



# Topic Brief: Nonpharmacologic Treatment of Mental Health Conditions in Pregnant and Postpartum People

**Date:** 8/3/2022

**Nomination Number:** 1002

**Purpose:** This document summarizes the information addressing a nomination submitted on June 3, 2022, through the Effective Health Care Website. This information was used to inform the Evidence-based Practice Center (EPC) Program decisions about whether to produce an evidence report on the topic, and if so, what type of evidence report would be most suitable.

**Issue:** The nominator of this topic is interested the benefits and harms of nonpharmacologic treatments for mental health conditions for prenatal and postpartum individuals.

[Link to nomination](#)

## Recommendation

- X Systematic review
- Technical brief
- Evidence map
- Rapid review
- Rapid response
- Expanded topic brief

## Key Findings

- While we found many systematic reviews, mainly addressing depressive disorder and anxiety, some focused on single interventions and conditions, and had varying search dates; this diversity will pose difficulties for a group that wishes to develop a single guideline.
- We found many published studies, most on antenatal and postpartum depression.

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## Background

Perinatal mental health conditions include depression, anxiety, obsessive-compulsive disorder, bipolar disorder, and post-traumatic stress disorder. About 1 in 8 women experience symptoms of postpartum depression.<sup>1</sup> The prevalence of perinatal depression was 13.2%, ranging from 9.7% in Illinois to 23.5% in Mississippi<sup>1</sup>. Obsessive compulsive disorder affects 2 in 100 women in pregnancy and 2 -3 in every 100 women in the year after giving birth<sup>2</sup>. 18.0% of women in a population-based sample reported postpartum anxiety symptoms.<sup>3</sup>. The prevalence of PTSD in pregnancy ranges from 4-6%.

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<sup>1</sup> <https://www.cdc.gov/reproductivehealth/features/maternal-depression/index.html>

Mental health conditions in pregnancy appear to be increasing under the COVID pandemic. A cross-sectional survey of pregnant and postpartum women in 64 countries found that many women scored at or above the cut-offs for elevated posttraumatic stress (2,979 [43%]), anxiety/depression (2,138 [31%]), and loneliness (3,691 [53%]). A majority of women (86%) reported being somewhat or very worried about COVID-19.<sup>4</sup>

Effects of untreated or undertreated perinatal mental health conditions can adversely impact not only the individual’s own health but also infant outcomes, mother-infant bonding, and children’s health over time.

In partnership with the American College of Obstetrics and Gynecology (ACOG) and American Psychiatric Association, (APA) AHRQ published a systematic review on pharmacologic treatment for mental health conditions in preconception, antepartum, postpartum and lactating women<sup>5</sup>. In this review they found few studies conducted in pregnant and postpartum women on the benefits of pharmacotherapy; many studies report on harms but are of low quality. For this reason, ACOG submitted a nomination for a review of perinatal non-pharmacologic treatments for mental health conditions. They plan to develop guidance based on findings from an AHRQ systematic review. AHRQ has also reached out to APA, who has also expressed interest in partnership.

## Scope

1. What is the effectiveness and comparative effectiveness and harms of non-pharmacologic treatments for mental health conditions in perinatal individuals?
  - a. Depressive disorders
  - b. Anxiety disorders
  - c. Post-traumatic stress disorder
  - d. Bipolar disorder
  - e. Obsessive-compulsive disorder
2. What is the effectiveness and harms of non-pharmacologic treatments compared with pharmacologic treatment alone for mental health conditions in perinatal individuals?
  - a. Depressive disorders
  - b. Anxiety disorders
  - c. Post-traumatic stress disorder
  - d. Bipolar disorder
  - e. Obsessive-compulsive disorder

Element	KQ 1- Non-Pharm	KQ 2 Non-Pharm vs Pharm
Population	Perinatal individuals (pregnant, lactating, postpartum up to one year after delivery) <ol style="list-style-type: none"> <li>a. Depressive disorders</li> <li>b. Anxiety disorders</li> <li>c. Post-traumatic stress disorder</li> <li>d. Bipolar disorder</li> <li>e. Obsessive-compulsive disorder</li> </ol>	Perinatal individuals (pregnant, lactating, postpartum up to one year after delivery) on pharmacologic treatment for <ol style="list-style-type: none"> <li>a. Depressive disorders</li> <li>b. Anxiety disorders</li> <li>c. Post-traumatic stress disorder</li> <li>d. Bipolar disorder</li> <li>e. Obsessive-compulsive disorder</li> </ol>
Intervention	Nonpharmacologic treatment	Nonpharmacologic treatment Co-intervention: pharmacologic treatment
Comparator	Placebo, no treatment, Other non-pharmacological treatments	Pharmacologic treatment

Outcomes	Scores on psychological assessments, quality of life, adherence to treatment, maternal clinical outcomes, fetal/neonatal/pediatric clinical outcomes	Scores on psychological assessments, quality of life, adherence to treatment, maternal clinical outcomes, fetal/neonatal/pediatric clinical outcomes
	Harms of treatment	Harms of treatment

**Assessment Methods**

See Appendix A.

**Summary of Literature Findings**

We identified multiple reviews addressing KQ 1 and 2 for depression, anxiety and PTSD, with most on depression. One in-progress AHRQ review on “Screening for Depression, Anxiety, and Suicide Risk in Adults, Including Pregnant and Postpartum Persons”<sup>6</sup> includes a question on psychotherapy for treatment of depression and anxiety. The review will compare psychotherapy to pharmacotherapy and placebo; the scope however does not include other nonpharmacologic interventions or comparisons of nonpharmacologic therapies. Another in-progress AHRQ review includes nonpharmacologic treatments for PTSD, and the scope is inclusive of pregnancy and postpartum. However, the purpose of this review is to update a database and no formal synthesis is planned. We found no reviews related to non-pharmacologic treatment for bipolar disorder or obsessive-compulsive disorder. Most reviews focused on single types of interventions with varying search dates and levels of rigor. This diversity may prove to be challenging for a group to consolidate to inform a single guideline.

Most study publications identified in the targeted search focused on depression, particularly postpartum depression. A handful of publications were focused on anxiety, anxiety and depression, PTSD, and obsessive-compulsive disorder. We found no studies of bipolar disorder. Interventions included psychotherapy delivered via various modalities and intensity, acupuncture, and dietary supplements. Commonly studied interventions included cognitive behavior therapy, mindfulness, and interpersonal psychotherapy.

