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Review article

Perceptions and experiences of interventions to prevent postnatal depression. A systematic review and qualitative evidence synthesis

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ABSTRACT

Background: More women experience depressive symptoms antenatally than postnatally. Supporting women through the antenatal period is recognised as important in mitigating negative outcomes and in preventing postnatal depression (PND). A systematic review was conducted which aimed to provide a detailed service user and service provider perspective on the uptake, acceptability, and perception of harms of antenatal interventions and postnatal interventions for preventing PND.

Methods: A comprehensive literature search was conducted in 12 major bibliographic databases in November 2012 and updated in December 2014. Studies were included if they contained qualitative evidence on the perspectives and attitudes of pregnant women and postnatal women who had taken part in, or healthcare professionals (HCPs) involved in delivering, preventive interventions for PND.

Results: Twenty-two studies were included. Support and empowerment through education were identified as particularly helpful to women as intervention components, across all intervention types. Implications for accessing the service, understanding the remit of the service and women's preferences for group and individual care also emerged.

Limitations: The majority of the included studies were of moderate or low quality, which may result in a lack of rich data consistently across all studies, limiting to some degree interpretations that can be made.

Conclusion: The synthesis demonstrated important considerations for devising new interventions or adapting existing interventions. Specifically, it is important that individual or group interventions are carefully tailored to women's needs or preferences and women are aware of the remit of the HCPs role to ensure they feel able to access the support required.

1. Introduction

Perinatal depression is a public health problem throughout the world (Almond, 2009; Oates et al., 2004; World Health Organisation, 2010) with prevalence for major and minor depression, ranging from 6.5% to 12.9% during the first postnatal year (Gaynes et al., 2005). Most women who have self-reported symptoms of postnatal depression (PND) have also reported symptoms of antenatal depression (Heron et al., 2004). Risk factors for postnatal depression include lack of social support, a history of depression, stressful life events during pregnancy and domestic violence (Lancaster et al., 2010; Robertson et al., 2004). There is a potential impact of PND on the mother-infant relationship, and on child development outcomes (Murray et al., 2010). For women who have mental health problems in pregnancy, her infant and child is more likely to have emotional and learning problems (Glover, 2014).

Effective treatments are available for PND, but it is less clear whether strategies for preventive interventions in pregnancy are effective for both mothers (Dennis and Allen, 2008) and their infants and whether those intervention should be targeted towards women who are at greater risk of developing PND (Fontein–Kuipers et al., 2014). A systematic review of psychosocial and psychological preventive interventions reported a beneficial effect on the prevention of depressive symptomatology, especially in the short term (Dennis, 2013). In contrast, a meta-analysis, did not find that maternal distress was significantly reduced by preventive interventions (Fontein–Kuipers et al., 2014). Antenatal interventions have the potential to help not only the mother, but her infant in the longer term (Glover, 2014).

Abbreviations: PND, postnatal depression; HCP, health care professional; IPT, interpersonal psychotherapy; CAM, complementary or alternative medicine interventions

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Providing support for women by preventive interventions is considered important to mitigate the potential negative outcomes of PND (Coe and Barlow, 2013). For preventive interventions to be effective, they have to be acceptable. Furthermore, it is important to assess the views of participants and those delivering health care in order to factor in important considerations when developing new interventions. Women say they prefer health professionals who are supportive, caring, and who show an interest to help them feel that they can disclose their true feelings when identifying symptoms of depression (Brealey et al., 2010). For interventions to manage PND, women said the relationship with the health visitor as an individual was important in determining whether they would seek help and accept support (Slade et al., 2010).

Research studies have established that pregnant women prefer non-pharmacological interventions and are reluctant to take medication because of fear of affecting their developing baby (Wisner et al., 2009) hence the importance of the availability of alternative, non-invasive, interventions for the prevention of PND. In contrast, little is known in general about the views and experiences of women taking part in preventive interventions and what the health care professionals delivering the interventions believe. To our knowledge there is no published qualitative evidence synthesis that explores women and HCPs' views and experiences of these interventions. The purpose of the study was to apply rigorous methods of systematic reviewing of qualitative studies to provide a detailed service user and service provider perspective on the uptake, acceptability, and potential harms of antenatal interventions and postnatal interventions for preventing PND.

