Andrology & Gynecology: Current Research

Extended Abstract

Effects of cognive behavioural therapy during pregnancy on perinatal outcomes: The promises randomised controlled trial

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Abstract:

Antenatal anxiety and depressive symptoms are highly prevalent and have been associated with multiple adverse maternal and perinatal outcomes. Currently, international guidelines recommend that these symptoms are mostly antenatally treated using cognitive behavioural t herapy (CBT) because it is commonly believed that CBT during pregnancy, unlike antidepressants, has no adverse eff ects on perinatal outcomes. However, to date, no previous trials have been published on the eff ects of CBT during pregnancy on perinatal outcomes. We performed a multi-centre, single-blind randomised controlled trial in pregnant women with depressive and/or anxiety symptoms/disorders who visited one of the participating 109 midwifery practices or nine hospitals. We enrolled women with at least moderate symptoms of depression (Edinburgh Postnatal Depression Scale; EPDS≥12) and/or anxiety (State Trait Anxiety Inventory; STAI>42). Participants were randomised to receive either primary antenatal CBT or care as usual (CAU), stratifi ed by parity, and socio-economic status. Of the 1007 women invited, 282 (28%) were randomised to receive antenatal CBT (n=140) or CAU (n=142) between April 1, 2011, and Sept 1, 2014. No substantial baseline diff erences were observed. Off spring of participants in the CBT group showed overall a slightly lower birth weight and lower gestational age at delivery compared to the CAU group but diff erences were not statistically signifi cant. However, in participants with a present DSM-IV anxiety diagnosis (N=98), we found that the mean birth weight was over 275 grams lower (β=-275.4, 95% CI -530.6; -20.2) and that the mean gestational age was approximately a week lower (β=-0.978, 95% CI -1.872; -0.084) in the CBT group than in the CAU group. No diff erences in Apgar scores were observed.
Antenatal CBT seems to have a signifi cant negative eff ect on major perinatal outcomes when provided as treatment of antenatal anxiety during pregnancy. Further research is needed to assess whether the adverse eff ects of antenatal CBT are lasting

Biography:

Tjitte Verbeek van Buuren has completed his MD-PhD at the age of 28 years from the University of Groningen and currently performs a postdoctoral study from the University Medical Center of Groningen. He is general practitioner in training in Groningen. He has published several papers in reputed journals and serves as medical advisor in Academic Science BV Groningen (academicscience.nl).