Health visitor training reduces risk of postnatal depression 6 months after birth

QUESTION

Question: What is the effectiveness and costs effectiveness of training health visitors to identify and deliver psychologically informed interventions for postnatal depression?

Patients: 4084 women from participating general practices who were 36 weeks pregnant, had a live baby and remained on the health visitor’s caseload for at least 4 months postnatally. Exclusions: age <18 years; mental health issues (such as schizophrenia or bipolar disorder); moving away or temporary resident.

Setting: 101 general practices in 29 Primary Care Trusts in the Trent Regional Health Authority, UK; randomisation February and March 2003.

Intervention: Specific health visitor training in postnatal depression or health visitor usual care. Health visitors in the training group were trained in assessing women and in providing psychological sessions. Health visitors were also randomised to train to deliver either a cognitive behavioural approach (CBA) or a person centred approach (PCA) to women at risk of depression; health visitors could offer a general practitioner appointment (GP) for selective serotonin reuptake inhibitor treatment if indicated and if this was the woman’s preference.

Outcomes: Proportion of women at risk of postnatal depression (Edinburgh Postnatal Depression Scale (EPDS) score ≥12).

Patient follow-up: 72% of women at 6 months and 56% at 18 months.

METHODS

Design: Cluster randomised controlled trial (GP practices the unit of randomisation).

Allocation: Concealed.

Blinding: Unblinded.

Follow-up period: 18 months (primary outcome assessed at 6 months).

MAIN RESULTS

Overall, health visitor training reduced the proportion of women at risk of postnatal depression (EPDS score ≥12) at 6 months (11.7% with training vs 16.4% with usual care; p=0.003). At 6 weeks, 17.3% of participants (595 women) were at risk of postnatal depression. Six month assessments were available for 70.3% of these at risk women. When looking at these at risk women alone, health visitor training reduced the proportion who were still at risk after 6 months compared with usual care (33.9% with training vs 45.6% with usual care; OR 0.62, 95% CI 0.40 to 0.97; p=0.036). This effect remained for 1 year. Within the training group, there was no significant difference in the proportion of women remaining at risk between the different types of psychological approaches (32.9% with CBA vs 35.1% with PCA; p=0.74). Economic analyses found that the training was highly likely to be cost effective compared with the control.

CONCLUSIONS

Health visitor training reduced the proportion of women at risk of depression at 6 months after birth; confidence intervals were wide, which suggests that the intervention effect may be small.

ABSTRACTED FROM


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