2. Methods

2.1. Search methods and search outcome

Searches for qualitative studies were conducted in November and December 2012, and updated in December 2014. The topic search devised for clinical effectiveness studies was limited using a qualitative filter and additionally run with a mixed methods filter (devised in collaboration with AB) to find papers that use quantitative and qualitative methodology.

Electronic databases searched comprised the Cochrane Library, including the Cochrane Systematic Reviews Database, Cochrane Controlled Trials Register, DARE, HTA and NHS EED databases from 1991; MEDLINE (Ovid) from 1946; Pre MEDLINE (Ovid); Embase (Ovid) from 1974; CINAHL (EBSCO) from 1982; PsycINFO (Ovid) from 1806; Science Citation Index (via ISI Web of Science) from 1899; Social Science Citation Index (via ISI Web of Science) from 1956; ASSIA (ProQuest) from 1987; AMED (Ovid) from 1985; Conference Proceedings Citation Index- Science (CPCI-S)- (via ISI Web of Science) from 1990; and MIDIRS Reference Database from 1991.

Search results were merged and de-duplicated using manual checking within the Reference Manager software (Thomson Reuters, Philadelphia, PA, USA).

2.2. Study selection

A two-stage sifting process for inclusion of studies (title and abstract then full paper sift) was undertaken. Titles and abstracts of the qualitative studies were scrutinised by one assessor (AS) using the inclusion and exclusion criteria. Full papers were obtained for potentially included studies and where the abstract provided too little information.

The PICOS (Population, Intervention, Comparators, Outcomes, Study designs) process was used to define the inclusion and exclusion criteria:

- Population: Included studies examined either populations of pregnant women or postnatal women (up to the end of the first postnatal year), or their HCPs. Studies were excluded if they reported on pregnant women or postnatal women with pre-existing depression or other comorbid psychiatric disorders or major medical problems.
- Interventions: Included studies reported experiences of women and HCPs who had taken part in preventive interventions for PND.
- Comparators: All comparators were considered.
- Outcomes: All outcome measures were considered.
- Study designs: Studies containing qualitative data, from qualitative or mixed methods studies, in order to examine perceptions of the interventions, including issues of acceptability and perceptions of potential harm or adverse effects were included.

2.3. Quality assessment

The methodological quality of individual studies meeting the inclusion criteria was appraised by two reviewers (AS and AB) using an abbreviated version of the Critical Appraisal Skills Programme (CASP) quality assessment tool for qualitative studies (Critical Appraisal Skills Programme (CASP) 2014) and the CerQual (now Confidence in the Evidence from Reviews of Qualitative research) approach (Glenton et al., 2013). The CerQual approach aims to assess how much certainty could be placed in the qualitative research evidence. A summary assessment was made for each study, based on the methodological quality of each included study and the coherence of the review findings (the extent to which a clear pattern was identifiable across the individual study data). Coherence was assessed by examining whether the review findings were consistent across multiple contexts and incorporated explanations for variation across individual studies. Coherence was strengthened where individual studies contributing to the findings were drawn from a wide range of settings. Review findings were subsequently graded as high, moderate, low, or very low according to: the CASP assessment; the number and richness of the data in the studies; the consistency of the data across the studies, across study settings and populations; and the relevance of the findings to the review question.

2.4. Data extraction and data synthesis methods

Data extraction for all included studies was undertaken by AS using a tool devised for the qualitative evidence synthesis. A 20% sample of data extractions were checked by AB. Where data for included studies were missing, reviewers attempted to contact the authors at their last known email address. Selective extraction of findings (Noyes and Lewin, 2011) was undertaken where only the data pertaining to interventions to prevent PND were extracted, and data relating to other experiences of participants were not extracted. Extracted data included information on the basic characteristics of the study: country, setting, population, study design; the characteristics of the intervention; reported evidence from women and HCPs identified in the results and discussion sections, and author comments and interpretation. To extract the findings of the studies, a framework for extraction was developed by AS to elicit data extraction elements related directly to the review question, the framework elements are listed in Table 1.

Synthesis of the qualitative research was undertaken by highlighting women's and HCPs' issues around the acceptability of inter-

Table 1
Data extraction framework elements.

1	What women found helpful as part of an intervention
2	What HCPs thought was helpful as part of an intervention
3	What women thought didn't help as part of an intervention
4	What HCPS thought didn't help as part of an intervention
5	What women thought they needed from an intervention
6	Women's perceived barriers to accessing an intervention, and HCPs perceived barriers to delivering an intervention or facilitating access to an intervention