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Pregnancy and Postpartum Depression

Dépression de la grossesse et du post-partum : évaluation de l'acupuncture

Articles connexes: - anxiété - dépression -

1. Systematic Reviews and Meta-Analysis

1.1. Zhu 2025

Zhu Y, Yang W, Li N, Yang J, Yang J, Zheng Y, Chen W, Yang Y, Liu Y, Zhao Y. Comparative Effectiveness of Non-Pharmacological Interventions for Postpartum Depression and Anxiety: A Network Meta-Analysis. Neuropsychiatr Dis Treat. 2025;21:2817-2834. https://doi.org/10.2147/NDT.S549504

Background	Postpartum depression (PPD) is a prevalent perinatal mood disorder characterized by persistent depressive and anxiety symptoms with major consequences for maternal-infant health. The COVID-19 pandemic has increased its global burden. Although non-pharmacological interventions are widely used, their comparative effectiveness remains uncertain.
Methods	Randomized controlled trials were identified through searches of the Cochrane Library, Web of Science, EMBASE, PubMed, Scopus, CNKI, VIP, and Wanfang from inception to September 1, 2024. Interventions included acupuncture, exercise, psychotherapy, exercise combined with psychotherapy, and music therapy. Primary outcomes were depressive symptoms and secondary outcomes anxiety symptoms, pooled using mean differences with 95% credible intervals. Risk of bias was assessed using Cochrane RoB2. PROSPERO registration CRD42020166801.
Results	Thirty-five RCTs involving 4047 participants were included. For depressive symptoms, all non-pharmacological interventions were superior to control, with exercise combined with psychotherapy showing the greatest effect, followed by **acupuncture** and exercise. For anxiety symptoms, non-pharmacological interventions were again superior to control, with exercise combined with psychotherapy ranking first, followed by exercise and **acupuncture**.
Conclusion	Non-pharmacological interventions show significant benefit for postpartum depression and anxiety. Exercise combined with psychotherapy appears most effective and may represent a first-line option for mild to moderate postpartum depression, with exercise and **acupuncture** as effective standalone alternatives.

1.2. Chow 2021

Chow R, Huang E, Li A, Li S, Fu SY, Son JS, Foster WG. Appraisal of systematic reviews on interventions for postpartum depression: systematic review. BMC Pregnancy Childbirth. 2021;21(1):18. [218906]. doi

Background	Postpartum depression (PPD) is a highly prevalent mental health problem that affects parental health with implications for child health in infancy, childhood, adolescence and beyond. The primary aim of this study was to critically appraise available systematic reviews describing interventions for PPD. The secondary aim was to evaluate the methodological quality of the included systematic reviews and their conclusions.
Methods	An electronic database search of MEDLINE, Embase, and the Cochrane Library from 2000 to 2020 was conducted to identify systematic reviews that examined an intervention for PPD. A Measurement Tool to Assess Systematic Reviews was utilized to independently score each included systematic review which was then critically appraised to better define the most effective therapeutic options for PPD.
Results	Of the 842 studies identified, 83 met the a priori criteria for inclusion. Based on the systematic reviews with the highest methodological quality, we found that use of antidepressants and telemedicine were the most effective treatments for PPD. Symptoms of PPD were also improved by traditional herbal medicine and aromatherapy. Current evidence for physical exercise and cognitive behavioural therapy in treating PPD remains equivocal. A significant, but weak relationship between AMSTAR score and journal impact factor was observed ($p = 0.03$, $r = 0.24$; 95% CI, 0.02 to 0.43) whilst no relationship was found between the number of total citations ($p = 0.27$, $r = 0.12$; 95% CI, - 0.09 to 0.34), or source of funding ($p = 0.19$).
Conclusion	Overall the systematic reviews on interventions for PPD are of low-moderate quality and are not improving over time. Antidepressants and telemedicine were the most effective therapeutic interventions for PPD treatment.

1.3. Li 2019 ☆

Li W, Yin P , Lao L , Xu S. Effectiveness of Acupuncture Used for the Management of Postpartum Depression: A Systematic Review and Meta-Analysis. Biomed Res Int. 2019. [197229].

