RISEUP-PPD
Research Network
in PeriPartum
Depression Disorder

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Responses to stakeholders' review

The Evidence-based Clinical Practice Guidelines for Prevention, Screening and Treatment of Peripartum Depression was published on the Riseup PPD website on the 16th of august and it was open for review for two weeks, until the 31st of August. During this period 9 reviewers submitted their comments, which were addressed by the team. This document summarizes the comments and the team replies.

#	Name	Comment	Response
1	Sarah Van Haeken	I would like to thank the COST members for this valuable overview and the formulation of this guideline. It is a necessary addition to existing knowledge and adds value for clinicians, researchers and policy members. I would like to share some comments with the team that may possibly be included in the final draft of the guideline.	Thank you for your kind comment and suggestions.
		p28: D.1.OVERVIEW OF THE CLINICAL RECOMMENDATIONS FOR INTERVENTIONS DURING PREGNANCY: I like this figure but for me it is not clear enough at this moment. There is a lot of information included in the figure and maybe working with some additional colours to make a distinction between the different interventions may help? The two main colours are grey and orange but it is a bit confusing at this moment. Maybe working with green and red or green and orange to make a difference between strong and	Thank you for pointing this out. Based on your comment we changed the colouring from shades of orange to green-yellow-light red. We hope the figure is more comprehensible.

		weak recommendations? It is just a suggestion to clarify the figure, but i would keep it in the final draft. Same for p 29.	
		P44: Screening for depression during pregnancy and in the postpartum period is strongly recommended vs. p 46 Screening women at risk of PPD is weakly recommended. I'm a bit confused about this?	We thank the external reviewer for such an appropriate comment that helped us understand that this recommendation was not clearly formulated. We have changed the text of the recommendation as follows: **Screening programmes for the presence of risk factors for vulnerability to peripartum depression are weakly recommended.** As explained in the text, the recommendation is weak because of the limited evidence available from systematic reviews and meta-analyses on the efficacy of programmes do detect risk factors for vulnerability to PPD in reducing peripartum depressive symptoms.
		p51: Delivery format: online/internet/telehealth psychological interventions. You specifically name this method but perhaps you could also name the classic form face-to-face as separate with then a shift in method of delivery through the online format (maybe stimulated by the COVID pandemic?). Do you also have info on hybrid method? Do you distinguish between individual and group approaches?	Thank you for the comment. We specifically named the online/internet/telehealth psychological interventions method because it emerged in the systematic reviews under review. The systematic reviews were not specific in the data so we were not able to distinguish between face-to-face versus other options, and could not differentiate between hybrid method and face-to-face/online. Also, we were able to distinguish between individual and group approaches only for the CBT, but not for other therapies or therapies in general.
		I did not immediately find these studies in the guideline but may be relevant: Waqas, A., Zafar, S., Meraj, H., Tariq, M., Naveed, S., Fatima, B., . . . Rahman, A. (2022). Prevention of common mental disorders among women in the perinatal period: A critical mixed-methods review and meta-analysis. Global Mental Health, 9, 157-172. doi:10.1017/gmh.2022.17	Thanks for drawing this to our attention. However, these papers were not included in these guidelines based on the following reasons: Study by Wagas et al (2022) focuses on preventing perinatal depression and anxiety and not only PPD. Also, out of 12 studies included in this paper that focus on depression, one study includes only adolescents and there