Key question	Systematic reviews (July 2019-July 2022)	Study publications (July 2017-July 2022)
KQ 1, 2:	Total-22 <ul style="list-style-type: none"> <li>• Depression-20               <ul style="list-style-type: none"> <li>○ Antepartum/postpartum<sup>6-10</sup></li> <li>○ Antepartum<sup>11-16</sup></li> <li>○ Postpartum<sup>17-26</sup></li> </ul> </li> <li>• Anxiety-3               <ul style="list-style-type: none"> <li>○ Antepartum/postpartum<sup>6, 9, 10</sup></li> </ul> </li> <li>• PTSD-4               <ul style="list-style-type: none"> <li>○ Antepartum/postpartum<sup>10, 27</sup></li> <li>○ Antepartum<sup>28</sup></li> <li>○ Postpartum<sup>29</sup></li> </ul> </li> <li>• Bipolar-0</li> <li>• Obsessive-Compulsive Disorder-0</li> </ul>	Total <ul style="list-style-type: none"> <li>• Depression-46 (RCT-38; Cohort-2; pre/post-3; unclear-3)               <ul style="list-style-type: none"> <li>○ Antepartum/postpartum<sup>30-32</sup></li> <li>○ Antepartum<sup>33-47</sup></li> <li>○ Postpartum<sup>48-75</sup></li> </ul> </li> <li>• Anxiety-6 (RCT-3; pre/post-2; cohort-1)               <ul style="list-style-type: none"> <li>○ Antepartum/postpartum<sup>76-79</sup></li> <li>○ Antepartum<sup>80, 81</sup></li> </ul> </li> <li>• Anxiety and depression-7 (RCT-6; pre/post-1)               <ul style="list-style-type: none"> <li>○ Antepartum/postpartum<sup>77, 82</sup></li> <li>○ Antepartum<sup>83-85</sup></li> <li>○ Postpartum<sup>86, 87</sup></li> </ul> </li> <li>• PTSD-5 (RCT-4; pre/post-1)               <ul style="list-style-type: none"> <li>○ Antepartum<sup>44, 80, 88</sup></li> <li>○ Postpartum<sup>89, 90</sup></li> </ul> </li> <li>• Bipolar-0</li> <li>• Obsessive-Compulsive Disorder-2 (RCT-1; pre/post-1)               <ul style="list-style-type: none"> <li>○ Antepartum<sup>80</sup></li> </ul> </li> </ul>

## Summary of Selection Criteria Assessment

Concerns about the harms of pharmacologic treatments for perinatal mental health conditions prompts questions about the benefits and harms of nonpharmacologic treatment. While we found multiple systematic reviews, they do not address the entire scope of the nomination and the diversity of methods makes use in a guideline difficult. We recommend a new systematic review based on the yield from a targeted literature search and the willingness of the nominator to develop guidance.

## References

1. Bauman BL, Ko JY, Cox S, et al. Vital Signs: Postpartum Depressive Symptoms and Provider Discussions About Perinatal Depression - United States, 2018. *MMWR Morb Mortal Wkly Rep*. 2020 May 15;69(19):575-81. doi: 10.15585/mmwr.mm6919a2. PMID: 32407302.
2. Russell EJ, Fawcett JM, Mazmanian D. Risk of obsessive-compulsive disorder in pregnant and postpartum women: a meta-analysis. *J Clin Psychiatry*. 2013 Apr;74(4):377-85. doi: 10.4088/JCP.12r07917. PMID: 23656845.
3. Farr SL, Dietz PM, O'Hara MW, et al. Postpartum anxiety and comorbid depression in a population-based sample of women. *J Womens Health (Larchmt)*. 2014 Feb;23(2):120-8. doi: 10.1089/jwh.2013.4438. PMID: 24160774.
4. Basu A, Kim HH, Basaldua R, et al. A cross-national study of factors associated with women's perinatal mental health and wellbeing during the COVID-19 pandemic. *PLoS One*. 2021;16(4):e0249780. doi: 10.1371/journal.pone.0249780. PMID: 33882096.
5. Viswanathan M, Middleton JC, Stuebe A, et al. *Maternal, Fetal, and Child Outcomes of Mental Health Treatments in Women: A Systematic Review of Perinatal Pharmacologic Interventions*. Rockville (MD); 2021.
6. *Depression, Anxiety, and Suicide Risk in Adults, Including Pregnant and Postpartum Persons: Screening: Draft Research Plan*. Rockville, MD: U.S. Preventive Services Task Force; 2020. <https://www.uspreventiveservicestaskforce.org/uspstf/document/draft-research-plan/screening-depression-anxiety-suicide-risk-adults>.
7. Branquinho M, de la Fe Rodriguez-Munoz M, Maia BR, et al. Effectiveness of psychological interventions in the treatment of perinatal depression: A systematic review of systematic reviews and meta-analyses. *Journal of Affective Disorders*. 2021;291:294-306. doi: <https://dx.doi.org/10.1016/j.jad.2021.05.010>.
8. Li Z, Liu Y, Wang J, et al. Effectiveness of cognitive behavioural therapy for perinatal depression: A systematic review and meta-analysis. *Journal of Clinical Nursing*. 2020;29(17-18):3170-82. doi: <https://dx.doi.org/10.1111/jocn.15378>.
9. Li X, Laplante DP, Paquin V, et al. Effectiveness of cognitive behavioral therapy for perinatal maternal depression, anxiety and stress: A systematic review and meta-analysis of randomized controlled trials. *Clinical psychology review*. 2022 2022;92:102129. doi: 10.1016/j.cpr.2022.102129.
10. Qian J, Zhou X, Sun X, et al. Effects of expressive writing intervention for women's PTSD, depression, anxiety and stress related to pregnancy: A meta-analysis of randomized controlled trials. *Psychiatry Research*. 2020 06;288:112933. doi: <https://dx.doi.org/10.1016/j.psychres.2020.112933>. PMID: 32315889.
11. Shortis E, Warrington D, Whittaker P. The efficacy of cognitive behavioral therapy for the treatment of antenatal depression: A systematic review. *Journal of Affective Disorders*. 2020;272:485-95. doi: <https://dx.doi.org/10.1016/j.jad.2020.03.067>.