Background	Previous studies have demonstrated that acupuncture was an effective alternative for treating major depressive disorders. However, the use of acupuncture for the treatment of postpartum depression remains controversial. This review summarizes the most significant studies in the area of acupuncture treatment for postpartum depression and provides a detailed overview of the efficacy of acupuncture for the treatment of postpartum depression.
Methods	We undertook a systematic review of publicly available electronic databases to identify studies that evaluated acupuncture for the treatment of postpartum depression. Our meta-analysis selected randomized controlled trials (RCTs) and quasi-RCTs that reported on the treatment effect of acupuncture on postpartum depression.
Results	Eight prospective trials reporting data on postpartum depression were included in our meta-analysis. The results demonstrated that acupuncture treatment could significantly reduce HAMD scores (SMD: -1.08; 95%CI: -2.11 to -0.05; P=0.040). However, with regard to EPDS, clinical response, and serum estradiol levels, pooled analysis suggested no beneficial effects of acupuncture for postpartum women in EPDS (RR: 1.23; 95%CI: 0.90 to 1.67; P=0.195); clinical response (RR: 1.00; 95%CI: 0.89 to 1.12; P=0.969); and the levels of serum estradiol (SMD: 1.96; 95%CI: -0.01 to 3.93; P=0.051).
Limitations	First, there was relatively high heterogeneity among the studies, except for clinical response. In order to identify the sources of heterogeneity, we divided the studies into subgroups by way of controls. However, heterogeneity still existed, which suggested that it arose from participants rather than controls. Second, the sample size of the studies was small, causing the power of summary results to be low. This may result in over- or underestimating the interpretation of the results. Third, our analysis used pooled data, which restricted us from performing a more detailed analysis.

Conclusions	Our meta-analysis suggested that acupuncture treatment may reduce HAMD scores, while no significant effects on EPDS, clinical response, and serum estradiol levels were observed.

1.4. Smith 2019 ☆

Smith CA, Shewamene Z, Galbally M, Schmied V, Dahlen H. The effect of complementary medicines and therapies on maternal anxiety and depression in pregnancy: A systematic review and meta-analysis. J Affect Disord. 2019;245:428-39. [189954].

Background	Depression and anxiety are common during the antenatal and postnatal period, and are known to have a significant impact on the woman and her unborn infant. Pregnant women state a preference for non-pharmacological treatment options, and use complementary medicines and therapies to manage these symptoms. We examined the effectiveness and safety of these modalities on depression and anxiety during pregnancy.
Methods	CENTRAL, EMBASE and PubMed databases were searched for randomised controlled trials comparing complementary therapies and medicines to a control, for pregnant women with depression or anxiety. The primary outcome measure was antenatal depression or anxiety.
Results	Twenty randomised controlled trials containing 1092 women were included in the review. We found some evidence of reduced antenatal depression from three modalities. Acupuncture reduced the number of women diagnosed with antenatal depression (RR 1.68, 95% CI 1.06-2.66, 1 trial). Massage reduced the severity of antenatal depression in one trial of 149 women (SMD -0.73, 95%CI -1.07–0.39). One small trial of bright light therapy found reduced antenatal depression (RR 4.80, 95% CI -8.39–1.21, 27 women). There was no evidence of a reduction in depression and anxiety from relaxation, yoga, mindfulness and fish oils. Overall the risk of bias was high or unclear for the majority of studies.
Limitations	There are few high quality randomised controlled trials of complementary medicines and therapies examining the effect on anxiety and depression.
Conclusion	Acupuncture, bright light therapy, and massage may reduce antenatal depression. There is a need for high quality and larger studies that include postnatal follow up and maternal and neonatal outcomes

1.5. Tong 2019

Tong P, Dong LP, Yang Y, Shi YH, Sun T, Bo P. Traditional Chinese acupuncture and postpartum depression: A systematic review and meta-analysis. J Chin Med Assoc. 2019;82(9):719-726. [212481]. doi

Background	Acupuncture, a key component of traditional Chinese medicine, is a form of alternative medicine in which thin needles are inserted into the body commonly for pain relief. To date, the role of traditional Chinese acupuncture in mood disorders in the postpartum period is unclear. Thus, this study aimed to review the effectiveness of acupuncture in patients with postpartum depression (PPD).
Methods	We searched databases such as PUBMED, EMBASE, and Cochrane Controlled Trials Register until September 2018. Meta-analysis was performed using Comprehensive Meta-Analysis 2.0 software. The mean difference (MD) and risk ratio (RR) with 95% confidence intervals (CI) were calculated to evaluate the results of each comparison.

