

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

Background

Perinatal mental health conditions include depression, anxiety, obsessive-compulsive disorder, bipolar disorder, and post-traumatic stress disorder. Data from the 2018 Pregnancy Risk Assessment Monitoring System showed the prevalence of postpartum depression was 13.2%, ranging from 9.7% in Illinois to 23.5% in Mississippi.¹ Obsessive compulsive disorder affects 2 in 100 women in pregnancy and 2 -3 in every 100 women in the year after giving birth.² About 18.0% of women in a population-based sample reported postpartum anxiety symptoms.³ The prevalence of PTSD in pregnancy ranges from 4-6%.⁴

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-19.⁵

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.⁶ AHRQ recently published a systematic review on pharmacologic treatment for mental health conditions in perinatal individuals which found few studies.⁷ Thus, a review of perinatal non-pharmacologic treatments for mental health conditions is urgently needed, and can be used to inform clinical guidance.

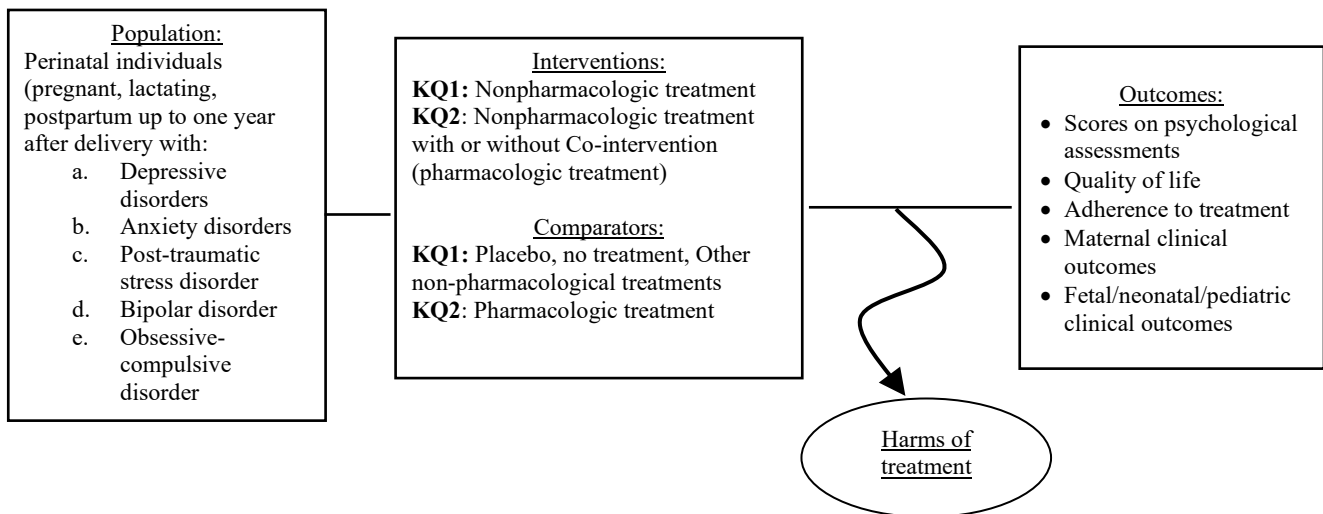
Draft Key Questions

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

PICO Table:

| 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"> a. Depressive disorders b. Anxiety disorders c. Post-traumatic stress disorder d. Bipolar disorder e. Obsessive-compulsive disorder | Perinatal individuals (pregnant, lactating, postpartum up to one year after delivery) on pharmacologic treatment for <ol style="list-style-type: none"> a. Depressive disorders b. Anxiety disorders c. Post-traumatic stress disorder d. Bipolar disorder e. Obsessive-compulsive disorder |
| 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 Harms of treatment | Scores on psychological assessments, quality of life, adherence to treatment, maternal clinical outcomes, fetal/neonatal/pediatric clinical outcomes Harms of treatment |

Draft Analytic Framework



References

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