12. Zhu Y, Wang R, Tang X, et al. The effect of music, massage, yoga and exercise on antenatal depression: A meta-analysis. *Journal of Affective Disorders*. 2021;292:592-602. doi: <https://dx.doi.org/10.1016/j.jad.2021.05.122>.
13. Jarbou NS, Newell KA. Exercise and yoga during pregnancy and their impact on depression: a systematic literature review. *Archives of women's mental health*. 2022 2022. doi: 10.1007/s00737-021-01189-2.
14. Lin IH, Huang CY, Chou SH, et al. Efficacy of Prenatal Yoga in the Treatment of Depression and Anxiety during Pregnancy: A Systematic Review and Meta-Analysis. *International journal of environmental research and public health*. 2022 2022;19(9). doi: 10.3390/ijerph19095368.
15. Smith CA, Shewamene Z, Galbally M, et al. The effect of complementary medicines and therapies on maternal anxiety and depression in pregnancy: A systematic review and meta-analysis. *Journal of affective disorders*. 2019 2019;245:428-39. doi: 10.1016/j.jad.2018.11.054.
16. Wan Mohd Yunus WMA, Matinolli HM, Waris O, et al. Digitalized Cognitive Behavioral Interventions for Depressive Symptoms During Pregnancy: Systematic Review. *Journal of medical Internet research*. 2022 2022;24(2):e33337. doi: 10.2196/33337.
17. Ganho-Avila A, Poleszczyk A, Mohamed MMA, et al. Efficacy of rTMS in decreasing postnatal depression symptoms: A systematic review. *Psychiatry Research*. 2019;279:315-22. doi: <https://dx.doi.org/10.1016/j.psychres.2019.05.042>.
18. Roman M, Constantin T, Bostan CM. The efficiency of online cognitive-behavioral therapy for postpartum depressive symptomatology: A systematic review and meta-analysis. *Women & Health*. 2020;60(1):99-112. doi: <https://dx.doi.org/10.1080/03630242.2019.1610824>.
19. Brown JVE, Wilson CA, Ayre K, et al. Antidepressant treatment for postnatal depression. *Cochrane Database Syst Rev*. 2021 Feb 13;2:CD013560. doi: 10.1002/14651858.CD013560.pub2. PMID: 33580709.
20. Huang R, Yang D, Lei B, et al. The short- and long-term effectiveness of mother-infant psychotherapy on postpartum depression: A systematic review and meta-analysis. *Journal of affective disorders*. 2020 2020;260:670-9. doi: 10.1016/j.jad.2019.09.056.
21. Huang X, Luo S, Wang H. Effects of the non-pharmacological interventions of traditional Chinese medicine on postpartum depression: A protocol for systematic review and network meta-analysis. *Medicine*. 2022 2022;101(9):e28939. doi: 10.1097/MD.00000000000028939.
22. McCloskey RJ, Reno R. Complementary health approaches for postpartum depression: A systematic review. *Social Work in Mental Health*. 2019 2019;17(1):106-28. doi: 10.1080/15332985.2018.1509412.
23. Tian Y, Zheng Z, Ma C. The effectiveness of iron supplementation for postpartum depression: A protocol for systematic review and meta-analysis. *Medicine*. 2020 2020;99(50):e23603. doi: 10.1097/MD.00000000000023603.
24. Tong P, Dong LP, Yang Y, et al. Traditional Chinese acupuncture and postpartum depression: A systematic review and meta-analysis. *Journal of the Chinese Medical Association : JCMA*. 2019 2019;82(9):719-26. doi: 10.1097/JCMA.000000000000140.
25. Wang F, Zhu H, Yang X, et al. Effects of internet-based cognitive behavioral therapy on postpartum depression: A protocol for systematic review and meta-analysis. *Medicine*. 2022 2022;101(9):e28964. doi: 10.1097/MD.00000000000028964.
26. Wang Y, Li H, Peng W, et al. Non-pharmacological interventions for postpartum depression: A protocol for systematic review and network meta-analysis. *Medicine*. 2020 2020;99(31):e21496. doi: 10.1097/MD.00000000000021496.
27. Pharmacologic and Nonpharmacologic Treatments for Posttraumatic Stress Disorder: An Update of the PTSD Repository Evidence Base: Research Protocol. Rockville, MD: Agency for Healthcare Research and Quality; 2021. <https://effectivehealthcare.ahrq.gov/products/ptsd-repository-update/protocol2022>.

28. Baas MAM, van Pampus MG, Braam L, et al. The effects of PTSD treatment during pregnancy: Systematic review and case study. *European Journal of Psychotraumatology*. 2020;11(1). doi: <https://dx.doi.org/10.1080/20008198.2020.1762310>.
29. Taylor Miller PG, Sinclair M, Gillen P, et al. Early psychological interventions for prevention and treatment of post-traumatic stress disorder (PTSD) and post-traumatic stress symptoms in post-partum women: A systematic review and meta-analysis. *PLoS ONE*. 2021;16(11). doi: <https://dx.doi.org/10.1371/journal.pone.0258170>.
30. ICBT (Internet Based Cognitive Behavioral Therapy) for Maternal Depression: Community Implementation in Head Start. *ICBT for Maternal Depression: Community Implementation in Head Start*. 2021.
31. A randomized controlled trial of brief interpersonal psychotherapy for Japanese women with perinatal depression. *A randomized controlled trial of brief interpersonal psychotherapy for Japanese women with perinatal depression - A randomized controlled trial of brief interpersonal psychotherapy for Japanese women with perinatal depression*. 2021.
32. A semi-randomized controlled trial for mindfulness music therapy in perinatal depression. 2018.
33. Zuccolo PF, Xavier MO, Matijasevich A, et al. A smartphone-assisted brief online cognitive-behavioral intervention for pregnant women with depression: a study protocol of a randomized controlled trial. *Trials*. 2021;22(1). doi: <https://doi.org/10.1186/s13063-021-05179-8>.
34. Nakku JEM, Nalwadda O, Garman E, et al. Group problem solving therapy for perinatal depression in primary health care settings in rural Uganda: an intervention cohort study. *BMC Pregnancy Childbirth*. 2021 Aug 25;21(1):584. doi: <https://dx.doi.org/10.1186/s12884-021-04043-6>. PMID: 34429087.
35. Kubo A, Aghaee S, Kurtovich EM, et al. Mhealth mindfulness intervention for women with moderate-to-moderately-severe antenatal depressive symptoms: A pilot study within an integrated health care system. *Mindfulness*. 2021;12(6):1387-97. doi: <https://dx.doi.org/10.1007/s12671-021-01606-8>.
36. Evans J, Ingram J, Law R, et al. Interpersonal counselling versus perinatal-specific cognitive behavioural therapy for women with depression during pregnancy offered in routine psychological treatment services: a phase II randomised trial. *BMC psychiatry*. 2021;21(1):504. doi: <https://doi.org/10.1186/s12888-021-03482-x>.
37. Ormsby SM, Smith CA, Dahlen HG, et al. The feasibility of acupuncture as an adjunct intervention for antenatal depression: a pragmatic randomised controlled trial. *Journal of affective disorders*. 2020;275:82. doi: <https://doi.org/10.1016/j.jad.2020.05.089>.
38. Maselko J, Sikander S, Turner EL, et al. Effectiveness of a peer-delivered, psychosocial intervention on maternal depression and child development at 3 years postnatal: a cluster randomised trial in Pakistan. *The Lancet Psychiatry*. 2020 09;7(9):775-87. doi: [https://dx.doi.org/10.1016/S2215-0366\(20\)30258-3](https://dx.doi.org/10.1016/S2215-0366(20)30258-3). PMID: 32828167.
39. Ingram J, Johnson D, Johnson S, et al. Protocol for a feasibility randomised trial of low-intensity interventions for antenatal depression: ADAGIO trial comparing interpersonal counselling with cognitive behavioural therapy. *BMJ Open*. 2019 08 18;9(8):e032649. doi: <https://dx.doi.org/10.1136/bmjopen-2019-032649>. PMID: 31427346.
40. Van Ravesteyn LM, Kamperman AM, Schneider TAJ, et al. Group-based multicomponent treatment to reduce depressive symptoms in women with co-morbid psychiatric and psychosocial problems during pregnancy: a randomized controlled trial. *Journal of affective disorders*. 2018;226:36. doi: <https://doi.org/10.1016/j.jad.2017.09.019>.
41. Snapper LA, Hart KL, Venkatesh KK, et al. Cohort study of the relationship between individual psychotherapy and pregnancy outcomes. *Journal of Affective Disorders*. 2018;239:253-7. doi: <https://dx.doi.org/10.1016/j.jad.2018.05.083>.

