



### Bilaga 3 Tabell över inkluderade kvantitativa studier/Appendix 3 Table over included studies

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Tabell över inkluderade kvalitativa studier/Table over included studies

<b>Author</b>	Ammerman et al														
<b>Year</b>	2013														
<b>Country</b>	USA														
<b>Reference</b>	[64]														
<b>Study design</b>	RCT														
<b>Screening cut-off</b>	EPDS $\geq$ 11														
<b>Diagnosis</b>	N/A														
<b>Population</b>	n=93 Age, mean (SD): 21.9 (4.8) Infant's age (days (SD)): intervention 159.8 (73.7), control 146.1 (74.4) Baseline depression (EPDS):														
	<ul style="list-style-type: none"> <li>• intervention 18.8 (4.0)</li> <li>• control 19.2 (4.1)</li> </ul>														
<b>Inclusion criteria</b>	At least one of the demographic risk characteristics: unmarried, low income, $\leq$ 18 years, inadequate prenatal care.														
<b>Exclusion criteria</b>	Bipolar disorder, current substance dependence, psychosis, mental retardation, suicidality, or homicidality requiring acute intervention, or current use of psychotropic medications or psychotherapy.														
<b>Follow up</b>	3 months														
<b>Intervention</b>	In-Home Cognitive Behavioural Therapy (IH-CBT). IH-CBT was delivered in the home by a licensed master's level social worker. Treatment consisted of 15 sessions that were scheduled weekly and lasted 60 min plus a booster session 1-month post-treatment. Duration: 15 weekly sessions x 60 min.														
<b>Participants (n)</b>	47														
<b>Drop-outs (n)</b>	Post treatment: 2 (4%) Follow-up: 7 (15%)														
<b>Comparison</b>	Standard home visitation (SHV). mothers received services from home visitors as per the NurseFamily Partnership (NFP) and Healthy Families America (HFA) model directives. Both models call for regular home visits during the intervals covered during the trial, and home visitors are given discretion to increase frequency of visits if needed.														
<b>Participants (n)</b>	46														
<b>Drop-outs (n)</b>	Post treatment: 1 (2%) Follow-up: 4 (9%)														
<b>Results</b>	<table border="1"> <thead> <tr> <th></th> <th>Pre</th> <th>Post</th> <th>Follow-up</th> </tr> </thead> <tbody> <tr> <td><b>IH-CBT</b></td> <td>18.8 (4.0)</td> <td>9.5 (7.4)</td> <td>8.6 (7.2)</td> </tr> <tr> <td><b>SHV</b></td> <td>19.2 (4.1)</td> <td>15.3 (5.5)</td> <td>13.2 (8.2)</td> </tr> </tbody> </table>				Pre	Post	Follow-up	<b>IH-CBT</b>	18.8 (4.0)	9.5 (7.4)	8.6 (7.2)	<b>SHV</b>	19.2 (4.1)	15.3 (5.5)	13.2 (8.2)
	Pre	Post	Follow-up												
<b>IH-CBT</b>	18.8 (4.0)	9.5 (7.4)	8.6 (7.2)												
<b>SHV</b>	19.2 (4.1)	15.3 (5.5)	13.2 (8.2)												
<b>Risk of bias</b>	Some concerns														
<b>Comments</b>	High comorbidity for psychiatric disorders.														

EPDS = Edinburgh postnatal depression scale; N/A = not applicable; RCT = Randomised controlled trial

<b>Author</b>	Dennis et al																				
<b>Year</b>	2020																				
<b>Country</b>	Canada																				
<b>Reference</b>	[78]																				
<b>Study design</b>	RCT																				
<b>Screening cut-off</b>	EPDS>12																				
<b>Diagnosis</b>	SCID-I																				
<b>Population</b>	n=241 Age, mean (SD): intervention 30.8 (5.8); control 30.4 (6.2) Infant's age: N/A Baseline depression (EPDS, mean (SD)): <ul style="list-style-type: none"> <li>• intervention 17.6 (2.9)</li> <li>• control 17.5 (2.9)</li> </ul>																				
<b>Inclusion criteria</b>	English-speaking; clinically depressed as per a SCID interview, >18 years old, between 2 and 24 weeks postpartum, and discharged home from hospital with their infant																				
<b>Exclusion criteria</b>	Current antidepressant or antipsychotic medication, receiving psychotherapy from a trained professional, active suicidal, self-harm or infanticidal thoughts, psychosis, and chronic depression (episode length >2 years).																				
<b>Follow up</b>	24 and 36 wk.																				
<b>Intervention</b>	Nurse-delivered telephone-IPT. Women received 12 weekly 60 min telephone-IPT sessions delivered by a trained nurse, with the first contact to initiate treatment occurring within 72 h of trial enrolment. The three phases of IPT were administered according to a manual.																				
<b>Participants (n)</b>	120																				
<b>Drop-outs (n)</b>	Post treatment: 16 (13%) 24 wk.: 19 (16%) 36 wk.: 19 (16%)																				
<b>Comparison</b>	TAU. Women allocated to the control group had access to standard locally available postpartum care, including postpartum depression services from public health nurses, physicians, and community resources at maternal discretion.																				
<b>Participants (n)</b>	121																				
<b>Drop-outs (n)</b>	Post treatment: 21 (17.3%) 24 wk: 20 (16.5%) 36 wk: 25 (20.7%)																				
<b>Results</b>	EPDS <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th>Baseline</th> <th>12 wk</th> <th>24 wk</th> <th>36 wk</th> </tr> </thead> <tbody> <tr> <td><b>IPT</b></td> <td>17.6 (2.9)</td> <td>7.3 (5.1)</td> <td>6.5 (4.9)</td> <td>6.8 (5.4)</td> </tr> <tr> <td><b>TAU</b></td> <td>17.5 (2.3)</td> <td>12.4 (4.4)</td> <td>11.8 (4.7)</td> <td>9.8 (4.7)</td> </tr> <tr> <td><b>MD</b></td> <td></td> <td>5.1*</td> <td>5.3*</td> <td>3.0*</td> </tr> </tbody> </table> <p>*p&lt;0.001</p>		Baseline	12 wk	24 wk	36 wk	<b>IPT</b>	17.6 (2.9)	7.3 (5.1)	6.5 (4.9)	6.8 (5.4)	<b>TAU</b>	17.5 (2.3)	12.4 (4.4)	11.8 (4.7)	9.8 (4.7)	<b>MD</b>		5.1*	5.3*	3.0*
	Baseline	12 wk	24 wk	36 wk																	
<b>IPT</b>	17.6 (2.9)	7.3 (5.1)	6.5 (4.9)	6.8 (5.4)																	
<b>TAU</b>	17.5 (2.3)	12.4 (4.4)	11.8 (4.7)	9.8 (4.7)																	
<b>MD</b>		5.1*	5.3*	3.0*																	
<b>Risk of bias</b>	Some concerns																				

EPDS = Edinburgh postnatal depression scale; IPT = Integrated Psychological Therapy; MD = Mean Deviation; N/A = not applicable; RCT = Randomised controlled trial; SCID-I = Structured Clinical Interview for DSM-IV-Axis I Disorders; SD = Standard deviation; TAU = Treatment As Usual

<b>Author</b>	Goodman et al												
<b>Year</b>	2015												
<b>Country</b>	USA												
<b>Reference</b>	[89]												
<b>Study design</b>	RCT												
<b>Screening cut-off</b>	9 ≤ EPDS ≤ 20												
<b>Diagnosis</b>	SCID-I												
<b>Population</b>	n=42 Age, mean (SD): intervention 30.6 (4.8) years; control 30.8 (5.3) years Infant's age: N/A Baseline depression (EPDS, mean (SD)):												
<b>Inclusion criteria</b>	(a) scored >9 and <20 on the EPDS on two consecutive screens 1 week apart, (b) were not currently receiving any depression treatment, (c) had no suicidal ideation as determined by EPDS question 10, (d) had no history of psychiatric disorder other than depression or anxiety per self-report, and (e) had no plans to move out of area in subsequent 9 months												
<b>Exclusion criteria</b>	Women meeting criteria for bipolar disorder and/or lifetime or current psychotic disorder												
<b>Follow up</b>	3 months												
<b>Intervention</b>	Perinatal Dyadic Psychotherapy (PDP). PDP integrates the clinical strategies of supportive psychotherapy, parent-infant psychotherapy, and the Touchpoints™ Model of Child Development. PDP consists of eight 1-hour long sessions conducted in the participants' homes and delivered over 3 months by maternal-child nurses trained in the intervention.												
<b>Participants (n)</b>	21												
<b>Drop-outs (n)</b>	0												
<b>Comparison</b>	Usual care plus depression monitoring by phone.												
<b>Participants (n)</b>	21												
<b>Drop-outs (n)</b>	0												
<b>Results</b>	EPDS, mean (SD)												
	<table border="1"> <thead> <tr> <th></th> <th>Pre</th> <th>Post</th> <th>Follow-up</th> </tr> </thead> <tbody> <tr> <td><b>Intervention</b></td> <td>12.5 (3.4)</td> <td>6.2 (3.6)</td> <td>4.9 (3.4)</td> </tr> <tr> <td><b>Control</b></td> <td>12.1 (2.7)</td> <td>6.4 (5.5)</td> <td>6.05 (4.5)</td> </tr> </tbody> </table>		Pre	Post	Follow-up	<b>Intervention</b>	12.5 (3.4)	6.2 (3.6)	4.9 (3.4)	<b>Control</b>	12.1 (2.7)	6.4 (5.5)	6.05 (4.5)
	Pre	Post	Follow-up										
<b>Intervention</b>	12.5 (3.4)	6.2 (3.6)	4.9 (3.4)										
<b>Control</b>	12.1 (2.7)	6.4 (5.5)	6.05 (4.5)										
<b>Risk of bias</b>	Some concerns												

EPDS = Edinburgh postnatal depression scale; N/A = not applicable; SCID-I = Structured Clinical Interview for DSM-IV-Axis I Disorders; SD = Standard deviation; RCT = Randomised controlled trial

