

**Clinical Summary: Interventions to Prevent Perinatal Depression**

<b>Population</b>	<b>Pregnant and postpartum persons</b>
<b>Recommendation</b>	<b>Provide or refer persons at increased risk of perinatal depression to counseling interventions. Grade: B</b>

<b>Risk Assessment</b>	There is no accurate screening tool for identifying who is at risk of perinatal depression and who might benefit from preventive interventions. A pragmatic approach, based on the populations included in the systematic evidence review, would be to provide counseling interventions to women with 1 or more of the following risk factors: a history of depression, current depressive symptoms (that do not reach a diagnostic threshold), certain socioeconomic risk factors such as low income or adolescent or single parenthood, recent intimate partner violence, or mental health–related factors such as elevated anxiety symptoms or a history of significant negative life events.
<b>Interventions</b>	Studies on counseling interventions to prevent perinatal depression mainly included cognitive behavioral therapy and interpersonal therapy. The USPSTF found limited or mixed evidence that other studied interventions such as physical activity, education, pharmacotherapy, dietary supplements, and health system interventions were effective in preventing perinatal depression.
<b>Relevant USPSTF Recommendations</b>	The USPSTF recommends screening for depression in adults, including pregnant and postpartum women. The USPSTF also recommends screening for depression in adolescents aged 12 to 18 years and found insufficient evidence to recommend for or against screening in children 11 years or younger.

For a summary of the evidence systematically reviewed in making this recommendation, the full recommendation statement, and supporting documents, please go to <https://www.uspreventiveservicestaskforce.org>.