42. Safaralinezhad A, Oveisi S, Sarichlu ME, et al. Effect of cognitive-behavioral group therapy on gestational depression: a clinical trial. *Iranian journal of obstetrics, gynecology and infertility*. 2018;21(2):48. doi: <https://doi.org/10.22038/ijogi.2018.10712>.
43. Lenze SN, Potts MA. Brief Interpersonal Psychotherapy for depression during pregnancy in a low-income population: A randomized controlled trial. *Journal of affective disorders*. 2017;210:151. doi: <https://doi.org/10.1016/j.jad.2016.12.029>.
44. Grote NK, Simon GE, Russo J, et al. Incremental Benefit-Cost of MOMCare: Collaborative Care for Perinatal Depression Among Economically Disadvantaged Women. *Psychiatr Serv*. 2017 Nov 01;68(11):1164-71. doi: <https://dx.doi.org/10.1176/appi.ps.201600411>. PMID: 28669288.
45. Forsell E, Bendix M, Holl, et al. Internet delivered cognitive behavior therapy for antenatal depression: a randomised controlled trial. *Journal of affective disorders*. 2017;221:56. doi: <https://doi.org/10.1016/j.jad.2017.06.013>.
46. Dimidjian S, Goodman SH, Sherwood NE, et al. A pragmatic randomized clinical trial of behavioral activation for depressed pregnant women. *J Consult Clin Psychol*. 2017 01;85(1):26-36. doi: <https://dx.doi.org/10.1037/ccp0000151>. PMID: 28045285.
47. Bhat A, Grote NK, Russo J, et al. Collaborative Care for Perinatal Depression Among Socioeconomically Disadvantaged Women: Adverse Neonatal Birth Events and Treatment Response. *Psychiatr Serv*. 2017 01 01;68(1):17-24. doi: <https://dx.doi.org/10.1176/appi.ps.201600002>. PMID: 27691376.
48. Van Lieshout RJ, Layton H, Savoy CD, et al. Public Health Nurse-delivered Group Cognitive Behavioural Therapy for Postpartum Depression: A Randomized Controlled Trial. *Canadian journal of psychiatry Revue canadienne de psychiatrie*. 2022;67(6):432. doi: <https://doi.org/10.1177/07067437221074426>.
49. Husain N, Lovell K, Chew-Graham CA, et al. Multicentre randomised controlled trial of a group psychological intervention for postnatal depression in British mothers of South Asian origin (ROSHNI-2): Study protocol. *BJPsych Open*. 2022;8. doi: <https://dx.doi.org/10.1192/bjo.2021.1032>.
50. CBT for Postpartum Depression and Infant Emotion Regulation. *The Impact of Treating Postpartum Depression on Infant Emotion Regulation*. 2022.
51. Yan B, Yang ZX, Cui LL, et al. Mild and moderate postpartum depression treated with acupuncture of Tiaoren Tongdu: a real world study. *Mild and moderate postpartum depression treated with acupuncture of Tiaoren Tongdu: a real world study*. 2021;41(8):877. doi: <https://doi.org/10.13703/j.0255-2930.20210201-k0004>.
52. Waqas A, Rahman A. Does One Treatment Fit All? Effectiveness of a Multicomponent Cognitive Behavioral Therapy Program in Data-Driven Subtypes of Perinatal Depression. *Frontiers in Psychiatry*. 2021;12. doi: <https://doi.org/10.3389/fpsy.2021.736790>.
53. Vigod SN, Slyfield Cook G, Macdonald K, et al. Mother Matters: pilot randomized wait-list controlled trial of an online therapist-facilitated discussion board and support group for postpartum depression symptoms. *Depression and anxiety*. 2021;38(8):816. doi: <https://doi.org/10.1002/da.23163>.
54. Van Lieshout RJ, Layton H, Savoy CD, et al. Effect of Online 1-Day Cognitive Behavioral Therapy-Based Workshops Plus Usual Care vs Usual Care Alone for Postpartum Depression: A Randomized Clinical Trial. *JAMA psychiatry*. 2021;78(11):1200. doi: <https://doi.org/10.1001/jamapsychiatry.2021.2488>.
55. Obikane E, Baba T, Shinozaki T, et al. Internet-based behavioural activation to improve depressive symptoms and prevent child abuse in postnatal women (SmartMama): a protocol for a pragmatic randomized controlled trial. *BMC pregnancy and childbirth*. 2021;21(1):314. doi: <https://doi.org/10.1186/s12884-021-03767-9>.