Results	A total of **887 PPD patients from 12 randomised controlled trials** were included in the quantitative meta-analysis, with 443 patients in the treatment group and 444 patients in the control group. Patients in the acupuncture group had significantly better performances assessed by the Hamilton Depression Scale than those in the control group, and the pooled MD was -1.27 (95% CI: -2.55 to 0.01; p = 0.05, I = 83%) in the random-effect model. In addition, significantly better performance in the effective rate was observed in the acupuncture group than in the control group, and the pooled RR was 1.20 (95% CI: 1.09 to 1.33; p < 0.0001, I = 46%). However, in subgroup analysis for the acupuncture therapy alone, only effective rate showed a significantly better performance.
Conclusion	Traditional Chinese acupuncture seems to be effective in improving some symptoms of PPD, although the evidence is uncertain. Therefore, further studies following standardized guidelines with a low risk of bias are needed to confirm the effectiveness of acupuncture in the treatment of PPD.

1.6. Komori 2018

Komori A, Arthur A, Radford S, Tan HY, Zheng L, An M, Umeda R, Zheng Z. Acupuncture versus antidepressants in the management of postpartum depression: a systematic review. Br J Midwifery. 2018.
https://www.britishjournalofmidwifery.com/content/research/acupuncture-versus-antidepressants-in-the-management-of-postpartum-depression-a-systematic-review/

Background	Antidepressants for postnatal depression may not be acceptable to women and so many may seek alternative therapies.
Aim	To evaluate the effectiveness and safety of acupuncture for postnatal depression compared with antidepressant treatment.
Methods	A literature search was conducted in English, Chinese, Japanese and Korean databases. Details of the trials were extracted and analysed.
Findings	Of the 1592 studies reviewed, **three met the inclusion criteria** for quantitative analysis. Two studies reported no significant differences between acupuncture and fluoxetine for depression, while the third reported significant improvements.
Conclusions	Acupuncture in postpartum depression was at least as effective as fluoxetine hydrochloride, supporting the notion that acupuncture may be a safe and effective option.

1.7. Li 2018

Li S , Zhong W , Peng W , Jiang G. Effectiveness of acupuncture in postpartum depression: a systematic review and meta-analysis. Acupuncture in Medicine. 2018;36(5):295-301. [200321].

Objective	To assess the clinical effectiveness of acupuncture in the treatment of postpartum depression (PPD). METHODS: The following electronic databases were systematically searched: PubMed, Cochrane Library, SCI, Elsevier SDOL, China National Knowledge, Wan Fang database and Chinese Science and Technology Periodical Database. Only randomised controlled trials (RCTs) of acupuncture for PPD were considered. Primary outcomes were the Hamilton Rating Scale for Depression (HAMD) or the Edinburgh Postnatal Depression Scale (EPDS) scores and effective rate. Our secondary outcome was the level of oestradiol. The quality of all included trials was evaluated according to the Cochrane Collaboration. This protocol was registered in PROSPERO (CRD42016048528).

Results	**Nine trials involving 653 women** were selected. The result of this meta-analysis demonstrated that the acupuncture group had a significantly greater overall effective rate compared with the control group (seven trials, n=576, I2=24%; relative risk (RR) 1.15, 95% CI 1.06 to 1.24; P<0.001). Moreover, acupuncture significantly increased oestradiol levels compared with the control group (mean difference (MD) 36.92, 95% CI 23.14 to 50.71, P<0.001). Regarding the HAMD and EPDS scores, no difference was found between the two groups (five trials, n=276, I2=82%; MD-1.38, 95% CI -3.40 to 0.64; P=0.18; two trials, n=60, I2=16%; MD 1.08, 95% CI -1.09 to 3.26; P=0.33).
Conclusions	Acupuncture appears to be effective for postpartum depression with respect to certain outcomes. However, the evidence thus far is inconclusive. Further high-quality RCTs following standardised guidelines with a low risk of bias are needed to confirm the effectiveness of acupuncture for postpartum depression.

