Understanding Task Force Draft Recommendations

U.S. Preventive Services TASK FORCE

This fact sheet explains the U.S. Preventive Services Task Force's (Task Force) draft recommendation statement on interventions to prevent perinatal depression. It also tells you how you can send comments about the draft recommendation to the Task Force. Comments may be submitted from August 28, 2018 to September 24, 2018. The Task Force welcomes your comments

Interventions to Prevent Perinatal Depression

The Task Force issued a **draft recommendation statement** on *Interventions to Prevent Perinatal Depression*. The Task Force found that counseling is effective at preventing perinatal depression in pregnant and postpartum women who are at increased risk. Clinicians can assess whether a woman is at increased risk by looking at her history of depression, current depressive symptoms, and other factors.

Clinicians should provide or refer pregnant and postpartum women at increased risk to counseling interventions such as cognitive behavioral therapy (CBT) or interpersonal therapy (IPT).

This recommendation applies to pregnant women and women who gave birth within the past year who do not have a current diagnosis of depression.

What is perinatal depression?

Perinatal depression is depression that occurs during pregnancy or after childbirth. For a diagnosis of perinatal depression, a woman must have symptoms of depressed mood or loss of interest that are present for at least 2 weeks.

Facts about Perinatal Depression

Perinatal depression is the collective term for depression that happens during pregnancy (also known as prenatal depression) and after birth (also known as postpartum depression).

"Baby blues" should not be confused with perinatal depression. "Baby blues" is a commonly experienced brief mood disturbance consisting of crying, irritability, fatigue, and anxiety that usually resolves within 10 days of delivery.

On the other hand, for a diagnosis of perinatal depression, a woman must have symptoms of depressed mood or loss of interest that are present for at least 2 weeks. Other signs and symptoms of depression may include:

- loss of energy
- changes in sleep or eating patterns
- difficulty thinking or concentrating
- feelings of worthlessness
- repeated thoughts of suicide

Perinatal depression can result in negative short- and long-term impacts on both the woman and her child. Women can experience trouble bonding with their baby and, though rare, an increase in the risk of suicide, suicidal thoughts, and thoughts of harming her child. Perinatal depression puts the baby at an increased risk of premature birth and having a low birthweight, negative effects on mental and emotional development, and getting fewer preventive health services.

Facts about Perinatal Depression

Before a clinician refers a woman to counseling to prevent perinatal depression, they first determine if she has risk factors for developing perinatal depression. The clinician might ask if the woman has a history of depression, or current depressive symptoms.

There are also social risk factors for perinatal depression, such as lack of social or financial support and teenage parenthood.

If a woman is identified as being at risk for developing perinatal depression, their primary care clinician will provide or refer her to a counseling intervention. Two types of counseling interventions that were shown to be effective include:

- Cognitive behavioral therapy, commonly known as CBT, which addresses negative thoughts and increases positive activities.
- Interpersonal therapy, commonly known as IPT, which focuses on an individual's relationships with other people to improve communication and address problems that contribute to depression.

Potential Benefits and Harms of Interventions to Prevent Perinatal Depression

The Task Force looked at evidence about interventions in primary care to prevent perinatal depression in pregnant and postpartum women. The Task Force found that counseling interventions such as CBT and IPT were effective in decreasing the likelihood of perinatal depression in women at increased risk. Women also reported a reduction in depression symptoms such as changes in sleep or loss of energy.

Based on the evidence, the Task Force found that counseling interventions are unlikely to cause harms.

The Task Force also looked at other types of interventions, including medication, education, and peer counseling, but did not find enough evidence to make a recommendation.

The Draft Recommendation on Interventions to Prevent Perinatal Depression: What Does It Mean?

Here is the Task Force's draft recommendation on interventions to prevent perinatal depression. It is based on the quality and strength of the evidence about the potential benefits and harms of interventions for this purpose. It is also based on the size of the potential benefits and harms. Task Force recommendation grades are explained in the box at the end of this fact sheet.

When the Task Force issues a **Grade B**, it recommends counseling because it has more potential benefits than harms.

Before you send comments to the Task Force, you may want to read the **draft recommendation statement**. The recommendation statement explains the evidence the Task Force reviewed and how it decided on the grade. An **evidence document** provides more detail about the scientific studies the Task Force reviewed.

The USPSTF recommends that clinicians provide or refer counseling interventions for those pregnant and postpartum women who are at increased risk for perinatal depression.
(B Recommendation)

Notes

counseling interventions
Interventions that aim to prevent perinatal depression before it starts. Counseling involves a health professional providing assistance and guidance to an individual.

postpartum women
Women who have given birth recently.

perinatal depression
Perinatal depression includes depression that occurs during pregnancy or after childbirth. For a diagnosis of perinatal depression, a woman must have symptoms of depressed mood or loss of interest that are present for at least 2 weeks.

What is the U.S. Preventive Services Task Force?

The Task Force is an independent, volunteer group of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services, such as screenings, counseling services, and preventive medicines. The recommendations apply to people with no signs or symptoms of the disease being discussed.

To develop a recommendation statement, Task Force members consider the best available science and research on a topic. For each topic, the Task Force posts draft documents for public comment, including a **draft recommendation statement**. All comments are reviewed and considered in developing the final recommendation statement. To learn more, visit the **Task Force Web site**.

USPSTF Recommendation Grades	
Grade	**Definition**
A	Recommended.
B	Recommended.
C	Recommendation depends on the patient's situation.
D	Not recommended.
I statement	There is not enough evidence to make a recommendation.

Click Here to Learn More about Perinatal Depression

- **Depression During and After Pregnancy** (Centers for Disease Control and Prevention)
- **Postpartum Depression** (Office on Women s Health)
- **Postpartum Depression Facts** (National Institute of Mental Health)

Click Here to Comment on the Draft Recommendation

The Task Force welcomes comments on this draft recommendation.

Comments must be received between August 28, 2018 and September 24, 2018.

All comments will be considered for use in writing final recommendations.