<b>Author</b>	Van Lieshout et al												
<b>Year</b>	2021												
<b>Country</b>	Canada												
<b>Ref #</b>	[39]												
<b>Study design</b>	RCT												
<b>Screening cut-off</b>	EPDS >10												
<b>Diagnosis</b>	N/A												
<b>Population</b>	n=403 Age, mean (SD): 31.8 (4.4) years Infant's age, mean (SD): 5.3 (3.4) months Baseline depression (EPDS, mean (SD)): <ul style="list-style-type: none"> <li>• I: 16.5 (4.4)</li> <li>• C: 15.9 (4.5)</li> </ul>												
<b>Inclusion criteria</b>	18 years or older, infant younger than 12 months, living in Ontario												
<b>Exclusion criteria</b>	N/A												
<b>Follow up</b>	12 wk												
<b>Intervention</b>	Interactive online 1-day CBT-based workshop delivered by a registered psychotherapist, psychiatrist, or clinical psychology graduate student in addition to treatment as usual.												
<b>Participants (n)</b>	202												
<b>Drop-outs (n)</b>	37 (18%)												
<b>Comparison</b>	Treatment as usual and wait-listed to receive the workshop 12 weeks later.												
<b>Participants (n)</b>	201												
<b>Drop-outs (n)</b>	9 (4%)												
<b>Results</b>	EPDS <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th>Pre</th> <th>Post</th> <th>Difference (95% CI)</th> </tr> </thead> <tbody> <tr> <td><b>Intervention</b></td> <td>16.5 (4.4)</td> <td>11.7 (4.8)</td> <td>-4.8 (-5.7 to -3.9)</td> </tr> <tr> <td><b>Control</b></td> <td>15.9 (4.5)</td> <td>14.0 (4.5)</td> <td>-1.9 (-2.8 to -1.0)</td> </tr> </tbody> </table>		Pre	Post	Difference (95% CI)	<b>Intervention</b>	16.5 (4.4)	11.7 (4.8)	-4.8 (-5.7 to -3.9)	<b>Control</b>	15.9 (4.5)	14.0 (4.5)	-1.9 (-2.8 to -1.0)
	Pre	Post	Difference (95% CI)										
<b>Intervention</b>	16.5 (4.4)	11.7 (4.8)	-4.8 (-5.7 to -3.9)										
<b>Control</b>	15.9 (4.5)	14.0 (4.5)	-1.9 (-2.8 to -1.0)										
<b>Risk of bias</b>	Some concerns												

**C** = Control; **CBT** = Cognitive behavioral therapy; **EPDS** = Edinburgh postnatal depression scale; **N/A** = not applicable; **I** = Intervention; **RCT** = Randomised controlled trial; **SD** = Standard deviation

<b>Author</b>	Prendergast et al														
<b>Year</b>	2001														
<b>Country</b>	Australia														
<b>Ref #</b>	[74]														
<b>Study design</b>	RCT														
<b>Screening cut-off</b>	EPDS >12														
<b>Diagnosis</b>	Clinical interview														
<b>Population</b>	n=37 Age: 32.2 Infant's age: N/A Baseline depression (EPDS):														
	<ul style="list-style-type: none"> <li>• I: 15.9 (2.8)</li> <li>• C: 13.7 (2.3)</li> </ul>														
<b>Inclusion criteria</b>	N/A														
<b>Exclusion criteria</b>	N/A														
<b>Outcome measurements</b>	Post intervention and 6 months follow-up														
<b>Intervention</b>	Six weekly one-hour home-based CBT sessions, delivered by trained Early Childhood Nurses (ECNs)														
<b>Participants (n)</b>	17														
<b>Drop-outs (n)</b>	Post intervention: 0 Follow up: 2 (12%)														
<b>Comparison</b>	Six weekly clinic visits for 'ideal standard care' i.e weekly 20–60-minute appointments at the clinic for mothercraft advice and non-specific emotional support														
<b>Participants (n)</b>	20														
<b>Drop-outs (n)</b>	Post intervention: 45% attended all sessions Follow up: 2 (10%)														
<b>Results</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Pre</th> <th style="text-align: center;">Post</th> <th style="text-align: center;">Follow-up</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><b>Intervention</b></td> <td style="text-align: center;">15.9 (2.8)</td> <td style="text-align: center;">8.1 (4.2)</td> <td style="text-align: center;">6.2 (4.2)</td> </tr> <tr> <td style="text-align: center;"><b>Control</b></td> <td style="text-align: center;">13.7 (2.3)</td> <td style="text-align: center;">6.5 (6.2)</td> <td style="text-align: center;">7.7 (3.9)</td> </tr> </tbody> </table>				Pre	Post	Follow-up	<b>Intervention</b>	15.9 (2.8)	8.1 (4.2)	6.2 (4.2)	<b>Control</b>	13.7 (2.3)	6.5 (6.2)	7.7 (3.9)
	Pre	Post	Follow-up												
<b>Intervention</b>	15.9 (2.8)	8.1 (4.2)	6.2 (4.2)												
<b>Control</b>	13.7 (2.3)	6.5 (6.2)	7.7 (3.9)												
<b>Risk of bias</b>	Some concerns														
<b>Comments</b>	Mean weeks post-partum 14.5 wk														

**C** = Control; **CBT** = Cognitive behavioral therapy; **EPDS** = Edinburgh postnatal depression scale; **I** = Intervention; **N/A** = not applicable; **RCT** = Randomised controlled trial

<b>Author</b>	Milgrom et al		
<b>Year</b>	2021		
<b>Country</b>	Australia		
<b>Reference</b>	[69]		
<b>Study design</b>	RCT		
<b>Screening cut-off</b>	11 ≤ EPDS ≤ 25		
<b>Diagnosis</b>	DSM-IV		
<b>Population</b>	n=116 Age, years (SD): 32.1 (4.7) Infant's age, weeks (SD): 26.1 (14.5) Baseline depression (BDI-II):		
	<ul style="list-style-type: none"> <li>• MMB 28.1 (7.9)</li> <li>• FTF-CBT 27.2 (10.0)</li> <li>• TAU 30.0 (8.8)</li> </ul>		
<b>Inclusion criteria</b>	Aged ≥18 years, 6 weeks to 1 year postpartum; home internet access, familiarity with internet and email, and able and willing to give informed consent		
<b>Exclusion criteria</b>	Current substance abuse, manic or hypomanic symptoms or depression with psychotic features meeting the DSM-IV criteria, posttraumatic stress disorder, risk of suicide, and under current treatment for depression (medication or psychotherapy).		
<b>Outcome measurement</b>	12 wk (post-test) and 21 wk follow-up		
<b>Intervention</b>	Internet-based CBT with telephone support (MMB). MMB is designed to deliver content that is similar to FTF depression treatment, with tailored, interactive activities used to address individual issues and engage women. Support from a telephone coach is intended to encourage women to use and complete the program. The program contains 6 sessions.		
<b>Participants (n)</b>	39		
<b>Drop-outs (n)</b>	Post-test 12 wk: 7 (18%) Follow-up 21 wk: 10 (26%)		
<b>Comparison</b>	Individual face-to-face (FTF)-CBT: 9 weekly sessions of individualized CBT therapy from an experienced psychologist who followed a detailed, scripted manual.		
<b>Participants (n)</b>	39		
<b>Drop-outs (n)</b>	Post-test 12 wk: 3 (8%) Follow-up 21 wk: 8 (21%)		
<b>Comparison</b>	TAU: women were referred to their GP supplemented with a written summary of their diagnostic assessment. Support and referral to other services could then occur as necessary as typically occurs in Australia when specialized programs are not available.		
<b>Participants (n)</b>	38		
<b>Drop-outs (n)</b>	Post-test 12 wk: 5 (13%) Follow-up 21 wk: 6 (16%)		
<b>Results</b>	Depressive symptoms (BDI-II)		
		<b>Pre</b>	<b>Post</b>
		<b>Follow-up</b>	
	MMB	28.1 (7.9)	11.6 (9.0)
	FTF CBT	27.2 (10.0)	21.4 (12.2)
			8.7 (6.9)
			15.0 (10.7)

	TAU	30.0 (8.8)	18.9 (10.2)	17.4 (11.5)
<b>Risk of bias</b>	Some concerns			
<b>Comments</b>	The average infant age was 26.1 (SD 14.5) weeks. Between groups differences in depression medication use.			

**BDI** = Becks Depression Inventory; **CBT** = Cognitive behavioral therapy; **DSM** = Diagnostic and Statistical Manual of mental disorders; **EPDS** = Edinburgh postnatal depression scale; **FTF** = Face to face; **IPT** = Integrated Psychological Therapy; **MMB** = MumMoodBooster; **MD** = Mean Deviation; **N/A** = not applicable; **RCT** = Randomised controlled trial; **SD** = Standard deviation; **TAU** = Treatment As Usual



<b>Author</b>	Leung et al												
<b>Year</b>	2016												
<b>Country</b>	Hong Kong												
<b>Reference</b>	[67]												
<b>Study design</b>	RCT												
<b>Screening cut-off</b>	EPDS $\geq 10$												
<b>Diagnosis</b>	DSM-IV												
<b>Population</b>	n=164 Age: 31.0 (4.8) Infant's age: N/A Baseline depression (EPDS): <ul style="list-style-type: none"> <li>• intervention 12.8 (2.3)</li> <li>• control 12.1 (2.6)</li> </ul>												
<b>Inclusion criteria</b>	Women aged $\geq 18$ years at 6 to 8 weeks after delivery, living with their husband, and able to communicate in Cantonese												
<b>Exclusion criteria</b>	Those with major mental illness who required medication, were referred for psychiatric or psychological therapy, or whose baby had died or required intensive care were excluded.												
<b>Outcome measurements</b>	3 months post intervention  6 months post intervention												
<b>Intervention</b>	A brief six-session group CBT intervention. Each group intervention comprised 10 to 12 participants who received a weekly 2-hour session for 6 weeks.												
<b>Participants (n)</b>	82												
<b>Drop-outs (n)</b>	3 months: 12 (15%) 6 months: 26 (32%)												
<b>Comparison</b>	Women were provided with a booklet that contained comprehensive information and education material about perinatal depression and a list of community resources.												
<b>Participants (n)</b>	82												
<b>Drop-outs (n)</b>	3 months: 20 (24%) 6 months: 31 (38%)												
<b>Results</b>	EPDS <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th>Baseline</th> <th>3 m</th> <th>6 m</th> </tr> </thead> <tbody> <tr> <td><b>Intervention</b></td> <td>12.8 (2.3)</td> <td>10.7 (3.8)</td> <td>9.4 (2.8)</td> </tr> <tr> <td><b>Control</b></td> <td>12.1 (2.6)</td> <td>11.6 (2.9)</td> <td>10.0 (3.2)</td> </tr> </tbody> </table>		Baseline	3 m	6 m	<b>Intervention</b>	12.8 (2.3)	10.7 (3.8)	9.4 (2.8)	<b>Control</b>	12.1 (2.6)	11.6 (2.9)	10.0 (3.2)
	Baseline	3 m	6 m										
<b>Intervention</b>	12.8 (2.3)	10.7 (3.8)	9.4 (2.8)										
<b>Control</b>	12.1 (2.6)	11.6 (2.9)	10.0 (3.2)										
<b>Risk of bias</b>	Some concerns												