1.8. Nillni 2018

Inclusion dans le Riseup-PPD Guidelines 2025

Nillni YI, Mehralizade A, Mayer L, Milanovic S. Treatment of depression, anxiety, and trauma-related disorders during the perinatal period: a systematic review. Clin Psychol Rev. 2018;66:136–148. https://doi.org/10.1016/j.cpr.2018.06.004

Women with psychiatric disorders during pregnancy and the postpartum period (i.e., perinatal period) are at increased risk for adverse maternal and child outcomes. Effective treatment of psychiatric disorders during the perinatal period is imperative.
This review summarizes the outcomes of 78 studies focused on the treatment of depression, anxiety, and trauma-related disorders during the perinatal period. The majority of studies focused on perinatal depression (n = 73). Of the five studies focused on anxiety or trauma-related disorders, only one was a randomized controlled trial (RCT).
The most studied treatment was cognitive behavioral therapy (CBT; n = 22), followed by interpersonal psychotherapy (IPT; n = 13). Other interventions reviewed include other talk therapies (n = 5), collaborative care models (n = 2), complementary and alternative medicine approaches (n = 18), light therapy (n = 3), brain stimulation (n = 2), and psychopharmacological interventions (n = 13).
Eleven studies focused specifically on treatment for low-income and/or minority women. Both CBT and IPT demonstrated a significant benefit over control conditions. However, findings were mixed when these interventions were examined in low-income and/or minority samples. There is some support for complementary and alternative medicine approaches (e.g., exercise). Although scarce, SSRIs demonstrated good efficacy when compared to a placebo. However, SSRIs did not outperform another active treatment condition (e.g., CBT).
There is a tremendous need for more studies focused on treatment of perinatal anxiety and trauma-related disorders, as well as psychopharmacological effectiveness studies. Limitations and future directions of perinatal treatment research, particularly among low-income and/or minority populations, are discussed.

1.9. Yang 2018

Yang L, Di YM, Shergis JL, Li Y, Zhang AL, Lu C, Guo X, Xue CC. A systematic review of acupuncture and Chinese herbal medicine for postpartum depression. Complement Ther Clin Pract. 2018;:85-92. [182035].

Background and purpose	Chinese medicine is increasingly used by women with postpartum depression (PPD). We systematically analyzed randomized controlled trials of acupuncture and Chinese herbal medicine (CHM) for PPD.

Methods	Studies were retrieved from English and Chinese databases. The Cochrane risk of bias tool was used to assess methodological quality.
Results	**Fifteen CHM**, and **three acupuncture** studies were included. Low quality evidence suggested that CHM alone or combined with antidepressants as add-on therapy may reduce symptoms of depression compared to placebo or antidepressants on the Edinburgh Postnatal Depression Scale (EPDS). There was no statistically significant difference between acupuncture and antidepressants. Adverse events were rare.
ConclusionS	CHM reduced PPD symptoms greater than placebo or antidepressants. Acupuncture was neither superior nor inferior to antidepressants. More rigorously designed studies are required to confirm the effect of CHM and acupuncture for PPD.

1.10. Wang 2017

Wang Jin-Feng, Tan Ling-Jing, Mei Qing-Xian, Zheng Qing-Hua, Yang Song-Bai, Mei Zhi-Gang. Meta analysis on acupuncture for postpartum depression World Journal of Acupuncture-Moxibustion. 2017;27(1): 28-34. [37183].

Objective	To evaluate the clinical efficacy of acupuncture in treatment of postpartum depression.
Methods	Pubmed database and Embase database were retrieved online in English, and China National Knowledge Internet (CNKI), China Biology Medicine disc (CBM), VIP database and Wanfang Data were retrieved in Chinese Literature in recent 10 years relating to clinical randomized controlled trials of acupuncture in treatment of postpartum depression were collected, and Meta-analysis was performed by adopting RevMan5.3.
Results	Fourteen articles were included in the study in total; it was shown from HAMD result that after combination, WMD=-1.27,95□CI (-2.55,0.01); according to Z-test,Z=1.95,P=0.05,and the difference in efficacy between treatment group and control group was statistically significant. It was shown from EPDS result that after combination, WMD=-0.53,95□Cl (-0.92,-0.03);according to Z-test,Z=2.08,P□0.05,and the difference in efficacy between treatment group and control group was statistically significant. During the analysis taking estradiol as standard, it was shown from the result that after combination, WMD=63.99,95□CI (13.39,114.60); according to Z-test,Z=2.48,P□0.05,and the difference in efficacy between treatment group and control group had remarkably statistical significance. During the analysis taking effective rate as standard, it was shown from the result that after combination,0R=3.15,95□CI (2.19,4.55); according to Z-test,Z=6.14,P□0.05,and the difference in efficacy between treatment group and control group had remarkably statistical significance.
Conclusion	Acupuncture treatment for postpartum depression is effective, but more clinical randomized controlled trials with high quality and large sample size are still needed to verify the result.

