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Background: Perinatal anxiety and depression affect around 20% of perinatal women (1). In the UK, general practitioners (GPs) manage mild-moderate perinatal mental health. The aim of this review was to synthesise the available information from qualitative studies on GPs’ attitudes, decision making and routine clinical practice for diagnosis and treatment of perinatal mental illness (PMI).

Method: A systematic search was conducted on Embase, Medline, PsycInfo, Pubmed, Scopus and Web of Science. Grey literature was searched using google, google scholar and British Library EThOS. Papers and reports were eligible for inclusion if they reported qualitatively on GP’ clinical practice for the diagnosis or treatment of perinatal anxiety or depression. The synthesis was constructed using meta-ethnography.

Results: Five key themes were established from five eligible papers: diagnosing depression and anxiety; clinical judgement versus guidelines; care and management; use of medication; and the role of other professionals. GPs considered perinatal depression as a psychosocial phenomenon, being reluctant to label disorders and medicalise distress. They relied on clinical judgement rather than evidence based guidelines. They reported helping patients make informed choices about treatment, and attempting to plug the gap in availability of “talking” therapies by inviting women back regularly. GPs felt isolated dealing with PMI.

Conclusions: GPs have different perspectives from affected women about PMI (2). This may partially explain reasons for under-detection, under-treatment and dissatisfaction with care. GPs may not have timely access to appropriate psychological therapies. Training should focus on these issues and be evaluated to see if this alters outcomes for women.

Keywords: postnatal depression, general practice, metasynthesis.