



**PROPOSED REVIEW OF SIGN GUIDELINE  
CONSULTATION FORM**

Title of guideline	SIGN 60: Postnatal depression and puerperal psychosis								
Date of publication	June 2002								
SIGN scoping search – sources	MeSH headings for the condition specified and any common variations as free text, plus terms for the interventions and care processes discussed in the guideline  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.								
SIGN scoping search - summary	<b>Guidelines – 2</b> <b>HTAs – 1</b> <b>Cochrane reviews – 4</b> <b>Other good quality systematic reviews – 5</b>								
Other guidelines/HTAs	National Institute for Health and Clinical Excellence. Antenatal and postnatal mental health. London; NICE: 2007. (NICE Clinical Guideline 45). <b>Comment:</b> covers postnatal depression along with a range of other mental health issues affecting pregnant women and new mothers.  Registered Nurses Association of Ontario (RNAO). Interventions for postpartum depression. Toronto;RNAO): 2005  Petrou S, Cooper P, Murray L, Davidson L L. Cost-effectiveness of a preventive counseling and support package for postnatal depression. International Journal of Technology Assessment in Health Care. 2006;22(4):443-453. Conclusions: Although cost and outcome differences were not statistically significant, the authors concluded that the preventive intervention is likely to be cost-effective. The probability that the preventive intervention is cost-effective exceeds 0.7 when decision-makers express a willingness-to-pay of £1,000 to prevent each month of postnatal depression. Decision-makers are required to judge whether the cost-effectiveness evidence is sufficiently compelling for them to invest in the intervention. <b>No of individual studies.</b> <table border="1"> <tr> <td>2003</td> <td>2004</td> <td>2005</td> <td>2006</td> </tr> <tr> <td>23</td> <td>26</td> <td>16</td> <td>11</td> </tr> </table> <b>Comment:</b> Although the number of trials is small, some of those published recently have been large RCTs.	2003	2004	2005	2006	23	26	16	11
2003	2004	2005	2006						
23	26	16	11						
Main conclusions from new evidence	<ul style="list-style-type: none"> <li>▪ A Cochrane review suggests that for disadvantaged adult women and their children, there is currently no evidence to support the adoption of home visiting as a means of improving maternal psychosocial health, parenting or outcomes for children. This does not amount to a conclusion that home visiting programmes are ineffective, but indicates a need to think carefully about the problems that home visiting might influence. <i>The guideline does not look specifically at the role of social status. It recognises low social support as a risk factor and recommendations include: psychosocial interventions should be considered when deciding on treatment options for a mother diagnosed as suffering from postnatal depression (B).</i></li> <li>▪ A second Cochrane review concluded that, overall psychosocial interventions do not reduce the numbers of women who develop postpartum depression. However, a promising intervention is the provision of intensive, professionally-based postpartum support. This is also the</li> </ul>								

	<p>conclusion of a systematic review by the same author. <i>Not covered explicitly in the guideline.</i></p> <ul style="list-style-type: none"> <li>▪ A Cochrane review finds 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>The guideline reports RCT evidence of no effectiveness with nortriptyline. The use of sertraline is discussed as a preventative treatment, but only in regard to safe continuous use in women already taking it.</i></li> <li>▪ No screening instrument(s) met the criteria for routine application in the antenatal period (systematic review). <i>The guideline states that there is no evidence to support routine screening in the antenatal period to predict the development of postnatal depression.</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 (systematic review). <i>The guideline states that the current research base for preventive interventions in low risk women is extremely limited but makes a good practice point that: in high risk women it may be effective to have postnatal visits, interpersonal therapy and/ or antenatal preparation.</i></li> <li>▪ A meta-analysis evaluating treatment effects for nonpsychotic major depression during pregnancy and postpartum reports preliminary findings suggesting medication, alone or with CBT; group therapy with CBT, educational, and transactional analysis components; interpersonal psychotherapy; and CBT produce the largest effect sizes. <i>The guideline recommends postnatal depression should be managed in the same way as depression at any other time, but with the additional considerations regarding the use of antidepressants when breast feeding and in pregnancy (D) and Psychosocial interventions should be considered when deciding on treatment options for a mother diagnosed as suffering from postnatal depression (B). It does not make any more specific treatment recommendations.</i></li> </ul>
New areas that could be added to the guideline	<ul style="list-style-type: none"> <li>▪ Influence of social status</li> <li>▪ Role of , professionally-based postpartum support</li> <li>▪ Cost-effectiveness of interventions</li> </ul>
Summary of the recommendations that could be updated	<ul style="list-style-type: none"> <li>▪ There is new evidence to strengthen many of the existing recommendations, and to support existing comments.</li> </ul>

Please answer the following questions as fully as possible:

Name, designation, organisation:	Child Health Commissioner: 1
1(a) Is there still a requirement for an evidence-based guideline on this topic?	
Yes = 1	
1(b) If no, should the guideline be withdrawn?	
2(a) Do you agree with the assessment of the impact of the new evidence and its likely effect on recommendations?	
Yes = 1	
2(b) 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>	
	<ul style="list-style-type: none"> <li>▪ We widely welcome the review of the PN Sign guidelines and feel it is essential to update these as there has been wide scale development since 2002.</li> </ul>
3 Please list any additions to the remit of the guideline that you think would be beneficial	
	<ul style="list-style-type: none"> <li>▪ Updated evidence for medication, psychological interventions etc, large service development, Mental health Act 2003, clinical managed networks, research, training, User/carer involvement, RRR and the newly</li> </ul>

published NICE guidelines.

4	Please tick your preferred option for reviewing this guideline	
	a. there is no new evidence that will affect existing recommendations and the guideline should not be reviewed at this time	
	b. some recommendations will change in the light of the new evidence and selected elements of the guideline should be reviewed	1
	c. the entire guideline should be reviewed	
	d. the guideline should be withdrawn	

*Thank you very much for taking part in this consultation.*

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