56. Milgrom J, Danaher BG, Seeley JR, et al. Internet and Face-to-face Cognitive Behavioral Therapy for Postnatal Depression Compared With Treatment as Usual: randomized Controlled Trial of MumMoodBooster. *Journal of medical Internet research*. 2021;23(12):e17185. doi: <https://doi.org/10.2196/17185>.
57. Lin YY, Su SY, Lin XY, et al. Observation on clinical effect of acupuncture combined with wheat-grain moxibustion for mild to moderate postpartum depression. *Zhongguo zhen jiu [Chinese acupuncture & moxibustion]*. 2021;41(12):1333. doi: <https://doi.org/10.13703/j.0255-2930.20201231-k0007>.
58. Holt C, Gentileau C, Gemmill AW, et al. Improving the mother-infant relationship following postnatal depression: a randomised controlled trial of a brief intervention (HUGS). *Archives of Women's Mental Health*. 2021 12;24(6):913-23. doi: <https://dx.doi.org/10.1007/s00737-021-01116-5>. PMID: 33742282.
59. Xue L, Zhang J, Shen H, et al. A randomized controlled pilot study of the effectiveness of magnolia tea on alleviating depression in postnatal women. *Food sci*. 2020 Mar;8(3):1554-61. doi: <https://dx.doi.org/10.1002/fsn3.1442>. PMID: 32180964.
60. Dennis CL, Grigoriadis S, Zupancic J, et al. Telephone-based nurse-delivered interpersonal psychotherapy for postpartum depression: nationwide randomised controlled trial. *British journal of psychiatry*. 2020;216(4):189. doi: <https://doi.org/10.1192/bjp.2019.275>.
61. bBeAMom: Effectiveness of a Cognitive-Behavioral Blended Intervention for Postpartum Depression. bBeAMom Trial: A Randomized Controlled Trial to Test the Effectiveness of a Cognitive-Behavioral Blended Intervention for Postpartum Depression in Portuguese Women. 2020.
62. Culturally Adapted CBT Based Guided Self-Help in Patients With Postnatal Depression. The Effect Of Culturally Adapted Cognitive Behaviour Therapy (CaCBT) Based Guided Self-Help in Patients With Postnatal Depression: A Randomised Controlled Trial. 2020.
63. Mindfulness-based Intervention for Postnatal Depression. The Impacts of Mindfulness-based Intervention on Symptoms and Cognition in Chinese Women With Postnatal Depressive Symptoms - A Randomized Controlled Clinical Trial. 2020.
64. Zhou Y, Yu H, Guo Y, et al. Efficacy of acupuncture versus sham acupuncture for postpartum depression disorder: Study protocol for a randomized controlled trial. *European Journal of Integrative Medicine*. 2019;31. doi: <https://doi.org/10.1016/j.eujim.2019.100982>.
65. Van Lieshout RJ, Layton H, Rangan M, et al. Treating Postpartum Depression With 1-Day Cognitive Behavioural Therapy-Based Workshops. *J Obstet Gynaecol Can*. 2019 May;41(5):591-2. doi: <https://dx.doi.org/10.1016/j.jogc.2019.02.018>. PMID: 30862440.
66. O'Hara MW, Pearlstein T, Stuart S, et al. A placebo controlled treatment trial of sertraline and interpersonal psychotherapy for postpartum depression. *Journal of affective disorders*. 2019;245:524. doi: <https://doi.org/10.1016/j.jad.2018.10.361>.
67. Stein A, Netsi E, Lawrence PJ, et al. Mitigating the effect of persistent postnatal depression on child outcomes through an intervention to treat depression and improve parenting: a randomised controlled trial. *The lancet Psychiatry*. 2018;5(2):134. doi: [https://doi.org/10.1016/S2215-0366\(18\)30006-3](https://doi.org/10.1016/S2215-0366(18)30006-3).
68. Shulman B, Dueck R, Ryan D, et al. Feasibility of a mindfulness-based cognitive therapy group intervention as an adjunctive treatment for postpartum depression and anxiety. *Journal of Affective Disorders*. 2018;235:61-7. doi: <https://dx.doi.org/10.1016/j.jad.2017.12.065>.
69. Ngai FW. Telephone-based cognitive-behavioral therapy on postnatal depression and quality of life. *BJOG*. 2018;125:18. doi: <https://doi.org/10.1111/1471-0528.15131>.
70. Fancourt D, Perkins R. Effect of singing interventions on symptoms of postnatal depression: three-arm randomised controlled trial. *British Journal of Psychiatry*. 2018 02;212(2):119-21. doi: <https://dx.doi.org/10.1192/bjp.2017.29>. PMID: 29436333.



71. Wozney L, Olthuis J, Lingley-Pottie P, et al. Strongest Families TM Managing Our Mood (MOM): a randomized controlled trial of a distance intervention for women with postpartum depression. *Archives of Women's Mental Health*. 2017 08;20(4):525-37. doi: <https://dx.doi.org/10.1007/s00737-017-0732-y>. PMID: 28593360.
72. Wisner KL, Sit DKY, McShea M, et al. Telephone-Based Depression Care Management for Postpartum Women: a Randomized Controlled Trial. *Journal of clinical psychiatry*. 2017;78(9):1369. doi: <https://doi.org/10.4088/JCP.15m10563>.
73. Sheikh M, Hantoushzadeh S, Shariat M, et al. The efficacy of early iron supplementation on postpartum depression, a randomized double-blind placebo-controlled trial. The efficacy of early iron supplementation on postpartum depression, a randomized double-blind placebo-controlled trial. 2017;56(2):901. doi: <https://doi.org/10.1007/s00394-015-1140-6>.
74. Kashani L, Eslatmanesh S, Saedi N, et al. Comparison of Saffron versus Fluoxetine in Treatment of Mild to Moderate Postpartum Depression: A Double-Blind, Randomized Clinical Trial. *Pharmacopsychiatry*. 2017 Mar;50(2):64-8. doi: <https://dx.doi.org/10.1055/s-0042-115306>. PMID: 27595298.
75. Ahmadpanah M, Nazaribadie M, Aghaei E, et al. Influence of adjuvant detached mindfulness and stress management training compared to pharmacologic treatment in primiparae with postpartum depression. *Archives of women's mental health*. 2017;1. doi: <https://doi.org/10.1007/s00737-017-0753-6>.
76. Green SM, Donegan E, McCabe RE, et al. Cognitive behavior therapy for women with generalized anxiety disorder in the perinatal period: Impact on problematic behaviors. *Behavior Therapy*. 2021;52(4):907-16. doi: <https://dx.doi.org/10.1016/j.beth.2020.11.004>.
77. Waters CS, Annear B, Flockhart G, et al. Acceptance and commitment therapy for perinatal mood and anxiety disorders: A feasibility and proof of concept study. *British Journal of Clinical Psychology*. 2020;59(4):461-79. doi: <https://dx.doi.org/10.1111/bjc.12261>.
78. Green SM, Donegan E, McCabe RE, et al. Cognitive behavioral therapy for perinatal anxiety: a randomized controlled trial. *Australian and New Zealand journal of psychiatry*. 2020;54(4):423. doi: <https://doi.org/10.1177/0004867419898528>.
79. Group CBT For Perinatal Anxiety. Group Cognitive Behaviour Therapy for Perinatal Anxiety: A Randomized Controlled Trial. 2020.
80. Challacombe FL, Potts L, Carter B, et al. Optimising psychological treatment for Anxiety Disorders in Pregnancy (ADEPT): study protocol for a feasibility trial of time-intensive CBT versus weekly CBT. *Pilot and Feasibility Studies*. 2021;7(1). doi: <https://doi.org/10.1186/s40814-021-00838-8>.
81. Uguz F, Ak M. Cognitive-behavioral therapy in pregnant women with generalized anxiety disorder: a retrospective cohort study on therapeutic efficacy, gestational age and birth weight. *Rev Bras Psiquiatr*. 2020;43(1):61-4. doi: <https://dx.doi.org/10.1590/1516-4446-2019-0792>. PMID: 32756804.
82. Loughnan SA, Newby JM, Haskelberg H, et al. Internet-based cognitive behavioural therapy (iCBT) for perinatal anxiety and depression versus treatment as usual: study protocol for two randomised controlled trials. *Trials [Electronic Resource]*. 2018 Jan 22;19(1):56. doi: <https://dx.doi.org/10.1186/s13063-017-2422-5>. PMID: 29357918.
83. Hamilton J, Saxon D, Best E, et al. A randomized, controlled pilot study of cognitive analytic therapy for stressed pregnant women with underlying anxiety and depression in a routine health service setting. *Clinical psychology & psychotherapy*. 2021;28(2):394. doi: <https://doi.org/10.1002/cpp.2520>.
84. Zemestani M, Fazeli Nikoo Z. Effectiveness of mindfulness-based cognitive therapy for comorbid depression and anxiety in pregnancy: a randomized controlled trial. *Archives of women's mental health*. 2020;23(2):207. doi: <https://doi.org/10.1007/s00737-019-00962-8>.

