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Depression after childbirth: Can psychosocial and psychological counselling treatments help?



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The time after giving birth can be an exciting and turbulent time for the mother. New babies bring many changes with them, and it is common both for new mothers and new fathers to feel unsure about their parenting and how their lives are changing. It can be a very emotional time. Even though many women have heard about the emotional turmoil often called “baby blues”, many are surprised by how strong and changeable their emotions can be in the first days and week after the birth.

The blues affect as many as half of all new mothers, peaking between days 3 and 5 after the baby is born. It is usually over within two weeks at the most. Emotional support and practical help is enough to help most women through this.

Postnatal depression: more than just “blues”

Even though most women will soon feel better, many will become clinically depressed in the first few months after their baby is born. About 15 out of every 100 women (15%) develop what is often called postnatal or postpartum depression, but it is often unrecognised. This is about 3 times the rate of depression that women of that age who have not just had babies are likely to experience.

Its cause is not exactly clear: no hormonal or biochemical cause has ever been found. But new parenthood is a very challenging time, and depression is a common reaction to very difficult life circumstances. You can read more about depression after childbirth and the treatment options here (URL:

<http://www.informedhealthonline.org/index.451.en.html>).

Women who have postnatal depression generally have a preference for non-drug treatments. The emotional support from talking to a supportive, non-judgmental person can be very important to mothers who are depressed. Researchers from the Cochrane Collaboration looked for trials on psychosocial support and psychological counselling, to see if any of these techniques have been proven to help with postnatal depression.

The results of trials: long-term benefit from psychological care

There are many different techniques that psychologists,

psychiatrists and counsellors use to try to help people who are depressed. Not all of them have been formally studied in trials. The Cochrane researchers found 10 trials with results on close to 1,000 women who had postnatal depression. These women volunteered to receive either usual care only, or usual care and a particular psychological treatment, psychosocial support or medication. The kind of treatment they received was determined randomly, which means that any differences in the rate of depression between these different groups after treatment are likely to be because of the treatment – not because women who actively chose psychological care were different to other women in some way beforehand.

The trials showed that, regardless of what treatment they had, in at least half of the women the symptoms of depression went away within a few weeks or months. But it was also found that a lot of women experienced an improvement in symptoms following psychological treatment. About a year after being treated, roughly an extra 2 out of every 10 women were depression-free because of their psychological treatment (18%), and between 3 and 4 out of 10 women were still depressed despite receiving this treatment (35%).

The types of treatments shown to work

Most of the trials studied non-directive counselling, cognitive behavioural therapy or interpersonal psychotherapy.

Non-directive counselling involves talking, with the aim of being emotionally supportive without trying to advise people what to do. There is not necessarily a fixed number of sessions.

Cognitive behavioural therapy (CBT) involves a series of sessions – usually about 10, although this can vary. A trained therapist works with the woman to try to find out whether certain thought patterns and behaviours are making life more difficult for her or making it hard for her to cope with her emotions and the changes of motherhood. For example, if the woman often has thoughts like “I am a bad mother and I will always be a bad mother”, the therapist will help her work on changing that belief. Thoughts, judgments, beliefs and attitudes are called “cognitions”. The aim of cognitive behavioural therapy is to become aware of your cognitions, to question them and change your behaviour if necessary.

Interpersonal psychotherapy involves weekly visits with a trained psychologist, for a limited period of time. This focuses on both the symptoms, and on the issues that arise for the woman in the way her role in life is changing, and how her relationships with other people are affected. That is why it is called “interpersonal psychotherapy”. For instance, how has her relationship with her partner or family changed? Individual strategies are then developed to try to address whatever problems are identified.

In the trials, these treatments were usually offered by a trained psychologist or counsellor. This research did not include trials of group therapy or self-help groups. There was also not much good quality research on other types of psychotherapy, such as those that focus on the influence of the past on current emotions.

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Glossary

Cochrane Collaboration

The Cochrane Collaboration is an international network of thousands of researchers and others. They work together in teams called Cochrane Review Groups to answer questions about health care by doing systematic reviews of evidence. To achieve this, the members of the Collaboration have developed systems and methods for systematically finding and analysing the results of trials of health care interventions. The goal of the Cochrane Collaboration is to help patients, health care practitioners and others make more informed decisions about health care. You can read more about the Cochrane Collaboration at their website.

depression

Depression is one of the most common mental illnesses, and it can be mild, moderate or serious. There are several different types of depression that can be recognised by different signs. Which symptoms of depression occur and how strong and frequent they are vary from person to person. People in any social or age group can be affected, both women and men. If someone has had at least two of the following symptoms for longer than two weeks, it might mean that they are depressed: deep sadness; listlessness; loss of interest in the things they usually care about.

Sources

Dennis C-L, Hodnett E. Psychosocial and psychological interventions for treating postpartum depression. *Cochrane Database of Systematic Reviews* 2007, Issue 4. [Cochrane summary (URL: <http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD006116/frame.html>)]

The German Institute for Quality and Efficiency in Health Care (IQWiG)

The German Institute for Quality and Efficiency in Health Care (IQWiG) was established by legislation to provide evaluations of the effectiveness, quality and efficiency of healthcare services. This includes the assessment of medicines as well as the publication of health information for consumers and patients.

Evidence basis of our health information

Our information is based primarily on systematic reviews of the effects of health care. Systematic reviews are necessary to gain an objective picture of health care. In order to do this, a clear question is formulated. Researchers then find all the relevant studies that could answer this question. They then evaluate those studies.

You can find a list of the evidence and other scientific literature on which this information is based at [**www.informedhealthonline.org**](http://www.informedhealthonline.org)

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