CBT = Cognitive behavioral therapy; DSM = Diagnostic and Statistical Manual of mental disorders; EPDS = Edinburgh postnatal depression scale; N/A = not applicable; RCT = Randomised controlled trial

<b>Author</b>	Hou et al									
<b>Year</b>	2014									
<b>Country</b>	China									
<b>Reference</b>	[66]									
<b>Study design</b>	RCT									
<b>Screening cut-off</b>	EPDS $\geq 12$									
<b>Diagnosis</b>	Clinical Interview for DSM-IV-TR Axis I Disorders									
<b>Population</b>	n=249 Age: 28 $\pm$ 4 Infant's age: N/A Baseline depression (EPDS, (SD)): <ul style="list-style-type: none"> <li>• intervention 16.8 (1.9)</li> <li>• control 17.2 (1.6)</li> </ul>									
<b>Inclusion criteria</b>	1) symptoms met the criteria for depression, but severe depression was absent; 2) the depression lasted for more than 2 weeks; 3) depression was initially found after delivery; 4) patients had concomitant sleep disorder and PSQI score was $\leq 7$ ; 5) patients were aged 19-40 years; 6) patients were recruited at 42 days after delivery, were primiparous and had a full-term singleton birth; 7) patients cooperated with this study									
<b>Exclusion criteria</b>	1) patients had a history of personality disorder, mental retardation, prenatal psychiatric or other organic diseases; 2) patients had prenatal or intrapartum complications; 3) infants had deformities, severe asphyxia, or organic diseases.									
<b>Outcome measurements</b>	Post intervention, time not mentioned									
<b>Intervention</b>	CBT in combination with systemic family therapy (SFT) in addition to routine postnatal care. Psychotherapy sessions began 2 months after delivery and were discontinued 5 months after delivery (total of 3 months). CBT was delivered in 13 sessions, with one-on-one psychological counselling. Intervention was done once weekly (60 min each) for a total of 13 weeks. The providers had more than 7 years' experience in psychological counselling and psychotherapy and were certified by the National Psychological Counsellor (Grade II).									
<b>Participants (n)</b>	121									
<b>Drop-outs (n)</b>	17 (14%)									
<b>Comparison</b>	Routine postnatal care.									
<b>Participants (n)</b>	128									
<b>Drop-outs (n)</b>	19 (15%)									
<b>Results</b>	EPDS <table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="border-bottom: 1px solid black;">Baseline</th> <th style="border-bottom: 1px solid black;">post</th> </tr> </thead> <tbody> <tr> <td style="border-right: 1px solid black;"><b>Intervention</b></td> <td>16.8 (1.9)</td> <td>13.4 (2.9)</td> </tr> <tr> <td style="border-right: 1px solid black;"><b>Control</b></td> <td>17.2 (1.6)</td> <td>15.7 (3.5)</td> </tr> </tbody> </table>		Baseline	post	<b>Intervention</b>	16.8 (1.9)	13.4 (2.9)	<b>Control</b>	17.2 (1.6)	15.7 (3.5)
	Baseline	post								
<b>Intervention</b>	16.8 (1.9)	13.4 (2.9)								
<b>Control</b>	17.2 (1.6)	15.7 (3.5)								
<b>Risk of bias</b>	Some concerns									

**CBT** = Cognitive behavioral therapy; **DSM** = Diagnostic and Statistical Manual of mental disorders; **EPDS** = Edinburgh postnatal depression scale; **N/A** = not applicable; **RCT** = Randomised controlled trial; **SD** = Standard deviation

<b>Author</b>	Wozney et al
<b>Year</b>	2017
<b>Country</b>	Canada
<b>Reference</b>	[40]
<b>Study design</b>	RCT
<b>Screening cut-off</b>	N/A
<b>Diagnosis</b>	SCID-I
<b>Population</b>	n=62 Age, y (mean (SD)): intervention 28.0 (3.9); control 29.9 (5.6) Infant's age, mo (mean (SD)): intervention 6.5 (3.1); control 6.4 (3.5): Baseline depression, EPDS (mean (SD)): <ul style="list-style-type: none"> <li>• intervention 16.34 (2.99)</li> <li>• control 16.18 (3.65)</li> </ul>
<b>Inclusion criteria</b>	between 19 and 45 years of age, live in Nova Scotia, be 1 to 12 months postpartum and meet criteria for major depressive disorder with peripartum onset, according to the DSM-IV-TR
<b>Exclusion criteria</b>	(a) active suicidal ideation and/or attempted suicide in the previous 6 months, (b) a history of a psychotic disorder, (c) involvement with Child Protection Services, (d) substance dependence or (e) receiving a similar intervention in the past 6 months.
<b>Outcome measurement</b>	3, 6 and 12 months
<b>Intervention</b>	Strongest Families™ Managing Our Mood (MOM): a distant 12-session, cognitive behavioural-based intervention. participants were sent a package containing the handbook and corresponding video and a partner/companion information brochure about PPD. To complete the intervention, participants were asked to review each session in the handbook on a weekly basis, watch the video session and complete a series of exercises
<b>Participants (n)</b>	32
<b>Drop-outs (n)</b>	3 months: 7 (22%) 6 months: 7 (22%) 12 months: 6 (19%)
<b>Comparison</b>	Women received: (1) two 'Ask Dr. Pat' columns specific to depression and PPD ('Ask Dr. Pat' was an evidence-based weekly column, written by PJM, that appeared in a local newspaper); and (2) an information brochure on PPD that described the illness, its causes and treatment options. Participants were encouraged to maintain regular contact with their family physician or public health nurse.
<b>Participants (n)</b>	30
<b>Drop-outs (n)</b>	3 months: 4 (13%) 6 months: 6 (20%) 12 months: 6 (20%)
<b>Results</b>	The intervention (versus control) group participants were 1.2 times as likely to experience diagnostic improvement at 3 months (mid-intervention) $p=0.730$ , 1.8 times as likely to experience improvement at 6 months ( $p=0.400$ ) and 5.2 times as likely to experience improvement at 12 months ( $p=0.050$ ). This difference only achieved statistical significance at 12-month follow-up.
<b>Risk of bias</b>	Some concerns

**DSM** = Diagnostic and Statistical Manual of mental disorders; **EPDS** = Edinburgh postnatal depression scale; **N/A** = not applicable; **RCT** = Randomised controlled trial; **SD** = Standard deviation; **SCID-I** = Structured Clinical Interview for DSM-IV-Axis I Disorders

<b>Author</b>	Van Lieshout et al												
<b>Year</b>	2022												
<b>Country</b>	Canada												
<b>Reference</b>	[76]												
<b>Study design</b>	RCT												
<b>Screening cut-off</b>	EPDS $\geq 10$												
<b>Diagnosis</b>	N/A												
<b>Population</b>	n=141 Age, y (mean (SD)): intervention 31.4 (4.9); control 30.4 (4.7) Infant's age, m (mean (SD)): intervention 5.2 (2.8); control 5.8 (3.6) Baseline depression, EPDS, mean (95% CI): <ul style="list-style-type: none"> <li>intervention 16.09 (14.89– 17.29)</li> <li>control 15.73 (14.58– 16.87)</li> </ul>												
<b>Inclusion criteria</b>	Age $\geq 18$ years-old, had an infant $< 12$ months, an EPDS score $\geq 10$ , and were living in the Niagara Region of Ontario at enrolment.												
<b>Exclusion criteria</b>	Women with bipolar, psychotic, and/or current substance use disorders were excluded.												
<b>Outcome measurement</b>	Post-treatment (9 weeks) and 6 months												
<b>Intervention</b>	Public health nurse-delivered group CBT. Nine weekly 2-h sessions. Each group was delivered by two nurses. The first half of each session consisted of core CBT content, and the second half included psychoeducation and/or a discussion of topics relevant to PPD (e.g., sleep, supports) and co-led by mothers and public health nurses. Each participant was provided with a copy of the CBT manual which detailed each week's content and included homework forms for practicing skills.												
<b>Participants (n)</b>	70												
<b>Drop-outs (n)</b>	9 weeks: 8 (11%)												
<b>Comparison</b>	TAU. Healthcare in Ontario is universally available and so TAU could involve medications and/or psychotherapy from a physician and/or clinician at a provincially-funded facility/program. Private therapists or any other treatments could also be utilized.												
<b>Participants (n)</b>	71												
<b>Drop-outs (n)</b>	9 weeks: 14 (20%)												
<b>Results</b>	EPDS, mean (95% CI) <table border="1"> <thead> <tr> <th></th> <th>Baseline</th> <th>9w</th> <th>6m</th> </tr> </thead> <tbody> <tr> <td><b>Intervention</b></td> <td>16.1 (14.9 to 17.3)</td> <td>10.8* (9.5 to 12.1)</td> <td>9.4 (8.0 to 10.7)</td> </tr> <tr> <td><b>Control</b></td> <td>15.7 (14.6 to 16.9)</td> <td>13.8 (12.6 to 15.1)</td> <td>13.2 (11.9 to 14.6)</td> </tr> </tbody> </table> *Statistically significant difference between experimental and control groups ( $p < 0.05$ ).		Baseline	9w	6m	<b>Intervention</b>	16.1 (14.9 to 17.3)	10.8* (9.5 to 12.1)	9.4 (8.0 to 10.7)	<b>Control</b>	15.7 (14.6 to 16.9)	13.8 (12.6 to 15.1)	13.2 (11.9 to 14.6)
	Baseline	9w	6m										
<b>Intervention</b>	16.1 (14.9 to 17.3)	10.8* (9.5 to 12.1)	9.4 (8.0 to 10.7)										
<b>Control</b>	15.7 (14.6 to 16.9)	13.8 (12.6 to 15.1)	13.2 (11.9 to 14.6)										
<b>Risk of bias</b>	Some concerns												
<b>Comments</b>	Antidepressant use: intervention 15 (33%); control 13 (24%)												

**CBT** = Cognitive behavioral therapy; **CI** = Confidence interval; **DSM** = Diagnostic and Statistical Manual of mental disorders; **EPDS** = Edinburgh postnatal depression scale; **N/A** = not applicable; **RCT** = Randomised controlled trial; **SD** = Standard deviation; **TAU** = Treatment As Usual

