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Briefing Series on the Role of Psychology in Health Care *Perinatal Depression*

- Recent guidelines published by the American Congress of Obstetricians and Gynecologists and the American Psychiatric Association discourage pharmacological treatment of depression in pregnant and lactating women in favor of psychotherapeutic intervention.^{1, 2}
- Despite these guidelines, antidepressant medication has remained the front-line treatment offered to pregnant and postpartum women. In 2007, 13% of pregnant women in the U.S. and Europe were taking antidepressant medication, and this number has likely increased since then.^{3, 4}
- Postpartum depression occurs in 15% of new mothers and in 10% of new fathers, both birth and adoptive.⁵⁻⁸ About 80% of major depressive episodes are triggered by an external stressor, which includes a new baby.^{7, 9}
- Increased awareness, diagnosis, and pharmacological treatment of depression in pregnant and postpartum women has not decreased the incidence of postpartum depression overall.¹⁰
- There is a growing body of scientific evidence showing that psychotropic medications are less effective and more toxic than previously believed for the treatment of postpartum depression.^{10, 11}

| How Psychologists Can Help

- Psychological interventions are safe, effective, and economical treatments for perinatal depression, but they are generally underutilized.¹²
- Depression can be treated safely and effectively with psychotherapy alone. For prevention of relapse, psychotherapy alone has been demonstrated to be superior to pharmacological treatment.¹³
- Cognitive behavioral treatment of depression is at least as effective as pharmacotherapy even in cases of severe depression.¹⁴ This treatment targets overly inclusive, global thinking; external locus of control; internalizing blame; difficulty identifying and tolerating ambiguity; and a ruminative coping style that interferes with sleep.
- Interpersonal therapy for depression targets excessive reassurance seeking, negative feedback seeking, and conflict avoidance, all of which produce isolation. It is one of the leading psychotherapies and arguably the one with the most outcome research specifically geared to postpartum depression.^{15, 16}

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