

Supplementary Materials

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Appendix 1. Materials and methodology

Table S1. Complete search strategy

PubMed: January 1 1990 to January 16, 2025

Step	Search Criteria	Literature
1	psycho*[Title/Abstract] OR psycho-education[Title/Abstract] OR psychotherapy[Title/Abstract] OR interven*[Title/Abstract] OR therapy[Title/Abstract] OR treat*[Title/Abstract] OR reduc*OR counseling[Title/Abstract] OR counselling[Title/Abstract] OR education[Title/Abstract] OR curriculum[Title/Abstract] OR training[Title/Abstract].Filters: Randomized Controlled Trial, English, Humans, from 1990 - 2025	395,329
2	mindfulness[Title/Abstract] OR yoga[Title/Abstract] OR relaxation[Title/Abstract] OR "interpersonal psychotherapy"[Title/Abstract] OR cogniti* behavior*[Title/Abstract] OR problem solving[Title/Abstract] OR acceptance and commitment[Title/Abstract] OR psychodrama[Title/Abstract] OR Psychodynamic[Title/Abstract] OR hypnosis[Title/Abstract] OR supportive[Title/Abstract] OR music[Title/Abstract] OR art[Title/Abstract] OR "mother-infant"[Title/Abstract] OR family[Title/Abstract] OR motivational Interview[Title/Abstract] OR emotion-focused[Title/Abstract] OR narrative[Title/Abstract] OR person-centered[Title/Abstract].Filters: Randomized Controlled Trial, English, Humans, from 1990 - 2025	33,025
3	1 OR 2	399,297
4	anxiety[Title/Abstract] OR anxious[Title/Abstract] OR depress*[Title/Abstract] OR psychotic*[Title/Abstract] OR psychos?s[Title/Abstract] OR psychia*[Title/Abstract] OR mental[Title/Abstract] OR mood*[Title/Abstract] OR emotion*[Title/Abstract] OR affect*[Title/Abstract].Filters: Randomized Controlled Trial, English, Humans, from 1990 - 2025	105,099
5	maternal[Title/Abstract] OR perinatal[Title/Abstract] OR pregnan*[Title/Abstract] OR prenatal[Title/Abstract] OR antenatal[Title/Abstract] OR postnatal[Title/Abstract] OR postpartum[Title/Abstract] OR puerperium[Title/Abstract] OR lactation[Title/Abstract] OR breastfeed*[Title/Abstract] OR childbirth[Title/Abstract] OR gestation*[Title/Abstract].Filters: Randomized Controlled Trial, English, Humans, from 1990 - 2025	25,761
6	"randomized controlled trials"[Title/Abstract] OR "randomised controlled trials"[Title/Abstract] OR "RCT"[Title/Abstract] OR trial[Title/Abstract].Filters: English, Humans, from 1990 - 2025	292,446
7	3 AND 4 AND 5 AND 6	2,999

MEDLINE: January 1 1990 to January 16, 2025

Step	Search Criteria	Literature
1	AB=(psycho* OR psychotherapy OR interven* OR therapy OR treat* OR reduc* OR counseling OR counselling OR psychoeducation OR education OR curriculum OR training).Filters: Randomized Controlled Trial, English, Humans, from 1990 - 2025	427,940
2	AB=(mindfulness OR yoga OR relaxation OR “interpersonal psychotherapy” OR cogniti* behavior* OR problem solving OR acceptance and commitment OR psychodrama OR Psychodynamic OR hypnosis OR supportive OR music OR art OR “mother-infant” OR family OR motivational Interview OR emotion-focused OR narrative OR person-centered). Filters: Randomized Controlled Trial, English, Humans, from 1990 - 2025	38,098
3	1 OR 2	431,570
4	AB=(anxiety OR anxious OR depress* OR psychotic* OR psychos?s OR psychia* OR mental OR mood* OR emotion* OR affect*).Filters: Randomized Controlled Trial, English, Humans, from 1990 - 2025	101,672
5	AB=(maternal OR perinatal OR pregnan* OR prenatal OR antenatal OR postnatal OR postpartum OR puerperium OR lactation OR breastfeed* OR childbirth OR gestation*).Filters: Randomized Controlled Trial, English, Humans, from 1990 - 2025	24,728
6	AB=(“randomized controlled trials” OR “randomised controlled trials” OR "RCT" OR trial).Filters: Randomized Controlled Trial, English, Humans, from 1990 - 2025	255,081
7	3 AND 4 AND 5 AND 6	2,737