1.11. van Ravesteyn 2017

van Ravesteyn LM, Lambregtse-van den Berg MP, Hoogendijk WJ, Kamperman AM. Interventions to treat mental disorders during pregnancy: A systematic review and multiple treatment meta-analysis. PLoS One. 2017;12(3). [192160].

Background	For women suffering from an antepartum mental disorder (AMD), there is lack of evidence-based treatment algorithms due to the complicated risk-benefit analysis for both mother and unborn child. We aimed to provide a comprehensive overview of pharmacological and non-pharmacological interventions to treat AMD and performed a meta-analysis of the estimated treatment effect on the psychiatric symptoms during pregnancy.
Methods	MedLine, PsycINFO and Embase databases were searched by two independent reviewers for clinical trials with a control condition on treatment of women with AMD, i.e. major depressive (MDD), anxiety, psychotic, eating, somatoform and personality disorders. We inventoried the effect of the treatment, i.e. decrease of psychiatric symptoms at the end of the treatment or postpartum. We adhered to the PRISMA-protocol.
Findings	Twenty-nine trials were found involving 2779 patients. Trials studied patients with depressive disorders (k = 28), and anxiety disorders (k = 1). No pharmacological trials were detected. A form of psychotherapy, like Cognitive Behavioural Therapy (g = -0.61; 95%CI:-0.73 to -0.49, I2 = 0%; k = 7) or Interpersonal Psychotherapy (g = -0.67; 95%CI:-1.27 to -0.07; I2 = 79%; k = 4), holds robust benefit for pregnant women with MDD. Body-oriented interventions (g = -0.43; 95%CI:-0.61 to -0.25; I2 = 17%; k = 7) and **acupuncture (g = -0.43; 95%CI:-0.80 to -0.06; I2 = 0%; k = 2) showed medium sized reduction of depressive symptoms.** Bright light therapy (g = -0.59; 95%CI:-1.25 to 0.06; I2 = 0%; k = 2), and food supplements (g = -0.51; 95%CI:-1.02 to 0.01; I2 = 20%; k = 3) did not show significant treatment effects. One study was found on Integrative Collaborative Care.
Conclusions	This meta-analysis found a robust moderate treatment effect of CBT for MDD during pregnancy, and to a lesser extent for IPT. As an alternative, **positive results were found for body-oriented interventions and acupuncture**. No evidence was found for bright light therapy and food supplements. Only non-pharmacological trials on women with MDD were found. Research on a wider range of AMD is needed.

1.12. Sniezek 2013 ☆☆

Sniezek DP, Siddiqui IJ. Acupuncture for treating anxiety and depression in women: a clinical systematic review. Med Acupunct. 2013. 25(3):164-172. [170038].

Background	Anxiety and depression are high in prevalence, especially in the female population, whose incidence is approximately double that of the male population. In addition, these conditions are difficult to treat and have high relapse rates and medication side-effects. There is evidence to suggest that acupuncture may be an effective treatment modality.
Objective	The aim of this review is to summarize the existing evidence on acupuncture as a therapy for anxiety and depression in women and to present a novel method for assessing acupuncture trial quality.
Methods	Published randomized controlled trials were included, whereby acupuncture was compared with any control procedure in subjects with anxiety and/or depression. Two authors extracted data independently. A novel acupuncture trial quality-assessment tool was developed to analyze the literature quality.
Results	Six articles used the desired inclusion and exclusion criteria. The quality of research varied heavily. Five studies were properly randomized. Three were double-blinded. Three used individualized acupuncture. Four studies were of at least reasonable quality. One was of marginal quality, and one was of poor quality. There was a significant difference between acupuncture and at least one control in all six trials.
Conclusions	With respect to six reviewed studies, **there is high-level evidence to support the use of acupuncture for treating major depressive disorder in pregnancy**.

1.13. Dennis 2013 Ø

Dennis CL, Dowswell T. Interventions (other than pharmacological, psychosocial or psychological) for treating antenatal depression. Cochrane Database Syst Rev.. 2013;jul 31:CD006795. [160362].

