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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

reluctance 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.

- 1. JCC-MH: Guidance for commissioners of perinatal mental health services. RCPsych 2012.
- Chew-Graham CA, Sharp D et al. Disclosure of symptoms of postnatal depression, the perspectives of health professionals and women: a qualitative study. *BMC Fam. Pract.* 2009;10:9.