

## U.S. Preventive Services Task Force Issues Draft Recommendation Statement on Interventions to Prevent Perinatal Depression

*Counseling can help prevent perinatal depression in women at increased risk*

WASHINGTON, D.C. – August 28, 2018 – The U.S. Preventive Services Task Force (Task Force) today posted a draft recommendation statement and draft evidence review on interventions to prevent perinatal depression. The Task Force recommends that clinicians provide or refer pregnant and postpartum women who are at increased risk for perinatal depression to counseling interventions. **This is a B recommendation.**

**Grade in this recommendation:**

**B: Recommended.**

[Learn more here](#)

Perinatal depression, which is depression that develops during pregnancy or after childbirth, is one of the most common complications of pregnancy and the postpartum period. Perinatal depression affects as many as 1 in 7 pregnant women and can result in negative short- and long-term consequences for both the mother and her baby, such as moms having difficulty bonding with their baby and babies getting fewer preventive health services.

“Perinatal depression is a serious condition that negatively affects mothers, babies, and families,” says Task Force member Karina Davidson, Ph.D., M.A.Sc. “Fortunately, effective counseling interventions can help prevent perinatal depression before it develops, and primary care clinicians can provide or connect women with these services.”

The Task Force reviewed evidence on interventions to prevent perinatal depression and found that counseling is effective in pregnant and postpartum women who are at increased risk. Two types of counseling interventions that were shown to be effective are:

- Cognitive behavioral therapy, which addresses negative thoughts and increases positive activities
- Interpersonal therapy, which focuses on an individual’s relationships with other people to improve communication and address problems that contribute to depression

This recommendation is for women at increased risk for perinatal depression, not those who have already been diagnosed with the condition. Currently, there is no accurate screening tool available to assess risk of perinatal depression, but there are certain factors that clinicians can use to determine risk. Women with a history of depression, symptoms of depression, and certain socioeconomic risk factors, like being a young or single parent, may be at increased risk and benefit from intervention.

“For the first time, the Task Force is recommending counseling to prevent perinatal depression in high-risk women,” says Task Force member Aaron B. Caughey, M.D., M.P.P., M.P.H., Ph.D. “Clinicians should use patient history and risk factors to identify women who are most likely to benefit.”

The Task Force’s draft recommendation statement and draft evidence review have been posted for public comment on the Task Force Web site at [www.uspreventiveservicestaskforce.org](http://www.uspreventiveservicestaskforce.org). Comments can be submitted from August 28, 2018 to September 24, 2018 at [www.uspreventiveservicestaskforce.org/tfcomment.htm](http://www.uspreventiveservicestaskforce.org/tfcomment.htm).

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Davidson is a vice dean and professor in the Departments of Medicine, Cardiology, and Psychiatry and the director of the Center for Behavioral Cardiovascular Health at Columbia University Medical Center. She is also a psychologist in the Department of Psychiatry at New York Presbyterian Hospital/Columbia University Medical Center.

Dr. Caughey is a professor in and chair of the Department of Obstetrics and Gynecology and associate dean for Women's Health Research and Policy at Oregon Health & Science University. He is also the founder and chair of the Centers for Disease Control and Prevention-funded Oregon Perinatal Collaborative.

Contact: USPSTF Media Coordinator at [Newsroom@USPSTF.net](mailto:Newsroom@USPSTF.net) / (202) 572-2044