Background	A meta-analysis of 21 studies suggests the mean prevalence rate for depression across the antenatal period is 10.7%, ranging from 7.4% in the first trimester to a high of 12.8% in the second trimester. Due to maternal treatment preferences and potential concerns about fetal and infant health outcomes, diverse non-pharmacological treatment options are needed.
Objectives	To assess the effect of interventions other than pharmacological, psychosocial, or psychological interventions compared with usual antepartum care in the treatment of antenatal depression. Search Methods: We searched the Cochrane Pregnancy and Childbirth Group's Trials Register (31 January 2013), scanned secondary references and contacted experts in the field to identify other published or unpublished trials. Selection Criteria: All published and unpublished randomised controlled trials of acceptable quality evaluating non-pharmacological/psychosocial/psychological interventions to treat antenatal depression. Data Collection and Analysis: Both review authors participated in the evaluation of methodological quality and data extraction. Results are presented using risk ratio (RR) for categorical data and mean difference (MD) for continuous data.

Main Results	Six trials were included involving 402 women from the United States, Switzerland, and Taiwan. For most comparisons a single trial contributed data and there were few statistically significant differences between control and intervention groups. In a trial with 38 women maternal massage compared with non-specific acupuncture (control group) did not significantly decrease the number of women with clinical depression or depressive symptomatology immediately post-treatment (risk ratio (RR) 0.80, 95% confidence interval (CI) 0.25 to 2.53; mean difference (MD) -2.30, 95% CI -6.51 to 1.91 respectively). In another trial with 88 women there was no difference in treatment response or depression remission rates in women receiving maternal massage compared with those receiving non-specific acupuncture (RR 1.33, 95% CI 0.82 to 2.18; RR 1.14, 95% CI 0.59 to 2.19 respectively).**In a trial with 35 women acupuncture specifically treating symptoms of depression, compared with non-specific acupuncture, did not significantly decrease the number of women with clinical depression or depressive symptomatology immediately post-treatment (RR 0.47, 95% CI 0.11 to 2.13; MD -3.00, 95% CI -8.10 to 2.10). However, women who received depression-specific acupuncture were more likely to respond to treatment compared with those receiving non-specific acupuncture (RR 1.68, 95% CI 1.06 to 2.66).** In a trial with 149 women, maternal massage by a woman's significant other, compared with standard care, significantly decreased the number of women with depressive symptomatology immediately post-treatment (MD -6.70, 95% CI -9.77 to -3.63). Further, women receiving bright light therapy had a significantly greater change in their mean depression scores over the five weeks of treatment than those receiving a dim light placebo (one trial, n = 27; MD -4.80, 95% CI -8.39 to -1.21). However, they were not more likely to have a treatment response or experience a higher remission rate (RR 1.79, 95% CI 0.90 to 3.56; RR 1.89, 95% CI 0.81 to 4.42). Lastly, two trials examined the treatment effect of omega-3 oils. Women receiving omega-3 had a significantly lower mean depression score following eight weeks of treatment than those receiving a placebo (one trial, n = 33; MD -4.70, 95% CI -7.82 to -1.58). Conversely, in a smaller trial (21 women) there was no significant difference in the change in mean depression scores for women receiving omega-3 and those receiving a placebo (MD 0.36, 95% CI -0.17 to 0.89), and women who received omega-3 were no more likely to respond to treatment (RR 2.26, 95% CI 0.78 to 6.49) or have higher remission rates (RR 2.12, 95% CI 0.51 to 8.84). Women in the placebo group were just as likely to report a side effect as those in the omega-3 group (RR 1.12, 95% CI 0.56 to 2.27).
Authors' Conclusions	**The evidence is inconclusive to allow us to make any recommendations for depression-specific acupuncture**, maternal massage, bright light therapy, and omega-3 fatty acids for the treatment of antenatal depression. The included trials were too small with non-generalisable samples, to make any recommendations.

1.14. Dennis 2008 Ø

Dennis CL, Allen K. interventions (other than pharmacological, psychosocial or psychological) for treating antenatal depression. Cochrane Database Syst Rev. 2008;8(4):cd006795. [151005].

