



Effective Health Care

Pregnancy and Depression

Nomination Summary Document

Results of Topic Selection Process & Next Steps

- Perinatal depression treatment will go forward for refinement as a systematic review. The scope of this topic, including populations, interventions, comparators, and outcomes, will be further developed in the refinement phase.
- When key questions have been drafted, they will be posted on the AHRQ Web site and open for public comment. To sign up for notification when this and other Effective Health Care (EHC) Program topics are posted for public comment, please go to <http://effectivehealthcare.ahrq.gov/index.cfm/join-the-email-list1/>.

Topic Description

Nominator: Individual

Nomination Summary: The nominator is interested in the comparative maternal and fetal benefits and harms of treatment of depression with antidepressants and other therapies during preconception and pregnancy.

Staff-Generated PICOTS

Population(s): (1) Women who have mild, moderate, or severe depression and are not yet pregnant but are receiving preconception care or planning their pregnancy; and (2) Women who have mild, moderate, or severe depression and are pregnant

Intervention(s): Continuing treatment with antidepressants

Comparator(s): Discontinuing, combining, tapering, or switching classes of treatment with antidepressants; use of other treatments, including cognitive behavioral therapy, other counseling, etc.

Outcome(s): Mental health outcomes and prevention of postpartum depression; fetal outcomes, including heart defects, preterm delivery, APGAR scores, admission to neonatal care unit, and fetal growth

Timing: (1) Preconception period; and (2) Antenatal period

Setting(s): Any (primary or specialty care)

Key Questions from Nominator:

1. For pregnant women or women receiving preconception care with depression, what are the comparative harms or benefits for both fetus/infant and the mother of continuing treatment with antidepressants?

Considerations

- The topic meets all EHC Program selection criteria. (For more information, see <http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/>.)
- Depression around the time of pregnancy is common. If left untreated, depression during pregnancy can have adverse effects on the mother as well as negative obstetric, fetal, neonatal, and childhood outcomes. Potential harms and benefits of depression treatment must be weighed against the potential harms of untreated depression. In addition, existing depression or depression that develops during pregnancy can increase the risk for postpartum depression; therefore, postpartum depression treatment should also be included in a review on this topic.
- No existing reviews specifically address treatment during the preconception period, during pregnancy, and to prevent postpartum depression. There is a need for an evidence-based product for clinicians and patients that addresses the comparative benefits and harms of depression treatment before, during, and after pregnancy. Therefore, perinatal depression treatment will go forward as a new systematic review by the EHC Program.
- A review addressing perinatal depression treatment will be a good companion to an in-process AHRQ EHC Program review titled *Efficacy and Safety of Screening for Postpartum Depression*.
 - To view a description and status of the research review, please go to: <http://www.effectivehealthcare.ahrq.gov/index.cfm/search-for-guides-reviews-and-reports/>
 - To sign up for notification when this and other EHC Program topics are posted, please go to: <http://effectivehealthcare.ahrq.gov/index.cfm/join-the-email-list1/>