85. Loughnan SA, Sie A, Hobbs MJ, et al. A randomized controlled trial of 'MUMentum Pregnancy': internet-delivered cognitive behavioral therapy program for antenatal anxiety and depression. *Journal of affective disorders*. 2019;243:381. doi: <https://doi.org/10.1016/j.jad.2018.09.057>.
  86. Amiri NP, Ahmadi A, Mirzaee F, et al. The Effect of Dialectic Behavioral Counseling on Depression, Anxiety, and Postpartum Hematocrit Level. *Rev*. 2021 Apr;43(4):275-82. doi: <https://dx.doi.org/10.1055/s-0041-1728780>. PMID: 33979888.
  87. Amani B, Merza D, Savoy C, et al. Peer-Delivered Cognitive-Behavioral Therapy for Postpartum Depression: a Randomized Controlled Trial. *Journal of clinical psychiatry*. 2021;83(1). doi: <https://doi.org/10.4088/JCP.21m13928>.
  88. Weinreb L, Wenz-Gross M, Upshur C. Postpartum outcomes of a pilot prenatal care-based psychosocial intervention for PTSD during pregnancy. *Archives of women's mental health*. 2018;21(3):299. doi: <https://doi.org/10.1007/s00737-017-0794-x>.
  89. Chiorino V, Cattaneo MC, Macchi EA, et al. The EMDR Recent Birth Trauma Protocol: a pilot randomised clinical trial after traumatic childbirth. *Psychol Health*. 2020 07;35(7):795-810. doi: <https://dx.doi.org/10.1080/08870446.2019.1699088>. PMID: 31805778.
  90. Sjomark J, Parling T, Jonsson M, et al. A longitudinal, multi-centre, superiority, randomized controlled trial of internet-based cognitive behavioural therapy (iCBT) versus treatment-as-usual (TAU) for negative experiences and posttraumatic stress following childbirth: the JUNO study protocol. *BMC Pregnancy Childbirth*. 2018 Oct 01;18(1):387. doi: <https://dx.doi.org/10.1186/s12884-018-1988-6>. PMID: 30285758.
  91. Challacombe FL, Salkovskis PM, Woolgar M, et al. A pilot randomized controlled trial of time-intensive cognitive-behaviour therapy for postpartum obsessive-compulsive disorder: effects on maternal symptoms, mother-infant interactions and attachment. *Psychological medicine*. 2017;47(8):1478. doi: <https://doi.org/10.1017/S0033291716003573>.
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## Appendix A: Methods

We assessed nomination for priority for a systematic review or other AHRQ Effective Health Care report with a hierarchical process using established selection criteria. Assessment of each criteria determined the need to evaluate the next one. See Appendix B for detailed description of the criteria.

### Appropriateness and Importance

We assessed the nomination for appropriateness and importance.

### Desirability of New Review/Absence of Duplication

We conducted a search for existing systematic reviews. We searched for high-quality, completed or in-process evidence reviews published in the last three years July 2019 to July 2022 on the questions of the nomination from these sources:

- AHRQ: Evidence reports and technology assessments
  - AHRQ Evidence Reports <https://www.ahrq.gov/research/findings/evidence-based-reports/index.html>
  - EHC Program <https://effectivehealthcare.ahrq.gov/>
- Cochrane Systematic Reviews <https://www.cochranelibrary.com/>
- PROSPERO Database (international prospective register of systematic reviews and protocols) <http://www.crd.york.ac.uk/prospero/>
- PubMed <https://www.ncbi.nlm.nih.gov/pubmed/>

### Impact of a New Evidence Review

The impact of a new evidence review was qualitatively assessed by analyzing the current standard of care, the existence of potential knowledge gaps, and practice variation. We considered whether it was possible for this review to influence the current state of practice through various dissemination pathways (practice recommendation, clinical guidelines, etc.).

### Feasibility of New Evidence Review

We conducted a targeted Medline search of primary literature published within the last five years from July 2017 through July 2022. We reviewed the entire search yield for relevance to the three nomination questions.

#### Ovid MEDLINE ALL 1946 to July 29, 2022

Date searched: 8/1/2022

1 Breast Feeding/ or Perinatal Care/ or Postnatal Care/ or Postpartum Period/ or Pregnant Women/ or Pregnancy/ or Maternal Health Services/ (1000225)

2 (breastfe\* or breast-feeding or breast-fed or gestat\* or lactat\* or matern\$3 or multipara\* or parturient\$1 or pregnant or pregnanc\$3 or post-partum or postpartum or post-natal\$2 or nullipara\* or postnatal\$2 or peri-partum or peripartum or peri-natal\$2 or perinatal\$2 or primipara\* or puerper\$3).ti,kf. (558649)

3 or/1-2 (1151737)

4 exp Anxiety Disorders/ or Bipolar Disorder/ or Depressive Disorder, Major/ or exp Mood Disorders/ or Obsessive-Compulsive Disorder/ or Stress Disorders, Post-Traumatic/ (267143

5 (agoraphob\* or anxiety or bipolar or cyclothym\* or depress\* or dysthym\* or hoard\* or mood or neurotic or neurosis or neuroses or obsessive-compulsive or OCD or panic or post-traumatic or posttraumatic or PTSD or phobic or phobia\$1 or "seasonal affective" or SAD).ti,kf. (369228)

6 or/4-5 (467029)

7 exp Acupuncture Therapy/ or Cognitive Behavioral Therapy/ or exp Complementary Therapies/ or exp Dietary Supplements/ or exp Mind-Body Therapies/ or Mindfulness/ or exp Psychotherapy/ or Yoga/ (500200)

8 (acupuncture or alternative or cognitive behavioral or CBT or complementary or supplement\$1 or supplementation or mind-body or mindfulness or nondrug or non-drug or nonpharmac\* or non-pharmac\* or psychotherap\* or "traditional Chinese" or TCM or yoga).ti,kf. (243308)

9 or/7-8 (635892)

10 and/3,6,9 (1685)

11 Limit 10 to english language (1568)

12 11 not ((Animals/ not Humans/) or (abort\* or miscarriage\$1 or termination or animal or bovine or cat\$1 or canine or cow\$1 or dog\$1 or feline or mice or mouse or murine or ovine or pig\$1 or porcine or rat\$1 or rattus or rodent\$2 or sheep).ti.) (1488)

13 limit 12 to yr="2019 -Current" (444)

14 (meta-analysis or "systematic review").pt. or (meta-anal\* or metaanal\* or ((evidence or scoping or systematic or umbrella) adj4 (synthesis or review))).ti. (363121)

15 and/13-14 (83)

16 limit 12 to yr="2017 -Current" (633)

17 16 and (("controlled clinical trial" or "randomized controlled trial").pt. or (control\* or placebo or random\* or trial).ti.) (238)

18 16 and (exp Cohort Studies/ or exp Epidemiologic Studies/ or exp Clinical Trial/ or exp Evaluation Studies as Topic/ or observational study.pt. or (cohort\$1 or cross-sectional or longitudinal\$2 or observational or prospective\$2 or retrospective\$2).ti,ab,kf.) (291)

19 18 not 17 (89)