Background	Although pregnancy was once thought of as a time of emotional well-being for many women, conferring 'protection' against psychiatric disorders, a recent meta-analysis of 21 studies suggests the mean prevalence rate for depression across the antenatal period is 10.7%, ranging from 7.4% in the first trimester to a high of 12.8% in the second trimester. Due to maternal treatment preferences and potential concerns about fetal and infant health outcomes, non-pharmacological treatment options are needed.

Objectives	To assess the effects, on mothers and their families, of non-pharmacological/psychosocial/psychological interventions compared with usual antepartum care in the treatment of antenatal depression.
Methods	Search Strategy: We searched the Cochrane Pregnancy and Childbirth Group's Trials Register (August 2007), the Cochrane Collaboration Depression Anxiety and Neurosis Group's Trials Registers (CCDANCTR-Studies and CCDANCTR-References) (January 2007), the Cochrane Central Register of Controlled Trials (The Cochrane Library 2006, Issue 3), MEDLINE (1966 to January 2007), EMBASE (1980 to January 2007) and CINAHL (1982 to January 2007). We scanned secondary references and contacted experts in the field to identify other published or unpublished trials. Selection CriteriA: All published, unpublished and ongoing randomised controlled trials of non-pharmacological/psychosocial/psychological interventions to treat antenatal depression. DATA Collection and Analysis: All review authors independently participated in the evaluation of methodological quality and data extraction.
. Main Results	We included one US three-armed randomised controlled trial in this review, incorporating 61 outpatient antenatal women who met Diagnostic and Statistical Manual for Mental Disorders-IV criteria for major depression. Maternal massage, compared to non-specific acupuncture (control group), did not significantly decrease the number of women diagnosed with clinical depression immediately post-treatment (one trial, n = 38; risk ratio (RR) 0.80, 95% confidence interval (CI) 0.25 to 2.53) or at final assessment at 10 weeks' postpartum (one trial, n = 32; RR 1.93, 95% CI 0.37 to 10.01). **Acupuncture specifically treating symptoms of depression, compared to non-specific acupuncture, did not significantly decrease the number of women diagnosed with clinical depression immediately post-treatment (one trial, n = 35; RR 0.48, 95% CI 0.11 to 2.13) or at final assessment at 10 weeks' postpartum (one trial, n = 32; RR 0.64, 95% CI 0.06 to 6.39)**.
Authors' Conclusions	**The evidence is inconclusive to allow us to make any recommendations for massage therapy or depression-specific acupuncture** for the treatment of antenatal depression. The included trial was too small with a non-generalisable sample, to make any recommendations.

2. Overviews of systematic reviews

2.1. Hu 2022 ☆

Hu X, Fan Q, Ma L, Jin R, Gong R, Zhao X, Qiu F, Zhou L. Reliability of Evidence to Guide Decision-Making in the Use of Acupuncture for Postpartum Depression. Front Public Health. 2022 Jul 14;10:942595. https://doi.org/10.3389/fpubh.2022.942595

Background	There is conflicting evidence on the effectiveness of acupuncture in the treatment of postpartum depression (PPD). This study aimed to assess previous systematic reviews/meta-analyses (SRs/MAs) on the effectiveness of acupuncture to treat PPD.
Method	SRs/MAs regarding the use of acupuncture for PPD were identified from the establishment of digital databases to November 2021. The Assessing the Methodological Quality of Systematic Reviews 2 (AMSTAR-2) was applied to evaluate the methodological quality of included SRs/MAs. The Grades of Recommendations, Assessment, Development and Evaluation (GRADE) was utilized to evaluate the evidence quality for outcomes of interest.
Results	**Six studies** that conducted quantitative syntheses were included. According to AMSTAR-2, the methodological quality of these SRs/MAs was critically low owing to limitations of items 2, 4, and 7. According to GRADE, no study included high-quality evidence and most studies included low-quality evidence.

Conclusions	Acupuncture m be beneficial for PPD, however, due to limitations of current evidence and inconsistent findings, further studies are needed to provide stronger evidence to draw definitive conclusions.

