-to-date: 5 November 2007*

- Need high quality RCTs to assess the effects of interventions aimed at providing appropriate support for parents and families after a perinatal death
- Certain high-risk groups may need to be specifically targeted, as will the effect of interventions for fathers.
- Likely to need multicentre RCTS with adequate funding to ensure proper follow up
- Need to ensure that outcome measures are clearly defined and are assessed by standard psychometric tools

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