### **Ovid EBM Reviews - Cochrane Central Register of Controlled Trials June 2022**

Date searched: August 1, 2022

1 Breast Feeding/ or Perinatal Care/ or Postnatal Care/ or Postpartum Period/ or Pregnant Women/ or Pregnancy/ or Maternal Health Services/ (25355)

2 (breastfe\* or breast-feeding or breast-fed or gestat\* or lactat\* or matern\$3 or multipara\* or parturient\$1 or pregnant or pregnanc\$3 or post-partum or postpartum or post-natal\$2 or nullipara\* or postnatal\$2 or peri-partum or peripartum or peri-natal\$2 or perinatal\$2 or primipara\* or puerper\$3).ti,kf. (35839)

3 or/1-2 (50820)

4 Anxiety Disorders/ or Bipolar Disorder/ or Depressive Disorder, Major/ or Mood Disorders/ or Obsessive-Compulsive Disorder/ or Stress Disorders, Post-Traumatic/ (17068)

5 (agoraphob\* or anxiety or bipolar or cyclothym\* or depress\* or dysthym\* or hoard\* or mood or neurotic or neurosis or neuroses or obsessive-compulsive or OCD or panic or post-traumatic or posttraumatic or PTSD or phobic or phobia\$1 or "seasonal affective" or SAD).ti,kf. (62912)

6 or/4-5v (67311)

7 Acupuncture Therapy/ or Cognitive Behavioral Therapy/ or Complementary Therapies/ or Dietary Supplements/ or Mind-Body Therapies/ or Mindfulness/ or Psychotherapy/ or Yoga/ (28796)

8 (acupuncture or alternative or cognitive behavioral or CBT or complementary or supplement\$1 or supplementation or mind-body or mindfulness or nondrug or non-drug or nonpharmac\* or non-pharmac\* or psychotherap\* or "traditional Chinese" or TCM or yoga).ti,kf. (66154)

9 or/7-8 (80062)

10 and/3,6,9 )402)

11 limit 10 to yr="2017 -Current" (178)

### **APA PsycInfo 1806 to July Week 4 2022**

Date searched: August 1, 2022

1 Breast Feeding/ or Expectant Mothers/ or Perinatal Period/ or Postnatal Period/ or Pregnancy/ or Prenatal Care/ (37384)

2 (breastfe\* or breast-feeding or breast-fed or gestat\* or lactat\* or matern\$3 or multipara\* or parturient\$1 or pregnant or pregnanc\$3 or post-partum or postpartum or post-natal\$2 or nullipara\* or postnatal\$2 or peri-partum or peripartum or peri-natal\$2 or perinatal\$2 or prenatal\$3 or primipara\* or puerper\$3).ti. (60179)

3 or/1-2 (71241)

4 exp Affective Disorders/ or exp Anxiety Disorders/ or exp Bipolar Disorder/ or exp Major Depression/ or exp Obsessive Compulsive Disorder/ or exp Posttraumatic Stress Disorder/ (264100)

5 (agoraphob\* or anxiety or bipolar or cyclothym\* or depress\* or dysthym\* or hoard\* or mood or neurotic or neurosis or neuroses or obsessive-compulsive or OCD or panic or post-traumatic or posttraumatic or PTSD or phobic or phobia\$1 or "seasonal affective" or SAD).ti. (257560)

6 or/4-5 (338601)

7 Alternative Medicine/ or Acupuncture/ or exp Behavior Therapy/ or exp Cognitive Behavior Therapy/ or Cognitive Therapy/ or Dietary Supplements/ or Mind Body Therapy/ or exp Mindfulness-Based Interventions/ or exp Mindfulness/ or exp Psychotherapy/ or yoga/ (279646)

8 (acupuncture or alternative or cognitive behavioral or CBT or complementary or supplement\$1 or supplementation or mind-body or mindfulness or nondrug or non-drug or nonpharmac\* or non-pharmac\* or psychotherap\* or "traditional Chinese" or TCM or yoga).ti. (87097)

9 or/7-8 (304700)

10 and/3,6,9 (678)

11 limit 10 to english language (617)

12 limit 11 to yr="2019 -Current" (137)

13 limit 12 to ("0830 systematic review" or 1200 meta analysis) (21)

14 limit 11 to yr="2017 -Current" (213)

15 limit 14 to "0300 clinical trial" (37)

16 14 and (control\* or trial or placebo or random\*).ti,ab. (110)

17 or/15-16 (111)

18 17 not 13 (93)

## **EPISTEMONIKOS**

Date searched: August 1, 2022

title:(breastfe\* OR breast-feeding OR breast-fed OR gestat\* OR lactat\* OR matern\* OR multipara\* OR parturient\* OR pregnant OR pregnanc\* OR post-partum OR postpartum OR post-natal\* OR nullipara\* OR postnatal\* OR peri-partum OR peripartum OR peri-natal\* OR perinatal\* OR prenatal\* OR primipara\* OR puerper\*) AND title:(agoraphob\* OR anxiety OR bipolar OR cyclothym\* OR depress\* OR dysthym\* OR hoard\* OR mood OR neurotic OR neurosis OR neuroses OR obsessive-compulsive OR OCD OR panic OR post-traumatic OR posttraumatic OR PTSD OR phobic OR phobia\* OR "seasonal affective" OR SAD) AND title:(acupuncture OR alternative OR "cognitive behavioral" OR CBT OR complementary OR supplement\* OR mind-body OR mindfulness OR nondrug OR non-drug OR nonpharmac\* OR non-pharmac\* OR psychotherap\* OR "traditional Chinese" OR TCM OR yoga) (22)

## **PROSPERO**

Date searched: August 1, 2022

((breastfe\* or breast-feeding or breast-fed or gestat\* or lactat\* or matern\* or multipara\* or parturient\* or pregnant or pregnanc\* or post-partum or postpartum or post-natal\* or nullipara\* or postnatal\* or peri-partum or peripartum or peri-natal\* or perinatal\* or prenatal\* or primipara\* or

puerper\*) AND (agoraphob\* or anxiety or bipolar or cyclothym\* or depress\* or dysthym\* or hoard\* or mood or neurotic or neurosis or neuroses or obsessive-compulsive or OCD or panic or post-traumatic or posttraumatic or PTSD or phobic or phobia\* or "seasonal affective" or SAD) AND (acupuncture or alternative or "cognitive behavioral" or CBT or complementary or supplement\* or mind-body or mindfulness or nondrug or non-drug or nonpharmac\* or non-pharmac\* or psychotherap\* or "traditional Chinese" or TCM or yoga):TI AND (Systematic Review OR Meta-Analysis OR IPD OR PMA OR Network meta-analysis OR Review of reviews):RT WHERE CD FROM 01/08/2019 TO 01/08/2022 (28)

