

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

Counseling can help prevent perinatal depression in people at increased risk

WASHINGTON, D.C. – February 12, 2019 – The U.S. Preventive Services Task Force (Task Force) today posted a final recommendation statement and evidence summary on interventions to prevent perinatal depression. The Task Force recommends that clinicians provide or refer pregnant and postpartum persons who are at increased risk for perinatal depression to counseling interventions. **This is a B recommendation.**

Grade in this recommendation:

B: Recommended.

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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.

“Effective counseling interventions can help prevent perinatal depression before it develops,” says Task Force member Karina Davidson, Ph.D., M.A.Sc. “We can help prevent one of the most common and serious complications of having a baby.”

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 persons 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. Persons 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.

“Clinicians should use patient history and risk factors to identify pregnant or postpartum individuals who are most likely to benefit from counseling,” says Task Force member Aaron B. Caughey, M.D., M.P.P., M.P.H., Ph.D. “Patients who are pregnant and concerned about depression should talk to their doctor.”

This recommendation statement has been published online in the *Journal of the American Medical Association*, as well as on the Task Force Web site at: <http://www.uspreventiveservicestaskforce.org>. A draft version of the recommendation statement was available for public comment from August 28, 2018 to September 24, 2018. This is the first time that the Task Force reviewed the evidence on ways to prevent perinatal depression.

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 senior vice president of research, dean of academic affairs, and head of a new center focused on behavioral and cardiovascular health research at the Feinstein Institute for Medical Research at Northwell Health. She is also a professor of behavioral medicine at the Zucker School of Medicine at Hofstra University/Northwell Health.

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.

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