<b>Author</b>	Milgrom et al									
<b>Year</b>	2016									
<b>Country</b>	Australia									
<b>Refence</b>	[68]									
<b>Study design</b>	RCT									
<b>Screening cut-off</b>	11<EPDS<23									
<b>Diagnosis</b>	SCID-IV									
<b>Population</b>	n=43 Age, y (mean (SD)): intervention 31.7 (4.6); control: 31.5 (4.3) Infant's age, m (mean (SD)): intervention 6.52 (2.8); control 6.15 (3.1) Baseline depression, EPDS (mean (SD)): <ul style="list-style-type: none"> <li>• intervention: 16.6 (3.1)</li> <li>• control: 15.8 (2.8)h</li> </ul>									
<b>Inclusion criteria</b>	For screening: Australian residency, 18 years of age or older, English speaking, less than 1 year postpartum, Internet access with regular email use, an EPDS score of 11 to 23, no current treatment for depression (medication or psychotherapy), and a score of less than 3 on item #10 of the EPDS. Study inclusion: (1) meeting criteria for a major depressive disorder or (2) meeting criteria for a minor depressive disorder.									
<b>Exclusion criteria</b>	(1) current substance abuse, (2) current and past manic/hypomanic symptoms, (3) posttraumatic stress disorder, (4) alcohol abuse or dependence, (5) depression with psychotic features, (6) risk of suicide as per risk protocol, and (7) current active treatment for depression (medication or psychotherapy).									
<b>Outcome measurement</b>	12 weeks									
<b>Intervention</b>	Internet-based CBT intervention - The MumMoodBooster program, which consisted of six interactive sessions. Participants received guided support from a telephone coach to assist and encourage them in their use and practice of particular strategies (coaches were instructed to spend a maximum of 30 minutes per week per participant).									
<b>Participants (n)</b>	21									
<b>Drop-outs (n)</b>	Baseline: 2 (10%) 12 weeks: 2 (10%)									
<b>Comparison</b>	Women's nominated health professional received a written notification of the depressive diagnosis that encouraged them to consult with their patient regarding mental health care needs and to form a collaborative care plan with the patient's other relevant health care practitioners. The health professionals were then free to treat or to refer to other services/agencies as they judged appropriate. TAU participants were also provided with links to general Internet resources on mental health									
<b>Participants (n)</b>	22									
<b>Drop-outs (n)</b>	Baseline: 1 (5%) 12 weeks: 0									
<b>Results</b>	BDI, mean (SD) <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th>Baseline</th> <th>12w</th> </tr> </thead> <tbody> <tr> <td><b>Intervention</b></td> <td>25.3 (6.4)</td> <td>14.5 (12.2)</td> </tr> <tr> <td><b>Control</b></td> <td>26.3 (8.6)</td> <td>23.0 (7.5)</td> </tr> </tbody> </table>		Baseline	12w	<b>Intervention</b>	25.3 (6.4)	14.5 (12.2)	<b>Control</b>	26.3 (8.6)	23.0 (7.5)
	Baseline	12w								
<b>Intervention</b>	25.3 (6.4)	14.5 (12.2)								
<b>Control</b>	26.3 (8.6)	23.0 (7.5)								
<b>Risk of bias</b>	Some concerns									

**CBT** = Cognitive behavioral therapy; **CI** = Confidence interval; **EPDS** = Edinburgh postnatal depression scale; **N/A** = not applicable; **RCT** = Randomised controlled trial; **SD** = Standard deviation; **SCID-I** = Structured Clinical Interview for DSM-IV-Axis I Disorders; **TAU** = Treatment As Usual

<b>Author</b>	Pugh et al															
<b>Year</b>	2016															
<b>Country</b>	Canada															
<b>Reference</b>	[75]															
<b>Study design</b>	RCT															
<b>Screening cut-off</b>	EPDS $\geq$ 10															
<b>Diagnosis</b>	Mini-international Neuropsychiatric Interview															
<b>Population</b>	n=50 Age: N/A Infant's age: N/A Baseline depression, EPDS (mean (SD)): <ul style="list-style-type: none"> <li>• intervention: 15.68 (4.23)</li> <li>• control: 16.24 (3.54)</li> </ul>															
<b>Inclusion criteria</b>	(a) 18 years of age or older; (b) gave birth to an infant within the past year; (c) residing in Saskatchewan; (d) self-reported access to and comfort using a computer and the Internet; (e) score of $\geq$ 10 on the EPDS; (f) consent to notify a physician of their participation; (g) not receiving other psychotherapy; (h) if taking medication, stable dose for more than a month; and (i) no past or present psychotic mental illness (schizophrenia), bipolar disorder, or current suicide plan or intent															
<b>Exclusion criteria</b>	N/A															
<b>Outcome measurement</b>	Post-treatment (7-10 wk) 4 wk post-treatment (intervention group only)															
<b>Intervention</b>	Therapist Assisted, Internet-Delivered CBT (TA-ICBT) comprising of seven modules. Participants were encouraged to progress at a pace of one module per week although more time was often taken. Participants were provided with a username and password that allowed them to access the site and message their therapist. The Internet therapists included two doctoral students in Clinical Psychology who were supervised by a registered psychologist and expert in TA-ICBT.															
<b>Participants (n)</b>	25															
<b>Drop-outs (n)</b>	Post-treatment: 5 (20%) Follow-up: 10 (40%)															
<b>Comparison</b>	Waitlist Control. Participants were provided with an information pamphlet that included psychoeducation on PPD and websites to access provincial mental health support services.															
<b>Participants (n)</b>	25															
<b>Drop-outs (n)</b>	4 (16%)															
<b>Results</b>	EPDS, mean (SD) <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th>Screening</th> <th>Baseline</th> <th>7-10 wk</th> <th>Follow up</th> </tr> </thead> <tbody> <tr> <td><b>Intervention</b></td> <td>15.7 (4.2)</td> <td>14.9 (4.3)</td> <td>8.7 (3.8)</td> <td>5.6 (2.4)</td> </tr> <tr> <td><b>Control</b></td> <td>16.2 (3.5)</td> <td>15.1 (4.1)</td> <td>12.7 (3.7)</td> <td>-</td> </tr> </tbody> </table>		Screening	Baseline	7-10 wk	Follow up	<b>Intervention</b>	15.7 (4.2)	14.9 (4.3)	8.7 (3.8)	5.6 (2.4)	<b>Control</b>	16.2 (3.5)	15.1 (4.1)	12.7 (3.7)	-
	Screening	Baseline	7-10 wk	Follow up												
<b>Intervention</b>	15.7 (4.2)	14.9 (4.3)	8.7 (3.8)	5.6 (2.4)												
<b>Control</b>	16.2 (3.5)	15.1 (4.1)	12.7 (3.7)	-												
<b>Risk of bias</b>	Some concerns															

**CBT** = Cognitive behavioral therapy; **CI** = Confidence interval; **EPDS** = Edinburgh postnatal depression scale; **N/A** = not applicable; **RCT** = Randomised controlled trial; **SD** = Standard deviation



<b>Author</b>	Milgrom et al												
<b>Year</b>	2011												
<b>Country</b>	Australia												
<b>Reference</b>	[70]												
<b>Study design</b>	RCT												
<b>Screening cut-off</b>	EPDS $\geq 13$												
<b>Diagnosis</b>	Interview with GP												
<b>Population</b>	n=68 Age: intervention 1: 33.1 (4.4); intervention 2: 31.4 (5.6); control 30 (3.3) Infant's age, wk: 1: 14.84 (11.44); 2: 20.68 (9.15), C 17.03 (9.22) Baseline depression (mean EPDS (SD)): <ul style="list-style-type: none"> <li>• intervention 1: 16.8 (4.8)</li> <li>• intervention 2: 17.0 (4.5)</li> <li>• control 17.1 (4.5)</li> </ul>												
<b>Inclusion criteria</b>	Screening score above cut-off on the EPDS; infant aged 6 weeks to 4 months												
<b>Exclusion criteria</b>	Insufficient English; psychotic symptoms; need for immediate crisis management												
<b>Outcome measurement</b>	Baseline, again after 3 weeks, and immediately post-study												
<b>Intervention 1</b>	Adjunctive counselling-CBT from a nurse. Women received six sessions (one per week over six weeks) of the manualised Overcoming Postnatal Depression Program. This counselling-CBT program was delivered by a trained nurse at maternal and child health centres and was an adjunct to GP management.												
<b>Participants (n)</b>	22												
<b>Drop-outs (n)</b>	5 (23%)												
<b>Intervention 2</b>	Adjunctive counselling-CBT from a psychologist. Women received six sessions (one per week over six weeks) of the same Overcoming Postnatal Depression Program as intervention 1. This counselling-CBT was delivered by an experienced psychologist at a hospital Psychology department. This was delivered as an adjunct to GP management.												
<b>Participants (n)</b>	23												
<b>Drop-outs (n)</b>	6 (26%)												
<b>Comparison</b>	GP management Women were managed as usual by their own GP (trained in PND management).												
<b>Participants (n)</b>	23												
<b>Drop-outs (n)</b>	8 (35%)												
<b>Results</b>	BDI-II, mean (SD) <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th>Baseline</th> <th>Post study</th> </tr> </thead> <tbody> <tr> <td><b>Intervention 1</b></td> <td>25.5 (8.3)</td> <td>6.1 (4.8)</td> </tr> <tr> <td><b>Intervention 2</b></td> <td>30.9 (10.7)</td> <td>10.9 (11.0)</td> </tr> <tr> <td><b>Control</b></td> <td>27.9 (10.8)</td> <td>11.8 (9.8)</td> </tr> </tbody> </table>		Baseline	Post study	<b>Intervention 1</b>	25.5 (8.3)	6.1 (4.8)	<b>Intervention 2</b>	30.9 (10.7)	10.9 (11.0)	<b>Control</b>	27.9 (10.8)	11.8 (9.8)
	Baseline	Post study											
<b>Intervention 1</b>	25.5 (8.3)	6.1 (4.8)											
<b>Intervention 2</b>	30.9 (10.7)	10.9 (11.0)											
<b>Control</b>	27.9 (10.8)	11.8 (9.8)											
<b>Risk of bias</b>	Some concerns												

CBT = Cognitive behavioral therapy; EPDS = Edinburgh postnatal depression scale; GP = general practitioner; N/A = not applicable; RCT = Randomised controlled trial; SD = Standard deviation

