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RANZCOG
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The post-op review as an opportunity to intervene for postnatal depression following Caesarean

Objective: Postnatal depression (PND) is a leading cause of morbidity and mortality affecting an estimated 10-20% of mothers. This study investigated whether a brief intervention, delivered at the D1 post-CS review, could reduce undiagnosed and untreated early-PND

Intervention: Discussion of PND by RMO D1 post-op; provision of handout with useful contacts, links, and Edinburgh PND Scales to self-complete at D1 and Week 6; treatment algorithms for mother to follow and self-refer based on scores; three text message reminders

Design and Setting: Non-blinded, randomised, controlled, pilot-study, at Postnatal Ward, North Shore Hospital, Auckland, New Zealand

Participants: 102 women recruited Day 1 post-CS

Outcomes: Primary; prevalence of EPDS-PND (13+), 8 weeks post CS. Secondary; incidence of mothers starting evidenced based treatment for PND (psychological or pharmacological), in the 8 weeks post-CS

Results: Intention to treat analysis primary outcome prevalence 9.7% intervention group, 6.0% control group; secondary outcome incidence 1.9% intervention group, 0.0% control group. Per protocol analysis primary outcome prevalence 14.7% intervention group, 11.1% control group; secondary outcome incidence of 2.9% intervention group, 0.0% control group. Nil results statistically significant

Conclusions and Points for Discussion:

- Brief PND intervention during routine post-CS review is feasible
- Prevalence of PND in the population is consistent with literature
- Increased prevalence with emergency CS and age 25-34 (non-SS)
- Value of D1 post-CS review to convey information is questionable
- Novel strategies for PND diagnosis/treatment require investigation
- Offering routine outpatient CS debrief deserves consideration

WHO Universal Trial Number: U1111-1219-9639

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Protocol, Report, and Patient Handout : <https://tinyurl.com/y332mqft>



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