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Psychological Treatment of Antenatal Depression and Anxiety: Effects On Obstetric Outcomes.

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- Objective/background

It has been estimated that around 10-20% of all pregnant women suffer from antenatal depressive or anxiety symptoms. These symptoms have been associated with multiple adverse child outcomes including obstetric problems, e.g. preterm delivery, Apgar score and low birth weight. Therefore, considerable health gains may be achieved if depression and anxiety during the perinatal period are adequately treated. Nevertheless, to date, no previous trials have published on the effects of Cognitive Behavioral Therapy (CBT) during pregnancy on child outcomes.

- Methods

The 'Pregnancy Outcomes After a Maternity Intervention for Stressful Emotions' (PROMISES) trial is a randomized controlled trial, which compares the effects of CBT vs. care as usual (CAU) during pregnancy among a group of women with (sub)clinically depressive and/or anxiety symptoms (n=226) on both maternal and child outcomes. Child outcomes comprise a range of obstetric outcomes including birth weight, Apgar score, and gestational age. Independent samples t-tests were performed to investigate differences in mean values.

- Results

No significant differences were found between the CBT- and the CAU-groups, in gestational age (39+0 vs 39+2 weeks+days, p=.99), birth weight (3447 vs 3509 grams, p=.24), or Apgar score at 1 (8.6 vs 8.6, p=.99), 5 (9.5 vs 9.6, p=.31), and 10 minutes (9.7 vs 9.8, p=.26).

- Conclusion/discussion

Although CBT as early treatment of antenatal depression and anxiety is most likely to be effective for prevention of postpartum depression, CBT seems to have no effect on major obstetric outcomes.