<b>Author</b>	Pinheiro et al	
<b>Year</b>	2014	
<b>Country</b>	Brazil	
<b>Reference</b>	[73]	
<b>Study design</b>	RCT	
<b>Screening cut-off</b>	BDI $\geq$ 12	
<b>Diagnosis</b>	N/A	
<b>Population</b>	n=60 Age, y (mean (SD)): 27.0 (6.8) Infant's age: N/A Baseline depression (BDI, mean (SD)):	
	<ul style="list-style-type: none"> <li>• intervention: 20.43 (7.12)</li> <li>• control: 17.8 (6.7)</li> </ul>	
<b>Inclusion criteria</b>	Residence in the urban zone of Pelotas; age over 18 years; and signing an informed consent form	
<b>Exclusion criteria</b>	Usage of antidepressants or mood stabilizers. Those who showed a risk of suicide or refused to receive interventions were excluded from the study and referred to the psychiatric clinic of the institution at which the study took place.	
<b>Outcome measurement</b>	30 to 60 days after giving birth, immediately after the intervention, and in the follow-up period 12 months after the conclusion of treatment.	
<b>Intervention</b>	CBT, 7 sessions. The CBT manual was constructed according to Beck's proposals. Each session followed a script to determine the mood of the patient, a bridge with the previous session, establishment of the session agenda, a review of homework, a discussion of the items on the agenda, establishment of household tasks, a final review, and feedback. The therapists were clinical psychology interns with previous experience in short-term psychotherapy and were trained for three months by study coordinators	
<b>Participants (n)</b>	32	
<b>Drop-outs (n)</b>	Post treatment: 2 (6%) 12 months: 4 (13%)	
<b>Comparison</b>	Relational Constructivist Psychotherapy (RCT), 7 sessions. The RCT manual was constructed in accordance with the Botella proposal (1995). Each session followed a script that included the interpretation of new situations, allowing the patient to recover feelings of intelligibility and transformation that had been lost. The therapists were clinical psychology interns with previous experience in short-term psychotherapy and were trained for three months by study coordinators	
<b>Participants (n)</b>	28	
<b>Drop-outs (n)</b>	Post treatment: 2 (7%) 12 months: 6 (21%)	
<b>Results</b>	BDI, mean (SD)	
	<b>Baseline</b>	<b>Post-intervention</b>
	<b>Intervention</b>	14.10 (10.15)
	<b>Control</b>	8.85 (9.34)
<b>Risk of bias</b>	Some concerns	

BDI = Becks Depression Inventory; CBT = Cognitive behavioral therapy; N/A = not applicable; RCT = Randomised controlled trial; SD = Standard deviation

<b>Author</b>	O'Mahen et al	
<b>Year</b>	2013	
<b>Country</b>	UK	
<b>Reference</b>	[72]	
<b>Study design</b>	RCT	
<b>Screening cut-off</b>	EPDS >12	
<b>Diagnosis</b>	N/A	
<b>Population</b>	n=910 Age, mean (SD): intervention 32.3 (4.7); control 32.2 (5.7) Infant's age: Baseline depression (EPDS, mean (SD)):	
<b>Inclusion criteria</b>	<ul style="list-style-type: none"> <li>• intervention 19.46 (3.81)</li> <li>• control 19.44 (3.8)</li> </ul>	
<b>Exclusion criteria</b>	Women who were members of Netmums, aged 18 or over, suffering from depressive symptoms, and who had given birth within the past 12 months.	
<b>Outcome measurement</b>	N/A Baseline and 15 weeks post-randomization	
<b>Intervention</b>	The treatment was adapted for postnatal, online delivery from the manual developed for Behavioral Activation (BA). The program consisted of 11 weekly sessions that could be completed in up to 40 min each.	
<b>Participants (n)</b>	462	
<b>Drop-outs (n)</b>	281 (61%)	
<b>Comparison</b>	The TAU condition was allowed to vary as per usual practice. Women in both groups had access to Netmums' general depression chat room throughout the course of the study. This chat room is monitored by parent supporters and specialist health visitors.	
<b>Participants (n)</b>	448	
<b>Drop-outs (n)</b>	286 (64%)	
<b>Results</b>	<b>Baseline</b>	<b>15 wk</b>
	<b>Intervention</b>	10.94 (5.57)
	<b>Control</b>	14.28 (6.63)
<b>Risk of bias</b>	Some concerns	

**EPDS** = Edinburgh postnatal depression scale; **N/A** = not applicable; **RCT** = Randomised controlled trial; **SD** = Standard deviation; **TAU** = Treatment As Usual

<b>Author</b>	O'Mahen et al	
<b>Year</b>	2014	
<b>Country</b>	UK	
<b>Reference</b>	[71]	
<b>Study design</b>	RCT	
<b>Screening cut-off</b>	EPDS >12	
<b>Diagnosis</b>	ICD-10 criteria for major depressive disorder (MDD)	
<b>Population</b>	n=83 Age: N/A Infant's age: N/A Baseline depression (EPDS (SD)): <ul style="list-style-type: none"> <li>• intervention 20.2 (3.28)</li> <li>• control 21.1 (4.0)</li> </ul>	
<b>Inclusion criteria</b>	Women aged over 18 years, had given birth to a live baby in the last year, scored greater than 12 on the EPDS, and spoke English	
<b>Exclusion criteria</b>	Substance abuse, experience psychosis	
<b>Outcome measurement</b>	Baseline, post-treatment (17 wk), and 6 months post-treatment	
<b>Intervention</b>	Internet behavioural activation (BA) treatment modified to address postnatal-specific concerns (Netmums Helping With Depression (NetmumsHWD)). The 12-session treatment course consisted of a core BA module (five sessions) and a relapse prevention session. Women also chose two optional modules from a list of a possible six. Women received weekly phone call support from mental health workers with undergraduate degrees and 1 year of further clinical qualification in psychological therapies	
<b>Participants (n)</b>	41	
<b>Drop-outs (n)</b>	Post-treatment 3 (7%) 6 months 10 (24%)	
<b>Comparison</b>	The TAU condition was allowed to vary according to usual practice. Women in both groups had access to Netmums' general depression chat room throughout the course of the study. This chat room is moderated by health visitors and parent supporters who provide email/chat room posting support and advice for depression.	
<b>Participants (n)</b>	42	
<b>Drop-outs (n)</b>	Post-treatment 8 (19%) 6 months 13 (32%)	
<b>Results</b>	EPDS, mean (SD)	
	<b>Baseline</b>	<b>17 wk</b>
	<b>Intervention</b>	11.1 (4.7)
	<b>Control</b>	14.3 (5.1)
<b>Risk of bias</b>	Some concerns	
<b>Comments</b>	At baseline, 63% (52/83) of the total randomized sample was taking an antidepressant medication	

EPDS = Edinburgh postnatal depression scale; ICD = International Statistical Classification of Diseases and Related Health Problems; N/A = not applicable; RCT = Randomised controlled trial; SD = Standard deviation; TAU = Treatment As Usual

<b>Author</b>	Tamaki et al		
<b>Year</b>	2008		
<b>Country</b>	Japan		
<b>Reference</b>	[87]		
<b>Study design</b>	RCT		
<b>Screening cut-off</b>	EPDS $\geq 9$		
<b>Diagnosis</b>	SCID-PND		
<b>Population</b>	n=18 Age, mean (SD): 33.81 (4.34) Infant's age: N/A Baseline depression, EPDS, median (IQR):		
<b>Inclusion criteria</b>	N/A		
<b>Exclusion criteria</b>	Women were excluded if they lived outside the district, had delivered prematurely (before 36 weeks' gestation), if their infant had any congenital or serious disease, if they did not have a singleton birth, or if they had received any antidepressant or other specific treatments during the study period		
<b>Outcome measurement</b>	Recruitment (time 1), 1 week post intervention (time 2), and 6 weeks' post intervention (time 3)		
<b>Intervention</b>	In addition to routine care, the intervention group received four home visits by mental health nurses between 1 and 4 months after giving birth. Each home visit was at least 1 hour in duration.		
<b>Participants (n)</b>	9		
<b>Drop-outs (n)</b>	2 (22%)		
<b>Comparison</b>	Routine care: a postpartum visit at home for the newborn with a midwife or a public health nurse and a 4-month post-partum check-up at a community-based centre. The intervention consisted of active listening, providing support and acceptance of the woman, psychoeducation on depressive symptoms, and advice on coping strategies for problematic life issues, including parenting and increasing access to social or family support. delivered by three experienced female mental health nurses with a master's degree.		
<b>Participants (n)</b>	9		
<b>Drop-outs (n)</b>	0		
<b>Results</b>	EPDS, median (IQR)		
		<b>Time 1</b>	<b>Time 2</b>
	<b>Intervention</b>	9.0 (5.5)	5.5 (1.5)
	<b>Control</b>	12.0 (10.0)	10.7 (12.0)
			<b>Time 3</b>
			5.5 (2.5)
			8.7 (9.0)
<b>Risk of bias</b>	Some concerns		

EPDS = Edinburgh postnatal depression scale; IQR = interquartile range; N/A = not applicable; RCT = Randomised controlled trial; SD = Standard deviation; SCID-PND = Structured Clinical Interview for DSM-IV-Axis I - Postnatal depression

<b>Author</b>	Mulcahy et al												
<b>Year</b>	2010												
<b>Country</b>	Australia												
<b>Reference</b>	[79]												
<b>Study design</b>	RCT												
<b>Screening cut-off</b>	A telephone screen - conducted by one of the researchers												
<b>Diagnosis</b>	Millon Clinical Multiaxial Inventory-III (MCMI-III) and a score of 14 or more on HAM-D												
<b>Population</b>	n=57 Age, years, mean (SD): intervention 32.00 (3.27); TAU 32.41 (3.47) Infant's age, months, mean (SD): intervention 6.65 (3.43); TAU 5.74 (3.07) Baseline depression (EPDS, mean (SD)): <ul style="list-style-type: none"> <li>• intervention 17.56 (3.97)</li> <li>• control 16.11 (3.72)</li> </ul>												
<b>Inclusion criteria</b>	Diagnosis of postnatal depression based on DSM-IV criteria for major depression and an infant aged 12 months or younger.												
<b>Exclusion criteria</b>	The presence of severe personality disorder, acute psychosis, suicidality, significant substance abuse, child abuse or neglect.												
<b>Outcome measurement</b>	Baseline, 4 wk (mid-treatment), 8 wk (end of treatment)												
<b>Intervention</b>	Group interpersonal psychotherapy (IPT-G). IPT is a short-term psychotherapy that specifically targets interpersonal relationships. In particular, the social role transitions, conflicts and issues with key relationships, as well as grief and loss issues associated with becoming a parent. IPT-G consists of two individual sessions, eight group therapy sessions (2 hours duration) and an additional two-hour partner's evening												
<b>Participants (n)</b>	28												
<b>Drop-outs (n)</b>	7 (25%)												
<b>Comparison</b>	TAU encompassed all the options for support, assistance and treatment for postnatal depression currently being accessed by women in the Australian Capital Territory (ACT) community. Thus, potential treatment options included antidepressant medication, natural remedies, nondirective counselling, Maternal and Child Health Nurse support, community support groups, and individual psychotherapy or group therapy already provided in the community.												
<b>Participants (n)</b>	29												
<b>Drop-outs (n)</b>	2 (7%)												
<b>Results</b>	EPDS, mean (SD) <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th>Baseline</th> <th>4 wk</th> <th>8 wk*</th> </tr> </thead> <tbody> <tr> <td><b>Intervention</b></td> <td>17.56 (3.97)</td> <td>11.56 (4.77)</td> <td>10.34 (4.76)</td> </tr> <tr> <td><b>Control</b></td> <td>16.11 (3.72)</td> <td>12.00 (5.00)</td> <td>13.77 (5.80)</td> </tr> </tbody> </table> <p>*p=0.014</p>		Baseline	4 wk	8 wk*	<b>Intervention</b>	17.56 (3.97)	11.56 (4.77)	10.34 (4.76)	<b>Control</b>	16.11 (3.72)	12.00 (5.00)	13.77 (5.80)
	Baseline	4 wk	8 wk*										
<b>Intervention</b>	17.56 (3.97)	11.56 (4.77)	10.34 (4.76)										
<b>Control</b>	16.11 (3.72)	12.00 (5.00)	13.77 (5.80)										
<b>Risk of bias</b>	Some concerns												

