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Psychotherapeutic treatment options for perinatal depression: Emphasis on maternal-infant dyadic outcomes

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Increasing the options for effective treatment of perinatal depression with the aim of reducing maternal and child morbidity remains a critical public health goal. An estimated 13% of women experience Major Depressive Disorder (MDD) during pregnancy¹, and an even greater number (up to 51% in women of low socioeconomic status) experience depressive symptomatology². Both elevated depressive symptomatology, as well as MDD, have been linked to a number of problematic obstetrical, infant, and parenting/attachment outcomes^{3–8}. Unfortunately, fewer than 20% of depressed women receive any or adequate treatment around the time of childbearing⁹, conferring burdensome and costly maternal and infant risk.

Treatment with anti-depressants is effective for most patients and medication discontinuation during pregnancy greatly increases risk for relapse¹⁰. Although most studies have demonstrated the safety of anti-depressant use during pregnancy and breastfeeding, this research is equivocal^{11, 12} and often portrayed in a confusing manner in media reports. Many pregnant and postpartum patients and their clinicians remain concerned about medication use, the result of which may be perpetuation of under-utilization of treatment. Therefore, in order to broaden to treatment options for women with the aim of improving maternal and infant outcomes, it is advantageous to further study and disseminate non-pharmacological psychotherapeutic treatments.

Evidence-based individual psychotherapies, such as Interpersonal Psychotherapy and Cognitive Behavioral Therapy, have demonstrated efficacy in reducing mothers' depressive symptoms during the perinatal period¹³, with overall depression remission rates similar to anti-depressants¹⁴. However, evidence indicates that treating postpartum depression alone may not be sufficient in protecting children against long-term poor outcomes^{15–17}.

Accumulating evidence suggests that dyadically-based postpartum interventions are more efficacious than individual psychotherapy for enhancing parenting and improving outcomes for infants of depressed mothers. These relationship-based treatments may be short- or long-term, and many are rooted in psychodynamic and attachment-theories^{18, 19}. Others draw on a variety of techniques including progressive relaxation, infant massage, and teaching about infant development using structured developmental assessments (e.g.,^{20, 21}). Furthermore, treatment effects for these dyadic relationship-based psychotherapies appear to positively

impact parenting and child outcomes somewhat independently of maternal depressive symptoms. That is, treatment effects for parenting sensitivity and child outcomes are often apparent despite mixed evidence for reduction and prevention of recurrence of depression in the mothers^{22, 23}.

Taken together, these results suggest that individual therapies during the pre and postnatal period are likely to be an effective alternative to medication for the reduction of depression symptoms in the perinatal period, and that mother-infant dyadic therapies may be an important complement to these individual approaches, optimizing both maternal, infant, and relationship outcomes. With improved dissemination and public education, childbearing women will ideally have the ability to choose from a menu of several safe and effective treatment options for depression.

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