### **ClinicalTrials.gov**

Date searched: August 1, 2022

( agoraphobia OR anxiety OR bipolar OR cyclothymia OR depression OR dysthymia OR hoarding OR mood OR neurosis OR obsessive-compulsive OR OCD OR panic OR post-traumatic OR posttraumatic OR PTSD OR phobia OR SAD ) AND ( acupuncture OR alternative OR cognitive OR behavioral OR CBT OR complementary OR supplements OR mind-body OR mindfulness OR nondrug OR non-drug OR nonpharmacological OR non-pharmacological OR psychotherapy OR EXPAND[Concept] "traditional Chinese" OR TCM OR yoga ) | Recruiting, Not yet recruiting, Active, not recruiting, Enrolling by invitation Studies | breast-feeding OR breast-fed OR gestational OR lactating OR maternal OR multipara OR parturient OR pregnant OR pregnancy OR post-partum OR postpartum OR post-natal OR nullipara OR postnatal OR peri-partum OR peripartum OR peri-natal OR perinatal OR prenatal OR primipara OR puerperial | First posted from 08/01/2019 to 08/01/2022 (257)

## Appendix B. Selection Criteria Assessment

Selection Criteria	Assessment
<b>1. Appropriateness</b>	
1a. Does the nomination represent a health care drug, intervention, device, technology, or health care system/setting available (or soon to be available) in the U.S.?	Yes, non-pharmacologic treatments are available in the US
1b. Is the nomination a request for an evidence report?	Yes
1c. Is the focus on effectiveness or comparative effectiveness?	Yes
1d. Is the nomination focus supported by a logic model or biologic plausibility? Is it consistent or coherent with what is known about the topic?	Yes
<b>2. Importance</b>	
2a. Represents a significant disease burden; large proportion of the population	About 1 in 8 women experience symptoms of postpartum depression. Additionally, a recent analysis by CDC found the rate of depression diagnoses at delivery is increasing and it was seven times higher in 2015 than in 2000. <sup>2</sup> The prevalence of perinatal depression was 13.2%, ranging from 9.7% in Illinois to 23.5% in Mississippi <sup>1</sup> .
2b. Is of high public interest; affects health care decision making, outcomes, or costs for a large proportion of the US population or for a vulnerable population	The prevalence of perinatal depression exceeded 20% among women who were aged ≤19 years, were American Indian/Alaska Native, smoked during or after pregnancy, experienced intimate partner violence before or during pregnancy, self-reported depression before or during pregnancy, or whose infant had died since birth <sup>1</sup> . OCD affects 2 in 100 women in pregnancy and 2 -3 in every 100 women in the year after giving birth <sup>2</sup> . 18.0% of women in a population-based sample reported postpartum anxiety symptoms. <sup>3</sup>
2c. Incorporates issues around both clinical benefits and potential clinical harms	Yes
2d. Represents high costs due to common use, high unit costs, or high associated costs to consumers, to patients, to health care systems, or to payers	Yes.
<b>3. Desirability of a New Evidence Review/Absence of Duplication</b>	
3. A recent high-quality systematic review or other evidence review is not available on this topic	We found multiple systematic reviews addressing 3 of the five conditions. However these reviews typically focused on a single condition, and in some a single intervention. There was variation in the search dates. Because of this diversity it will likely be difficult for the nominator to use these reviews to inform a single guideline.
<b>4. Impact of a New Evidence Review</b>	
4a. Is the standard of care unclear (guidelines not available or guidelines inconsistent, indicating an information gap that may be addressed by a new evidence review)?	Yes there are many interventions, and guidance is not available.

<sup>2</sup> <https://www.cdc.gov/reproductivehealth/features/maternal-depression/index.html>

4b. Is there practice variation (guideline inconsistent with current practice, indicating a potential implementation gap and not best addressed by a new evidence review)?	Likely there is practice variation.
<b>5. Primary Research</b>	
<p>5. Effectively utilizes existing research and knowledge by considering:</p> <ul style="list-style-type: none"> <li>- Adequacy (type and volume) of research for conducting a systematic review</li> <li>- Newly available evidence (particularly for updates or new technologies)</li> </ul>	<p>We found 62 studies, with most on depression, particularly postpartum depression. A handful of studies focused on anxiety, PTSD, and obsessive-compulsive disorder. Most studied psychotherapies, including CBT and mindfulness. We found no studies of bipolar disorder.</p> <p>A new systematic review would be medium to large.</p>
<b>6. Value</b>	
6a. The proposed topic exists within a clinical, consumer, or policy-making context that is amenable to evidence-based change	Yes
6b. Identified partner who will use the systematic review to influence practice (such as a guideline or recommendation)	ACOG and APA are interested in using the systematic review findings to inform guidance



## Appendix C: Nomination-Non-Pharmacologic Treatments for Maternal Mental Health

June 3, 2022

### **1. What is the decision or change (e.g. clinical topic, practice guideline, system design, delivery of care) you are facing or struggling with where a summary of the evidence would be helpful?**

We are interested in non-pharmacologic treatments for mental health conditions during pregnancy, lactation, and postpartum. An evidence summary would be helpful in developing a future evidence-based guideline that provides practitioners with information on the effectiveness, as well as harms and benefits, of non-pharmacologic treatments for mental health conditions in pregnant, lactating, and postpartum patients.

Question:

1. What are effective non-pharmacologic treatments for mental health conditions during pregnancy?

Population: pregnant, lactating, and postpartum individuals

Interventions and Comparators: non-pharmacologic treatment (Cognitive Behavioral Therapy (CBT), other methods of therapy, yoga, meditation, mindfulness, acupuncture, supplements, etc.) vs placebo or no treatment, one treatment vs another

Outcomes: benefit of treatment, symptoms, quality of life, adherence to treatment, discontinuation of treatment, obstetric outcomes, maternal harms, fetal/neonatal/child harms

### **2. Why are you struggling with this issue?**

We are struggling with this issue because lack of extensive evidence-based guidelines are available to clinicians related to the effectiveness and safety of non-pharmacologic treatments for pregnant, lactating, and postpartum individuals with mental health conditions. As organizations and practices aim to improve health outcomes in pregnant, lactating, and postpartum patients with mental health conditions, it is important to provide current and evidence-based guidance to clinicians.

### **3. What do you want to see changed? How will you know that your issue is improving or has been addressed?**

We want to see evidence-based findings that can be integrated into clinical guidance. We want evidence-based recommendations to help clinicians provide effective and safe treatment options to pregnant, lactating, and postpartum patients with mental health conditions. We will know the issue has been addressed when health outcomes improve for pregnant, lactating, and postpartum patients with mental health conditions.

### **4. When do you need the evidence report?**

Mon, 06/03/2024

## **5. What will you do with the evidence report?**

The evidence report will be used by the American College of Obstetricians and Gynecologists (ACOG) to potentially develop a future clinical consensus or clinical practice guideline document. Therefore, an evidence report will help support development of future evidence-based recommendations used by practitioners to treat mental health conditions in pregnant, lactating, and postpartum patients.

### **Optional Information About You**

**What is your role or perspective?** Professional Organization

**If you are you making a suggestion on behalf of an organization, please state the name of the organization** American College of Obstetricians and Gynecologists (ACOG)

**May we contact you if we have questions about your nomination?** Yes