**DSM** = Diagnostic and Statistical Manual of mental disorders; **EPDS** = Edinburgh postnatal depression scale; **HAM-D** = Hamilton Depression Rating Scale; **N/A** = not applicable; **RCT** = Randomised controlled trial; **SD** = Standard deviation; **TAU** = Treatment As Usual

<b>Author</b>	Reay et al, follow up to Mulcahy et al														
<b>Year</b>	2012, 2010														
<b>Country</b>	Australia														
<b>Reference</b>	[82] [79]														
<b>Study design</b>	RCT														
<b>Screening cut-off</b>	A telephone screen - conducted by one of the researchers														
<b>Diagnosis</b>	Millon Clinical Multiaxial Inventory-III (MCMI-III) and a score of 14 or more on HAM-D														
<b>Population</b>	n=44 Age, years, mean (SD): intervention 32.00 (3.27); TAU 32.41 (3.47) Infant's age, months, mean (SD): intervention 6.65 (3.43); TAU 5.74 (3.07) Baseline depression (EPDS, mean (SD)):														
	<ul style="list-style-type: none"> <li>• intervention 17.56 (3.97)</li> <li>• control 16.11 (3.72)</li> </ul>														
<b>Inclusion criteria</b>	Diagnosis of postnatal depression based on DSM-IV criteria for major depression and an infant aged 12 months or younger.														
<b>Exclusion criteria</b>	The presence of severe personality disorder, acute psychosis, suicidality, significant substance abuse, child abuse or neglect.														
<b>Outcome measurement</b>	3 months, 2 years														
<b>Intervention</b>	Group interpersonal psychotherapy (IPT-G). IPT is a short-term psychotherapy that specifically targets interpersonal relationships. In particular, the social role transitions, conflicts and issues with key relationships, as well as grief and loss issues associated with becoming a parent. IPT-G consists of two individual sessions, eight group therapy sessions (2 hours duration) and an additional two-hour partner's evening														
<b>Participants (n)</b>	23														
<b>Drop-outs (n)</b>	0														
<b>Comparison</b>	TAU encompassed all the options for support, assistance and treatment for postnatal depression currently being accessed by women in the Australian Capital Territory (ACT) community. Thus, potential treatment options included antidepressant medication, natural remedies, nondirective counselling, Maternal and Child Health Nurse support, community support groups, and individual psychotherapy or group therapy already provided in the community.														
<b>Participants (n)</b>	21														
<b>Drop-outs (n)</b>	6 (29%)														
<b>Results</b>	<table border="1"> <thead> <tr> <th></th> <th>End of treatment*</th> <th>3 months*</th> <th>2 years</th> </tr> </thead> <tbody> <tr> <td><b>Intervention</b></td> <td>10.34 (4.8)</td> <td>7.77 (4.4)</td> <td>8.87 (6.8)</td> </tr> <tr> <td><b>Control</b></td> <td>13.77 (5.8)</td> <td>12.74 (6.2)</td> <td>9.86 (5.4)</td> </tr> </tbody> </table> <p>*Significant difference</p>				End of treatment*	3 months*	2 years	<b>Intervention</b>	10.34 (4.8)	7.77 (4.4)	8.87 (6.8)	<b>Control</b>	13.77 (5.8)	12.74 (6.2)	9.86 (5.4)
	End of treatment*	3 months*	2 years												
<b>Intervention</b>	10.34 (4.8)	7.77 (4.4)	8.87 (6.8)												
<b>Control</b>	13.77 (5.8)	12.74 (6.2)	9.86 (5.4)												
<b>Risk of bias</b>	Some concerns														

**DSM** = Diagnostic and Statistical Manual of mental disorders; **EPDS** = Edinburgh postnatal depression scale; **HAM-D** = Hamilton Depression Rating Scale; **N/A** = not applicable; **RCT** = Randomised controlled trial; **SD** = Standard deviation; **TAU** = Treatment As Usual

<b>Author</b>	Vigod et al										
<b>Year</b>	2021										
<b>Country</b>	Canada										
<b>Reference</b>	[81]										
<b>Study design</b>	RCT										
<b>Screening cut-off</b>	EPDS >10										
<b>Diagnosis</b>	N/A										
<b>Population</b>	n=98 Age, mean (SD): intervention 33.4 (4.49), control 32.6 (5.51) Infant's age: Baseline depression (mean EPDS (SD)):										
	<ul style="list-style-type: none"> <li>• intervention 14.5 (4.07)</li> <li>• control 15.0 (3.56)</li> </ul>										
<b>Inclusion criteria</b>	18 years or older with an infant between 0 and 12 months old living with them, resided in Ontario, and had an EPDS score of 10 or above.										
<b>Exclusion criteria</b>	Individuals with active suicidal ideation, mania, psychosis, or a substance or alcohol use disorder; and those without internet access, or unable to read or write in English										
<b>Outcome measurement</b>	Posttreatment										
<b>Intervention</b>	Mother Matters is based on the framework of interpersonal therapy (IPT). The intervention was divided into 10 weekly topics. Two highly trained mental health therapists (with Master of Social Work degrees) facilitated the intervention.										
<b>Participants (n)</b>	50										
<b>Drop-outs (n)</b>	13 (26%)										
<b>Comparison</b>	Waitlist. There were no restrictions on the utilization of other treatments in either study group, who were both eligible to receive usual care. Usual care services for postpartum depression symptoms in Ontario range from peer support and in-person support groups often moderated by a public health nurse, to individual or group psychological treatment, to psychotropic medication prescribed in primary care or by a psychiatrist.										
<b>Participants (n)</b>	48										
<b>Drop-outs (n)</b>	8 (17%)										
<b>Results</b>	<table border="1"> <thead> <tr> <th></th> <th>Baseline</th> <th>Posttreatment</th> </tr> </thead> <tbody> <tr> <td><b>Intervention</b></td> <td>14.5 (4.07)</td> <td>11.3 (4.54)</td> </tr> <tr> <td><b>Control</b></td> <td>15.0 (3.56)</td> <td>12.0 (4.79)</td> </tr> </tbody> </table>			Baseline	Posttreatment	<b>Intervention</b>	14.5 (4.07)	11.3 (4.54)	<b>Control</b>	15.0 (3.56)	12.0 (4.79)
	Baseline	Posttreatment									
<b>Intervention</b>	14.5 (4.07)	11.3 (4.54)									
<b>Control</b>	15.0 (3.56)	12.0 (4.79)									
<b>Risk of bias</b>	Some concerns										

EPDS = Edinburgh postnatal depression scale; N/A = not applicable; RCT = Randomised controlled trial; SD = Standard deviation



<b>Author</b>	O'Hara et al																				
<b>Year</b>	2000																				
<b>Country</b>	USA																				
<b>Reference</b>	[80]																				
<b>Study design</b>	RCT																				
<b>Screening cut-off</b>	N/A																				
<b>Diagnosis</b>	SCID for DSM-IV																				
<b>Population</b>	n=120 Age: intervention 29.4 (4.9), control 29.7 (4.5) Infant's age: N/A Baseline depression (HRSD, mean (SD)): <ul style="list-style-type: none"> <li>• intervention 19.4 (4.6)</li> <li>• control 19.8 (5.3)</li> </ul>																				
<b>Inclusion criteria</b>	At least 18 years old and were married or living with a partner for at least 6 months																				
<b>Exclusion criteria</b>	(1) a lifetime history of bipolar disorder, schizophrenia, organic brain syndrome, mental retardation, or antisocial personality disorder; or (2) a current diagnosis of alcohol or substance abuse, panic disorder, somatization disorder, or 3 or more schizotypal features.																				
<b>Outcome measurement</b>	4, 8, and 12 wk																				
<b>Intervention</b>	Interpersonal therapy (IPT), one hour a week under 12 weeks, delivered by experienced psychotherapist.																				
<b>Participants (n)</b>	60																				
<b>Drop-outs (n)</b>	12 (20%)																				
<b>Comparison</b>	Waiting list under 12 weeks.																				
<b>Participants (n)</b>	60																				
<b>Drop-outs (n)</b>	9 (15%)																				
<b>Results</b>	HRSD, mean (SD) <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th>Initial</th> <th>4 wk</th> <th>8 wk</th> <th>12 wk</th> </tr> </thead> <tbody> <tr> <td><b>Intervention</b></td> <td>19.4 (4.6)</td> <td>15.0 (6.5)</td> <td>12.6 (7.0)</td> <td>8.3 (5.3)</td> </tr> <tr> <td><b>Control</b></td> <td>19.8 (5.3)</td> <td>18.3 (5.2)</td> <td>16.4 (6.5)</td> <td>16.8 (8.4)</td> </tr> <tr> <td><b>p</b></td> <td></td> <td>0.007</td> <td>0.006</td> <td>&lt;0.001</td> </tr> </tbody> </table>		Initial	4 wk	8 wk	12 wk	<b>Intervention</b>	19.4 (4.6)	15.0 (6.5)	12.6 (7.0)	8.3 (5.3)	<b>Control</b>	19.8 (5.3)	18.3 (5.2)	16.4 (6.5)	16.8 (8.4)	<b>p</b>		0.007	0.006	<0.001
	Initial	4 wk	8 wk	12 wk																	
<b>Intervention</b>	19.4 (4.6)	15.0 (6.5)	12.6 (7.0)	8.3 (5.3)																	
<b>Control</b>	19.8 (5.3)	18.3 (5.2)	16.4 (6.5)	16.8 (8.4)																	
<b>p</b>		0.007	0.006	<0.001																	
<b>Risk of bias</b>	Some concerns																				