		Curry, S. J., Kirst, A. H., Owens, D. K., & Barry, M. J. (2020). Interventions to prevent perinatal depression: US Preventive Services Task Force Recommendation Statement. JAMA, 321(6), 580–587. https://doi.org/10.1001/jama.2019.0007 Ashford, M. T., Olander, E. K., & Ayers, S. (2016). Computer- or web-based interventions for perinatal mental health: A systematic review. Journal of Affective Disorders, 197, 134–146. https://doi.org/10.1016/j.jad.2016.02.057	is no way to disaggregate the data between adolescents and women older than 18, and therefore did not comply with our inclusion criteria. Study by Curry et al, 2020. was not a systematic review or meta-analysis. For this reason, it didn't comply with our inclusion criteria and therefore was not included in the search. Paper by Ashford et al. 2016 focuses on perinatal mental health and not just on PPD.
2	Esmeralda Lamaj	I suggest please at page 122 (last page):	
		Peripartum time period Pregnancy CBT *Yoga, Pilates, Pranayama technique (breathing exercises), Shiatsu, Reflexology, Hypnobirthing, Meditation, Relaxation, Walking, Swimming, Midwifery care, Perinatal seminar (Pshychoprophylaxis Method) for both, pregnant woman and her partner (includes all the information about pregnancy, birth, postpartum) Structure of Psychoprophylaxis program: 1st Session: History Physical changes Exams for each tremester Embryo development Hygiene of the pregnant woman Nutrition of the pregnant woman The function of the uterus What and how the fetus perceives	Thank you for your suggestion. However, the inclusion of a specific proposal for Psychoprophylaxis program is out of the scope of this guidelines, so no change was performed based on this comment.

		Psychology of the pregnant woman Intrauterine communication The role of the partner Onset of labor The perception of pain and methods of relief Experiential exercises (Prenatal Yoga-Pilates) Breathing-Relaxation-Meditation-Hypnobirthing 2nd Session: The importance of movement in birth proces Postures and birthing positions The role and participation of the partner Exercises to strengthen and change the posture/position of the fetus Types of birth, normal delivery/ cesarean Stages of labor Rehearsal of delivery (maternity envirement) Complementary midwifery care Epidural anesthesia Perineum-Perineotomy Newborn resuscitating Newborn care Breastfeeding advice Mother care Psychology of the mother Postnatal Yoga/Pilates Peripartum time period Postpartum CBT *Physical activity, Yoga, Pilates, Pranayama technique (breathing exercises), Shiatsu, Reflexology, Hypnobirthing, Meditation, Relaxation, Walking.	
3	Eftychia Tsamadou	Knowing the sensitive phase that a woman goes through regarding her pregnancy and the catalytic role that her mental state plays in the future	Thank you for your kind comment.

		relationship with her child, since children of depressed mothers are associated with low birth weight, prematurity and later with the appearance of behavioral disorders, learning difficulties, etc., the need for timely early intervention and support for the mother is critical. Acknowledging the existence of a paucity of relatively recent literature and limited European-level guidelines, a specific effort to identify and intervene in postpartum depression was assessed as particularly important given that most research focuses on postpartum depression. The participation of experts as well as women who experienced peripartum or postpartum depression, conveying their experience, further enriched the content of the guidelines. The specific instructions are addressed not only to doctors but also to all those involved in the care of the pregnant woman, an important fact because it enables non-doctors to perceive the difficulties at an early stage and to make an early intervention. The instructions are formulated in a simple and comprehensible manner and are easily applicable in daily practice. The participation of doctors, other health professionals as well as bioethics experts ensured the protection of personal data and the application of bioethics rules (respect, promotion of benefit, minimization of harm) The gradation of the intervention (strong, weak, no recommendation) helps to weigh the risk quickly and to intervene faster and minimize the risk. The intervention methods (pharmaceutical and non-pharmaceutical) are compared and their effectiveness in postpartum depression is evaluated both clinically and bibliographically. To sum up the current guidelines for peripartum depression can be used as useful, easy to apply tool targeting in a very sensitive group such as pregnant women to prevent harmful consequences for the mother and her child,	
		Recommendations for the prevention of peripartum depression	This comment was not specific so no changes in the document were made to address it.
4	David Nyam	It was so helpful for ethics and quality assurance	Thank you.
		More pilot study in African countries	Because this recommendation concerns future pilot studies and not a specific recommendation, we did not

