| Author, Year and Quality | Group | Intervention Name | DetailedDescription | Provider |
| --- | --- | --- | --- | --- |
| Leung, 2011105  Good | IG | Screening | EPDS used to identify pts w/ postnatal depression; those w/ scores ≥ 9/10 or suicidal ideation (positive answer to question 10) offered non-directive counseling by nurses or management by the community psychiatric team as appropriate. Nurses underwent 12-hour training course (3 hour lecture on postnatal depression and 9 hour workshop on non-directive counseling) in addition to basic professional and in-service training; also received ongoing support from doctors and community psychiatric team. Counseling lasted about 30-45 minutes, doctor not involved in study made final management recommendation according to protocol. | Nurse |
| CG | Training in nondirective counseling | Nurses carried out usual clinical assessments; mothers deemed necessary to require further management were offered non-directive counseling or psychiatric referral. Nurses underwent 12-hour training course (3 hour lecture on postnatal depression and 9 hour workshop on non-directive counseling) in addition to basic professional and in-service training; also received ongoing support from doctors and community psychiatric team. Counseling lasted about 30-45 minutes, doctor not involved in study made final management recommendation according to protocol. | Nurse |
| Wickberg, 2005107  Fair | IG | Screening results + brief depression training | Midwives received information about aim of study; also received a one-afternoon session about different aspects of depression (e.g., symptoms, aetiology and effects) and about the value of listening and support. All women took EPDS at gestational week 25 and week 36; those who scored ≥ 12 at week 25 were phoned to ask for permission to disclose score to midwife. | Midwife |
| CG | Screening, no results to provider | Midwives received information about aim of study. All women took EPDS at gestational week 25 and week 36; no scores were disclosed to pts or midwives. | Midwife |
| Yawn, 201269  Fair | IG | Screening results + provider training & supports | All women screened w/ EPDS and PHQ-9, providers have routine access to screening test results. Training for multistep postpartum depression screening and diagnosis process, practices provided w/ a set of tools to facilitate diagnosis, followup and postpartum depression management including an immediate action protocol, outline for followup visits and nurse calls, medication information, self-help sheets, and partner's sheets. | Physician |
| CG | Screening, no results to provider | All women screened w/ EPDS and PHQ-9, no routine access to screening test results. 30-minute presentation about postpartum depression. Practices continued to provide the same postpartum and mental health care or referall as before study inception; crossed over to intervention after 24 months. | Physician |
| MacArthur, 2002106  Fair | IG | Screening + midwife training & supports | Care led by midwives w/ referral to GP as needed. Systematic screening at 4 week postpartum, midwives trained in postpartum depression care. Symptom checklist at first visit, day 10 and 28, and at discharge (10-12 weeks); EPDS for depression screening at day 28 and discharge. Care plans made and visits scheduled based on symptoms and EPDS results. 10 evidence-based guidelines, summarized in leaflets, were used for subsequent midwife management of physical and psychological disorders. All midwives also trained in general postnatal care, health and trial design. Continuing contact w/ midwives included monthly visit from a study midwife, daily telephone availability for consultations and monthly newsletters. | Midwife |
| CG | Attention control for midwives | Midwives trained in postnatal care, health, and trial design, specifically studies of midwifery practice (attention control); written materials also provided. Continuing contact w/ midwives incuded monthly visit from a study midwife, daily telephone availability for consultations, and monthly newsletters. Community postnatal care usually consists w/ ~7 midwife home visits 10-14 days after birth (can continue to 28 days); and care from health visitors thereafter; some health visitors use the EPDS to screen for depression. GP routine home visit and final 6-8 week check. | Midwife |
| Morrell, 2009a100  Fair | IG1 | Screening + intervention (combined) | Health visitors trained (manualized) to identify depressive symptoms using EPDS (face-to-face and/or postal) and to use clinical assessment skills to assess mother's mood including suicidal thoughts; trained to deliver psychologically informed sessions based on CBT or person-centered principles. At-risk women (EPDS scores ≥ 12; found to be moderately to severely depressed via interview) asked to state their preference for psychological sessions, SSRI or both. All other women offered usual care or psychological session if assessment indicates woman might benefit. EPDS assessments at 6 and 8 weeks postpartum, health visitor or GP informed if score ≥ 12. | Health visitor |
| IG2 | Screening + CBT | Health visitors trained in CBT and depression identification. CBT emphasized the identification of unhelpful patterns of behaviors, perceptions, or thoughts. These patterns were considered common and normal, and understanding of these patterns provided opportunities to make active change and test out new ways of thinking and behaving. | Health visitor |
| IG3 | Screening + person-centered counseling | Health visitors trained in person-centered approach to counseling and depression identification; health visitors provided opportunities to explore difficulties with another, who listened non-judgementally and reflected empathically, allowing the women to feel validated and facilitating their ability to manage their distress and find their own solutions. | Health visitor |
| CG | Screening, no results to provider | Usual care; EPDS score not revealed | Health visitor |
| Glavin, 2010104  Fair | IG | Screening + redesigned followup care | Home visit about 2 weeks postpartum w/ increased focus on maternal mental health (e.g., brochure); one supportive counseling session by public health nurse after EPDS completed at 6 weeks postpartum (20 min session w/ active listening and emphatic communication); supportive counseling for the depressed mothers (30 min session, individualized); openness about mental health issues at every visit at clinic; system for referral to further treatment in municipality. Nurses received 5 days of training about postpartum depression w/ monthly supervision by psychologists. | Public health nurse visitor |
| CG | Usual Care | No training related to postpartum depression; standard care included home visit and followup appointments; no focused on mother's mental health | Public health nurse visitor |

**Abbreviations:** CBT = cognitive behavioral therapy; CG = control group; EPDS = Edinburgh Postnatal Depression Scale; GP = general practitioner; IG = intervention group; PHQ = Patient Health Questionnaire; w/ = with.