**DSM** = Diagnostic and Statistical Manual of mental disorders; **HDRS** = Hamilton Depression Rating Scale; **EPDS** = Edinburgh postnatal depression scale; **N/A** = not applicable; **RCT** = Randomised controlled trial; **SD** = Standard deviation; **SCID-I** = Structured Clinical Interview for DSM-IV-Axis I Disorder

<b>Author</b>	Wickberg et al									
<b>Year</b>	1996									
<b>Country</b>	Sweden									
<b>Reference</b>	[88]									
<b>Study design</b>	RCT									
<b>Screening cut-off</b>	EPDS >12, at 2 and 3 months postpartum									
<b>Diagnosis</b>	Interview at home and assessed with the Montgomery Åsberg Depression Rating Scale (MADRS) (Montgomery and Åsberg, 1979) and diagnosed according to DSM-III-R criteria for major depression.									
<b>Population</b>	n=41 Age: 28.4 Infant's age: N/A Baseline depression (mean MADRS): <ul style="list-style-type: none"> <li>• intervention 19.6</li> <li>• control 17.1</li> </ul>									
<b>Inclusion criteria</b>	N/A									
<b>Exclusion criteria</b>	N/A									
<b>Outcome measurement</b>	Before and after treatment									
<b>Intervention</b>	Apart from the routine care, the treatment group received 6 weekly 1h counselling sessions by the nurse at a prearranged time in the home or at the Child Health Clinic.									
<b>Participants (n)</b>	20									
<b>Drop-outs (n)</b>	0									
<b>Comparison</b>	Ordinary routine care, not consisting of any scheduled check-ups, but the possibility of visiting the clinic whenever needed.									
<b>Participants (n)</b>	21									
<b>Drop-outs (n)</b>	0									
<b>Results</b>	<table border="1"> <thead> <tr> <th></th> <th>Baseline</th> <th>Posttreatment</th> </tr> </thead> <tbody> <tr> <td><b>Intervention</b></td> <td>19.6</td> <td>10.9</td> </tr> <tr> <td><b>Control</b></td> <td>17.1</td> <td>14.7</td> </tr> </tbody> </table>		Baseline	Posttreatment	<b>Intervention</b>	19.6	10.9	<b>Control</b>	17.1	14.7
	Baseline	Posttreatment								
<b>Intervention</b>	19.6	10.9								
<b>Control</b>	17.1	14.7								
<b>Risk of bias</b>	Some concerns									

**DSM** = Diagnostic and Statistical Manual of mental disorders; **EPDS** = Edinburgh postnatal depression scale; **N/A** = not applicable; **RCT** = Randomised controlled trial

<b>Author</b>	Morrell et al
<b>Year</b>	2009
<b>Country</b>	UK
<b>Reference</b>	[86]
<b>Study design</b>	Pragmatic cluster trial
<b>Screening cut-off</b>	EPDS $\geq 12$
<b>Diagnosis</b>	N/A
<b>Population</b>	n=418 Age: Infant's age: Baseline depression (X):
<b>Inclusion criteria</b>	<ul style="list-style-type: none"> <li>• intervention</li> <li>• control</li> </ul> <p>Clusters were eligible if they were based in the Trent region. Health visitors recruited eligible women antenatally if they were registered with participating practices, were aged 18 or more, were able to give informed consent, and had no severe mental health problems.</p>
<b>Exclusion criteria</b>	N/A
<b>Outcome measurement</b>	12 wk, 18 mo
<b>Intervention</b>	Health visitors (HV) provided psychologically informed sessions based on cognitive behavioural or person-centred principles for an hour a week for eight weeks. HV training included either cognitive behavioural or person-centred training. The cognitive behavioural training emphasised the identification of unhelpful patterns of behaviours, perceptions, or thoughts in a woman's life, and that these are common and normal, to help the woman to change these herself. The person-centred training used the three principles of the actualising tendency, a non-directive attitude, and the necessary and sufficient conditions of change.
<b>Participants (n)</b>	271
<b>Drop-outs (n)</b>	
<b>Comparison</b>	Health visitors in the control group provided usual care. In the UK, general practitioners, midwives, and hospital obstetricians meet women early in pregnancy to plan care. Care is then given by a midwife, shared between the midwife and possibly a general practitioner, or otherwise. Consultant led care is based on clinical need. UK health visitors have routine contact with women at a new birth visit and at well baby clinics.
<b>Participants (n)</b>	147
<b>Drop-outs (n)</b>	
<b>Results</b>	EPDS Score $\geq 12$ at six weeks: OR <sub>adj</sub> 0.60 (0.38 to 0.95), P=0.028
<b>Risk of bias</b>	Some concerns

EPDS = Edinburgh postnatal depression scale; N/A = not applicable; OR = Odds Ratio

<b>Author</b>	Honey et al		
<b>Year</b>	2002		
<b>Country</b>	UK		
<b>Reference</b>	[65]		
<b>Study design</b>	RCT		
<b>Screening cut-off</b>	EPDS >12		
<b>Diagnosis</b>	None		
<b>Population</b>	n=45 Age, years, mean (SD): intervention 29.3 (5.36), control 26.48 (5.68) Infant's age, months, mean (SD): intervention 5.98 (2.34), control 4.84 (2.32) Baseline depression (X):		
	<ul style="list-style-type: none"> <li>• intervention</li> <li>• control</li> </ul>		
<b>Inclusion criteria</b>	Not exhibiting psychotic symptoms, and their most recent child was <12 months of age.		
<b>Exclusion criteria</b>	N/A		
<b>Outcome measurement</b>	8 weeks and 6 months		
<b>Intervention</b>	A brief psycho-educational group (PEG) consisting of eight weekly, 2-h meetings, run by two female Health Visitors (HVs). The intervention comprised 3 components: (1) educational—providing information on PND, strategies for coping with difficult child-care situations and eliciting social support; (2) use of cognitive-behavioural techniques to tackle women's erroneous cognitions about motherhood and provide strategies for coping with anxiety; and (3) teaching the use of relaxation.		
<b>Participants (n)</b>	23		
<b>Drop-outs (n)</b>			
<b>Comparison</b>	Routine Primary Care (RPC) administered by HVs		
<b>Participants (n)</b>	22		
<b>Drop-outs (n)</b>			
<b>Results</b>	EPDS, mean (SD)		
		<b>Baseline</b>	<b>8 weeks</b>
	<b>Intervention</b>	19.35 (4.39)	14.87 (5.97)
	<b>Control</b>	17.95 (3.95)	16.95 (5.44)
		<b>6 months</b>	<b>6 months</b>
		12.55 (4.62)	15.63 (7.28)
<b>Risk of bias</b>	Some concerns		

EPDS = Edinburgh postnatal depression scale; N/A = not applicable; RCT = Randomised controlled trial; SD = Standard deviation

<b>Author</b>	Gelfand et al												
<b>Year</b>	1996												
<b>Country</b>	USA												
<b>Reference</b>	[90]												
<b>Study design</b>	NRSI												
<b>Screening cut-off</b>	N/A												
<b>Diagnosis</b>	All depressed participants had a diagnosis of depression or dysthymia on the third edition of DSM												
<b>Population</b>	n=111 Age, years, mean (SD): 30.27 (5.42) Infant's age, months, mean (SD): 7.16 (2.74) Baseline depression, BDI, mean (SD): <ul style="list-style-type: none"> <li>• intervention: 22.51 (11.24)</li> <li>• control 1: 21.88 (10.77)</li> <li>• control 2: 5.17 (3.16)</li> </ul>												
<b>Inclusion criteria</b>	N/A												
<b>Exclusion criteria</b>	N/A												
<b>Outcome measurement</b>													
<b>Intervention</b>	Nurse home-visit.												
<b>Participants (n)</b>	37												
<b>Drop-outs (n)</b>													
<b>Comparison 1</b>	Depressed women.												
<b>Participants (n)</b>	36												
<b>Drop-outs (n)</b>													
<b>Comparison 2</b>	Nondepressed women.												
<b>Participants (n)</b>	38												
<b>Drop-outs (n)</b>													
<b>Results</b>	BDI, mean (SD) <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th style="text-align: center;">Baseline</th> <th style="text-align: center;">Post intervention</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><b>Intervention</b></td> <td style="text-align: center;">22.51 (11.24)</td> <td style="text-align: center;">13.87 (9.51)</td> </tr> <tr> <td style="text-align: center;"><b>Control 1</b></td> <td style="text-align: center;">21.88 (10.77)</td> <td style="text-align: center;">19.21 (11.98)</td> </tr> <tr> <td style="text-align: center;"><b>Control 2</b></td> <td style="text-align: center;">5.17 (3.16)</td> <td style="text-align: center;">4.77 (3.23)</td> </tr> </tbody> </table> MD -5.97 (-13.05 to 1.11)		Baseline	Post intervention	<b>Intervention</b>	22.51 (11.24)	13.87 (9.51)	<b>Control 1</b>	21.88 (10.77)	19.21 (11.98)	<b>Control 2</b>	5.17 (3.16)	4.77 (3.23)
	Baseline	Post intervention											
<b>Intervention</b>	22.51 (11.24)	13.87 (9.51)											
<b>Control 1</b>	21.88 (10.77)	19.21 (11.98)											
<b>Control 2</b>	5.17 (3.16)	4.77 (3.23)											
<b>Risk of bias</b>	Some concerns												
<b>Comments</b>	111 mothers of whom 73 were clinically depressed and 38 were not depressed (Nondepressed control). 47% of depressed reported taking antidepressant.												