3. Clinical Practice Guidelines

⊕ positive recommendation (regardless of the level of evidence reported)
Ø negative recommendation (or lack of evidence)

3.1. Research Innovation and Sustainable Pan-European Network in Peripartum Depression Disorder (RISEUP-PPD) 2025 Ø

- Riseup-PPD Guidelines Development Group. Evidence-based clinical practice guidelines for prevention, screening and treatment of peripartum depression. Lisbon: COST Action CA18138 - Riseup-PPD; 2025. 205 p. https://riseupppd18138.com/clinical-practice-guidelines.html/
- Radoš SN, Ganho-Ávila A, Rodriguez-Muñoz MF, Bina R, Kittel-Schneider S, Lambregtse-van den Berg MP, Lega I, Lupattelli A, Sheaf G, Skalkidou A, Uka A, Uusitalo S, Bosteels-Vanden Abeele L, Moura-Ramos M. Evidence-based clinical practice guidelines for prevention, screening and treatment of peripartum depression. Br J Psychiatry. 2025 Jun 26:1-12. https://doi.org/10.1192/bjp.2025.43

There is no evidence on the efficacy of the use of **acupuncture in pregnancy**, therefore we cannot make a recommendation. Comments: Evidence about the efficacy of acupuncture during pregnancy is inconsistent.
There is no evidence on the efficacy of the use of **acupuncture in the postpartum**, therefore we cannot make a recommendation. Comments: Evidence about the efficacy of acupuncture in the postpartum is inconsistent.

Note : Données manquantes et analyse non équitable comparativement aux autres thérapeutiques.

3.2. Canadian Network for Mood and Anxiety Treatments (CANMAT, Canada) 2023 ⊕

Lam RW, Kennedy SH, Adams C, Bahji A, Beaulieu S, Bhat V, Blier P, Blumberger DM, Brietzke E, Chakrabarty T, Do A, Frey BN, Giacobbe P, Gratzer D, Grigoriadis S, Habert J, Ishrat Husain M, Ismail Z, McGirr A, McIntyre RS, Michalak EE, Müller DJ, Parikh SV, Quilty LS, Ravindran AV, Ravindran N, Renaud J, Rosenblat JD, Samaan Z, Saraf G, Schade K, Schaffer A, Sinyor M, Soares CN, Swainson J, Taylor VH, Tourjman SV, Uher R, van Ameringen M, Vazquez G, Vigod S, Voineskos D, Yatham LN, Milev RV. Canadian Network for Mood and Anxiety Treatments (CANMAT) 2023 Update on Clinical Guidelines for Management of Major Depressive Disorder in Adults: Réseau canadien pour les traitements de l'humeur et de l'anxiété (CANMAT) 2023 : Mise à jour des lignes directrices cliniques pour la prise en charge du trouble dépressif majeur chez les adultes. Can J Psychiatry. 2024 Sep;69(9):641-687. https://doi.org/10.1177/07067437241245384

Acupuncture has also been studied in depression, with several meta-analyses showing the efficacy of acupuncture, as monotherapy and as an adjunct to antidepressants, versus all control conditions. However, a Cochrane review noted that, in comparisons of acupuncture with control/sham acupuncture conditions, the effect size was smaller than clinically relevant thresholds. There is insufficient evidence for its use in more severe illness. Hence, acupuncture is recommended as a second-line treatment for mild-severity MDD, and as a second-line adjunctive treatment for moderate-severity MDD

3.3. University of Michigan Health System (UMHS, USA) 2021 ⊕

Ambulatory Unipolar Depression Guideline. University of Michigan Health System. 2021:68P. [216712]. URL

Consider acupuncture as an adjunctive treatment in mild to moderate depression (Second-line, Level of Evidence B). Treatment for Major Depressive Disorder in Pregnancy: Mild to Moderate Major Depressive Disorder: acupuncture (3rd-line, Level of Evidence B). Severe Major Depressive Disorder: acupuncture (3rd-line, Level of Evidence D). Treatment of Postpartum Depression during Breastfeeding: Severe Major Depressive Disorder: acupuncture 2nd-line, Level of Evidence B).

3.4. Institute for Clinical Systems Improvement (ICSI, USA) 2013 ⊕

Mitchell J, Trangle M, Degnan B, Gabert T, Haight B, Kessler D, Mack N, Mallen E, Novak H, Rossmiller D, Setterlund L, Somers K, Valentino N, Vincent S. Adult depression in primary care. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI). 2013; :129P. [168070].

Acupuncture. There is considered to be high-level evidence to support the use of acupuncture during pregnancy for the treatment of depressive episodes (Sniezek, 2013). Serious adverse events from acupuncture are very uncommon, which may appeal to those who seek to avoid side effects associated with traditional treatments (e.g., medication side effects).

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