



**PROPOSED REVIEW OF SIGN GUIDELINE 2005  
CONSULTATION FORM**

Title of guideline	SIGN 60: Postnatal depression and puerperal psychosis
Date of publication	2002
SIGN scoping search – sources	MeSH headings for the condition specified, plus any common variations as free text  Sources: <b>Guidelines:</b> NICE; National Library for Health guidelines finder; National Guidelines Clearinghouse; GIN Web site. <b>Technology appraisals:</b> NICE; UK HTA database (Southampton); INAHTA database. <b>Cochrane reviews:</b> Cochrane library. <b>Other good quality systematic reviews:</b> UK HTA database (Southampton); DARE. <b>Individual studies:</b> Embase and Medline, date of publication - 2005.
SIGN scoping search - summary	<b>Guidelines – 0</b> <b>HTAs – 0</b> <b>Cochrane reviews – 1</b> <b>Other good quality systematic reviews – 3</b>
Other guidelines/HTAs	<ul style="list-style-type: none"> <li>▪ Postnatal depression is included in the scope for the NICE guideline on postnatal care. This guideline is provisionally scheduled for publication in 2006, but as of June 2005 only the scope and a list of stakeholders has been published on the NICE Web site.</li> </ul>
Main conclusions from new evidence <i>current guideline content given in italics</i>	<ul style="list-style-type: none"> <li>▪ There is insufficient evidence about the effectiveness of a single debriefing session to prevent postpartum emotional distress after childbirth. <i>Guideline recognises that research base is limited and makes no specific recommendations on general prevention.</i></li> <li>▪ There is currently little evidence from RCTs to support the implementation of antenatal group interventions to reduce PND in 'at risk' women. <i>The guideline suggests that in high risk women it may be effective to have antenatal preparation(good practice point)</i></li> <li>▪ No post natal depression screening instrument(s) met the criteria for routine application in the antenatal period. <i>Guideline recognises that research base is limited and makes no specific recommendations on screening for PND..</i></li> <li>▪ There is no clear evidence for the use of nortriptyline, a tricyclic antidepressant, or sertraline, a selective serotonin reuptake inhibitor, in the prevention of postnatal depression. <i>Guideline discusses a study of nortriptyline that found it had no preventative effect. Sertraline is not discussed with regard to prevention. No recommendations are made about pharmacological prevention.</i></li> <li>▪ Sheffield University is working on a major trial in this area, due for publication in 2007: Psychological interventions for postnatal depression - randomised controlled trial and economic evaluation (PONDER).</li> </ul>
New areas that could be added to the guideline	<ul style="list-style-type: none"> <li>▪ None</li> </ul>
Summary of the recommendations that could be updated	<ul style="list-style-type: none"> <li>▪ None</li> </ul>
<b>Results of consultation</b>	
Contributions from:	<ul style="list-style-type: none"> <li>▪ Consultant in obstetrics and gynaecology</li> <li>▪ Social work officer</li> <li>▪ Pharmacist</li> <li>▪ Consultant psychiatrist</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Psychologist</li> <li>▪ Midwife</li> </ul>						
1(a)	Is there still a requirement for an evidence-based guideline on this topic?						
	Yes - 6						
1(b)	If no, should the guideline be withdrawn?						
	No – 4 no new research does not invalidate recommendations						
2(a)	Based on the information given above, and your own clinical judgement, does the guideline require revision in the light of new evidence? <i>Please give details.</i>						
	<b>No – 3</b> – not at the moment but possibly in next couple of years, depends on what new evidence comes to light <b>Yes -1</b> – current reviews have failed to identify effective population interventions. Screening also.						
2(b)	Do you agree with the assessment of the impact of the new evidence and its likely effect on recommendations?						
	Yes – 5 Current practice urgently requires evidence base						
3	Please list any additions to the remit of the guideline that you think would be beneficial						
	N/A I was disappointed, that given the impact of perinatal mental illness on the infant, acknowledged in the guideline, that recommendations and hence ICPs had not given greater prominence to infant mental health considerations – lack of evidence base of course. Include – complementary therapies, guidance on use of EPDS, social support for at risk groups, results of audits						
4	Please tick your preferred option for reviewing this guideline						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">a. there is no new evidence that will affect existing recommendations and the guideline should not be reviewed at this time</td> <td style="width: 20%; text-align: center;">5</td> </tr> <tr> <td>b. some recommendations will change in the light of the new evidence and selected elements of the guideline should be reviewed</td> <td></td> </tr> <tr> <td>c. the entire guideline should be reviewed</td> <td style="text-align: center;">1</td> </tr> </table>	a. there is no new evidence that will affect existing recommendations and the guideline should not be reviewed at this time	5	b. some recommendations will change in the light of the new evidence and selected elements of the guideline should be reviewed		c. the entire guideline should be reviewed	1
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