			include any change the final document regarding this comment.
5	Nikolaos Syrmos	This a very interesting and important study, essential in order to understand better the peripartum depression phenomenon	Thank you
		In future we have to study the effect of the social, economic and ethnic status in the pathogenesis of peripartum depression phenomenon	We appreciated your suggestion. However, the pathogenesis of the depression is out of the scope of this guidelines, so no change was performed based on this comment.
6	Vassiliki Georgoula	My recommendation is about psychological and psychosocial preventive interventions. 1. I think that information / psychoeducation/family therapy/ CBT/ should take place from the first days of pregnancy to women, their husbands close family members and friends. 2.The creation of a network of cooperation between health services and social services which will be able to provide educational programs, home visiting from health professionals, free access to information, public speeches will increase public awareness, early detection and reduction of stigma. 3. For women with severe depression after their treatment should be support them with integration and rehabilitation programs.	We personally agree with these recommendations. However, they did not stem from the literature we reviewed on prevention, so we retained to the evidence that emerged from the systematic reviews in our search.
7	Aikaterini Arvaniti	Thank you so much for such helpful and informative guidelines. I appreciate the work you did for all of us and the time you spent! Could the Clinical Practice Guidelines include the case of mothers' hospitalization if there are indications (e.g. intense suicidality, resistance to treatment, aggression towards the infant) and in this way, through the recommendations, the inadequacy of health systems to respond comprehensively to such an acute and dangerous clinical situation would be highlighted, since there are no similar studies in several countries?	In the guidelines we have included recommendations for situations that may require hospitalization and target severe situations (Please check recommendations #21 and #26). The analysis of the existing health systems was not in the scope of the guidelines. It might be true, that in those severe cases, the health systems and other support systems are not optimal equipped. However, there are no systematic reviews about those situations and the situations in different countries also might differ a lot. So no further change was performed based on this comment.
8		Great work on such an important topic!	Thank you

		In general, it would be desirable if psychosomatic medicine practitioners, in addition to psychiatrists, were also addressed in the guidelines within the section "target users". Thank you very much for the consideration.	We thank the comment. We rewrote the text to be more inclusive of different mental health professionals as target users, although it would be impossible to name all.
9	*Nathalie Leone*	*Thank you for the document, These are my observations*	
		It *would be useful to mention baby-blues and indicate the difference with PPD.*	Thank you for your comment. We added a brief note on baby blues in the introduction and its distinction from PPD.
		p 27 & 98, regarding peer support, although the studies are still few in number, and show above all an effect on the reduction of postpartum depression symptoms, the benefit despite everything in terms of breaking social isolation, self-esteem, etc. could it be more emphasized? *See previous systematic reviews conducted in particular by Cochrane and the USPFTS:* *https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/perinatal-depression-preventive-interventions*	Thank you for your comment. The paper you kindly provided refers to preventive interventions which can be found under psychological and psychosocial interventions (please check Recommendation 1). However, distinctive peer support section that can be found in the guidelines refers to the use of peer support as a treatment intervention and can be found as recommendation 38 and 39.
		and specifically this one regarding peer-support *https://www.gov.scot/publications/peer-support-perinatal-mental-health-review-evidence-provision-scotland-internship-project-report/pages/2/#:~:text=The%20evidence%20supports%20the%20effectiveness,social%20contact%20outside%20the%20home.*	Thank you for addressing this important topic. In our guidelines we restricted to reviews and meta-analyses studying the effect of (peer-)support in PPD. The evidence presented in this project is mainly focused on individual studies, which were out of our scope
		but also the latest recommendations from WHO that support peer-support *https://www.who.int/publications-detail-redirect/9789240057142#:~:text=The%20guide%20for%20integration%20of,develop%20and%20sustain%20high%2Dquality%2C*	This is an important document, indeed. However it has a very broad scope, not specifically focussing on the efficacy of (peer-) support in PPD according to our criteria.
		I*n which part of the document are the bibliographic references listed?*	The references list is available in the end of the document
		Method part: *The flow chart showing the selection of studies is missing, as is a summary table of the studies selected, indicating for each the population studied, the*	The flowchart and summary table of the studies selected is available in the Riseup PPD website

		judgment criteria, the results, the quality of the study. Could you add it?	
		Which search equation was used with which keywords, from which databases and over what time period? *Definitions are also lacking.*	Search equation and keywords are available in the Riseup PPD website
		No doubt all these methodological aspects are developed in the Appendix which I cannot find in the current document.	The appendixes are now all available
		Congratulations again for these recommendations of good practices.	Thank you