**BDI** = Becks Depression Inventory; **DSM** = Diagnostic and Statistical Manual of mental disorders; **N/A** = not applicable; **NRSI** = non-randomized studies of interventions; **SD** = Standard deviation

<b>Author</b>	Glavin et al			
<b>Year</b>	2010			
<b>Country</b>	Norway			
<b>Reference</b>	[85]			
<b>Study design</b>	NRSI			
<b>Screening cut-off</b>	EPDS $\geq 10$			
<b>Diagnosis</b>				
<b>Population</b>	n=228 Age, years, mean (range): 32.1 (18–43) Infant's age: N/A Baseline depression, EPDS, mean (95% CI):			
<b>Inclusion criteria</b>	<ul style="list-style-type: none"> <li>• intervention 12.6 (12.2 to 13.0)</li> <li>• control 12.5 (11.9 to 13.1)</li> </ul> (i) they were over 18 years old, (ii) the birth took place within the municipality in the study period, (iii) they could read and understand Norwegian and (iv) they were not currently undergoing treatment for depression			
<b>Exclusion criteria</b>	N/A			
<b>Outcome measurement</b>	3 and 6 months postpartum			
<b>Intervention</b>	Supportive counselling by public health nurses (PHN). The women offered supportive counselling sessions with the PHN in the period between 6 weeks and 3 months postpartum. Each counselling session lasted about 30 minutes. The number of sessions was individualized according to each woman's need. The counselling took place at the well baby clinic and each woman was followed up by the same PHN during the entire period. The PHN used active listening and empathic communication (non-directive counselling) in the counselling sessions.			
<b>Participants (n)</b>	164			
<b>Drop-outs (n)</b>	3 months: 36 (22%) 6 months: 67 (41%)			
<b>Comparison</b>	TAU. The PHNs in the comparison municipality did not receive any training in PPD or the EPDS, and the women received the standard service provided by the well baby clinics. This included follow-up appointments at the well baby clinic at several time points during the child's first year of life but did not include a special focus on the mother's mental health.			
<b>Participants (n)</b>	64			
<b>Drop-outs (n)</b>	3 months: 6 (9%) 6 months: 15 (23%)			
<b>Results</b>	EPDS, mean (95% CI)			
		<b>Baseline</b>	<b>3 months</b>	<b>6 months</b>
	<b>Intervention</b>	12.6 (12.2 to 13.0)	7.4 (6.6 to 8.1)	6.4 (5.5 to 7.3)
	<b>Control</b>	12.5 (11.9 to 13.1)	9.7 (8.5 to 10.9)	8.9 (7.5 to 10.2)
<b>Risk of bias</b>	Some concerns			

CI = Confidence Interval; EPDS = Edinburgh postnatal depression scale; N/A = not applicable; NRSI = non-randomized studies of interventions

<b>Author</b>	Posmontier et al																
<b>Year</b>	2019																
<b>Country</b>	Israel																
<b>Reference</b>	[84]																
<b>Study design</b>	NRSI																
<b>Screening cut-off</b>	10≤EPDS≤18																
<b>Diagnosis</b>	N/A																
<b>Population</b>	n=27 Age, mean (SD): intervention 31 (4), control 32 (5) Infant's age: N/A Baseline depression, EPDS, mean (SD): <ul style="list-style-type: none"> <li>• intervention 13.00 (3.42)</li> <li>• control 12.50 (5.26)</li> </ul>																
<b>Inclusion criteria</b>	Women were included in the study if they gave birth within the past 4–24 weeks, were at least 18 years of age, had access to a telephone, had a score of 10–18 on the EPDS																
<b>Exclusion criteria</b>	women who had given birth to an infant with major birth defects or experienced unstable medical conditions, placed their infants for adoption, had maternal intellectual disability or psychosis, were active substance abusers, expressed suicidality or homicidality, had a score over 18 or less than 10 on the EPDS																
<b>Outcome measurement</b>	End of treatment and 4 weeks posttreatment																
<b>Intervention</b>	Interpersonal Psychotherapy (IPT) delivered by a trained social worker. IPT social workers provided up to eight 50-min IPT sessions. The aims of IPT are to (1) link depressed mood to interpersonal problems; (2) improve social support; (3) improve interpersonal relationships with partner, family, and infant; and (4) ultimately reduce depressive symptoms.																
<b>Participants (n)</b>	13																
<b>Drop-outs (n)</b>	4 (31%)																
<b>Comparison</b>	Treatment-as-usual (TAU) that included a variety of cognitive–behavioural, psychodynamic, psychoeducational, and/or nonspecific supportive modalities. Varying amounts and duration of sessions depending on provider preference and patient availability.																
<b>Participants (n)</b>	14																
<b>Drop-outs (n)</b>	0																
<b>Results</b>	<table border="1"> <thead> <tr> <th></th> <th>Baseline</th> <th>End of treatment</th> <th>4 weeks postintervention</th> </tr> </thead> <tbody> <tr> <td><b>Intervention</b></td> <td>13.00 (3.42)</td> <td>9.63 (5.10)</td> <td>8.71 (3.35)</td> </tr> <tr> <td><b>Control</b></td> <td>12.50 (5.26)</td> <td>7.50 (3.15)</td> <td>6.45 (1.28)</td> </tr> <tr> <td><b>MD (95% CI)</b></td> <td></td> <td colspan="2">-1.63 (-6.3 to 3.0)</td> </tr> </tbody> </table>		Baseline	End of treatment	4 weeks postintervention	<b>Intervention</b>	13.00 (3.42)	9.63 (5.10)	8.71 (3.35)	<b>Control</b>	12.50 (5.26)	7.50 (3.15)	6.45 (1.28)	<b>MD (95% CI)</b>		-1.63 (-6.3 to 3.0)	
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<b>MD (95% CI)</b>		-1.63 (-6.3 to 3.0)															
<b>Risk of bias</b>	Some concerns																

CI = Confidence Interval; EPDS = Edinburgh postnatal depression scale; N/A = not applicable; NRSI = non-randomized studies of interventions; SD = Standard deviation; TAU = Treatment As Usual

<b>Author</b>	Posmontier et al															
<b>Year</b>	2016															
<b>Country</b>	USA															
<b>Reference</b>	[83]															
<b>Study design</b>	NRSI															
<b>Screening cut-off</b>	EPDS>9															
<b>Diagnosis</b>	MINI International Neuropsychiatric Interview															
<b>Population</b>	n=61 Age, mean (SD): intervention 30.97 (5.92), control 28.67 (8.80) Infant's age: N/A Baseline depression, EPDS, mean (SD): <ul style="list-style-type: none"> <li>• intervention 15.67 (4.12)</li> <li>• control 18.4 (5.04)</li> </ul>															
<b>Inclusion criteria</b>	Between 6 weeks and 6 months postpartum, aged 16 years or older, English-speaking, had access to a telephone, had a score higher than 9 on the Edinburgh Postnatal Depression Scale, and met criteria for major depression on the MINI International Neuropsychiatric Interview															
<b>Exclusion criteria</b>	Women were ineligible if their infants had major medical complications lasting more than 6 weeks postpartum, birth defects, or were given up for adoption. In addition, women were ineligible if they had known severe cognitive deficits; current alcohol or substance abuse, active suicidality, homicidality, or psychosis; or reported a serious medical illness such as severe hypertension and cardiac disease															
<b>Outcome measurement</b>	4, 8 and 12 weeks															
<b>Intervention</b>	Certified nurse-midwife telephone-administered interpersonal psychotherapy (CNM-IPT). IPT was administered by the CNM-IPT counselors to women in the intervention group by telephone for 8 sessions lasting 50 minutes for a maximum period of 12 weeks unless women dropped out.															
<b>Participants (n)</b>	41															
<b>Drop-outs (n)</b>	14 (34%)															
<b>Comparison</b>	The women in the control group received treatment as usual consisting of referral to a variety of mental health professionals who provided various psychotherapeutic modalities such as supportive and psychodynamic psychotherapy.															
<b>Participants (n)</b>	20															
<b>Drop-outs (n)</b>	5 (25%)															
<b>Results</b>	Hamilton Rating Scale for Depression (HDRS), mean (SD), scale 0–50 <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th><b>Baseline</b></th> <th><b>4 weeks</b></th> <th><b>8 weeks</b></th> <th><b>12 weeks</b></th> </tr> </thead> <tbody> <tr> <td><b>Intervention</b></td> <td>12.7 (5.7)</td> <td>9.9 (1.2)</td> <td>7.9 (1.2)</td> <td>7.5 (1.7)</td> </tr> <tr> <td><b>Control</b></td> <td>18.2 (6.2)</td> <td>10.5 (1.7)</td> <td>12.3 (1.7)</td> <td>12.4 (1.7)</td> </tr> </tbody> </table>		<b>Baseline</b>	<b>4 weeks</b>	<b>8 weeks</b>	<b>12 weeks</b>	<b>Intervention</b>	12.7 (5.7)	9.9 (1.2)	7.9 (1.2)	7.5 (1.7)	<b>Control</b>	18.2 (6.2)	10.5 (1.7)	12.3 (1.7)	12.4 (1.7)
	<b>Baseline</b>	<b>4 weeks</b>	<b>8 weeks</b>	<b>12 weeks</b>												
<b>Intervention</b>	12.7 (5.7)	9.9 (1.2)	7.9 (1.2)	7.5 (1.7)												
<b>Control</b>	18.2 (6.2)	10.5 (1.7)	12.3 (1.7)	12.4 (1.7)												
<b>Risk of bias</b>	Some concerns															

EPDS = Edinburgh postnatal depression scale; N/A = not applicable; NRSI = non-randomized studies of interventions; SD = Standard deviation



<b>Author</b>	Ugarriza et al
<b>Year</b>	2004
<b>Country</b>	USA
<b>Reference</b>	[91]
<b>Study design</b>	NRSI
<b>Screening cut-off</b>	N/A
<b>Diagnosis</b>	The mothers were all diagnosed with postpartum depression by their primary care providers, not necessarily by DSM-IV criteria, and all mothers agreed they were depressed.
<b>Population</b>	N=16 Age, years (SD): 25.9 (2.93) Infant's age: N/A Baseline depression (BDI-II, mean (SD)): <ul style="list-style-type: none"> <li>• intervention 14.3 (0.81)</li> <li>• control 15.6 (1.41)</li> </ul>
<b>Inclusion criteria</b>	N/A
<b>Exclusion criteria</b>	N/A
<b>Outcome measurement</b>	10 weeks
<b>Intervention</b>	"Gruen" postpartum depression group therapy method in treating women with postpartum depression. Treatment took place over 10 weeks.
<b>Participants (n)</b>	8
<b>Drop-outs (n)</b>	2 (25%)
<b>Comparison</b>	A matching control group of eight postpartum depressed mothers did not take part in treatment but was tested for depression at the same time as the treatment group mothers. Intervention delivered by a graduate psychiatric mental health-nursing student once a week for ten weeks. Each session lasted 60 minutes.
<b>Participants (n)</b>	8
<b>Drop-outs (n)</b>	0
<b>Results</b>	A significant difference between the pre-test (M 14.3, SD 0.81 and post-test (M 13.0, SD 1.90) BDI II scores for the treatment group. There was no significant difference between the pre-test (M 15.6, SD 1.41) and post-test (M 16.0, SD 1.31) BDI II scores for the control group.
<b>Risk of bias</b>	Some concerns

**BDI** = Becks Depression Inventory; **DSM** = Diagnostic and Statistical Manual of mental disorders; **EPDS** = Edinburgh postnatal depression scale; **N/A** = not applicable; **NRSI** = non-randomized studies of interventions; **SD** = Standard deviation

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