EMBASE: January 1 1990 to January 16, 2025

Step	Search Criteria	Literature
1	psycho*:ab,ti OR psychotherapy:ab,ti OR interven*:ab,ti OR therapy:ab,ti OR treat*:ab,ti OR reduc*:ab,ti OR counseling:ab,ti OR counselling:ab,ti OR psychoeducation:ab,ti OR education:ab,ti OR curriculum:ab,ti OR training:ab,ti. Filters: Randomized Controlled Trial, English, Humans, from 1990 - 2025	538,178
2	mindfulness:ab,ti OR yoga:ab,ti OR relaxation:ab,ti OR 'interpersonal psychotherapy':ab,ti OR 'cogniti* behavior*':ab,ti OR problem solving:ab,ti OR acceptance and commitment:ab,ti OR psychodrama:ab,ti OR psychodynamic:ab,ti OR hypnosis:ab,ti OR supportive:ab,ti OR music:ab,ti OR art:ab,ti OR 'mother-infant':ab,ti OR family:ab,ti OR 'motivational interview':ab,ti OR 'emotion focused':ab,ti OR narrative:ab,ti OR 'person centered':ab,ti. Filters: Randomized Controlled Trial, English, Humans, from 1990 - 2025	25,728

3	1 OR 2	540,635
4	anxiety:ab,ti OR anxious:ab,ti OR depress*:ab,ti OR psychotic*:ab,ti OR psychos?s:ab,ti OR psychia*:ab,ti OR mental:ab,ti OR mood*:ab,ti OR emotion*:ab,ti OR affect*:ab,ti.Filters: Randomized Controlled Trial, English, Humans, from 1990 - 2025	116,534
5	maternal:ab,ti OR perinatal:ab,ti OR pregnan*:ab,ti OR prenatal:ab,ti OR antenatal:ab,ti OR postnatal:ab,ti OR postpartum:ab,ti OR puerperium:ab,ti OR lactation:ab,ti OR breastfeed*:ab,ti OR childbirth:ab,ti OR gestation*:ab,ti.Filters: Randomized Controlled Trial, English, Humans, from 1990 - 2025	33,175
6	'randomized controlled trials':ab,ti OR 'randomised controlled trials':ab,ti OR 'rct':ab,ti OR trial:ab,ti.Filters: Randomized Controlled Trial, English, Humans, from 1990 - 2025	379,992
7	3 AND 4 AND 5 AND 6	3,975

PsycINFO: January 1 1990 to January 16, 2025

Step	Search Criteria	Citations
1	AB (psycho* OR psychotherapy OR interven* OR therapy OR treat* OR reduc* OR counseling OR counselling OR psychoeducation OR education OR curriculum OR training).Filters: Randomized Controlled Trial, English, Humans, from 1990 - 2025	39,382
2	AB (mindfulness OR yoga OR relaxation OR “interpersonal psychotherapy” OR cogniti* behavior* OR problem solving OR acceptance and commitment OR psychodrama OR Psychodynamic OR hypnosis OR supportive OR music OR art OR “mother-infant” OR family OR motivational Interview OR emotion-focused OR narrative OR person-centered). Filters: Randomized Controlled Trial, English, Humans, from 1990 - 2025	8,709
3	1 OR 2	39,816
4	AB (anxiety OR anxious OR depress* OR psychotic* OR psychos?s OR psychia* OR mental OR mood* OR emotion* OR affect*).Filters: Randomized Controlled Trial, English, Humans, from 1990 - 2025	21,785
5	AB (maternal OR perinatal OR pregnan* OR prenatal OR antenatal OR postnatal OR postpartum OR puerperium OR lactation OR breastfeed* OR childbirth OR gestation*).Filters: Randomized Controlled Trial, English, Humans, from 1990 - 2025	1,673
6	AB (“randomized controlled trials” OR “randomised controlled trials” OR "RCT" OR trial).Filters: Randomized Controlled Trial, English, Humans, from 1990 - 2025	24,912
7	3 AND 4 AND 5 AND 6	496

Text S1. Complete statistical analysis strategy

1. Statistical analysis plan

The comparative efficacy of psychological treatments was quantified using Hedges'g standardized mean differences (SMDs) with 95% credible intervals (CrIs) based on the mean and SD of each study, as well as the small-sample correction factor J^1 . Where standard deviations were not directly reported, they were converted from available statistics using the formulae specified in the *Cochrane Handbook* for Systematic Reviews of Interventions². Effect sizes were classified as small (0.20 SD), moderate (0.50 SD), and large (0.80 SD). Prior to conducting the Bayesian Network Meta-Analysis (NMA), the distribution of potential effect modifiers across treatment comparisons was assessed using Kruskal-Wallis tests³.

Due to anticipated clinical and methodological heterogeneity, the NMA was conducted using a random-effects framework. Models were implemented with the “gemtc” R package (v.1.1.0) and run using “JAGS” package (v.4.3.1)⁴. Markov Chain Monte Carlo (MCMC) simulation was performed with three chains, a 25,000-iteration burn-in, and 50,000 posterior sampling iterations. Weakly informative priors were applied to all treatment effects. Multi-arm trials were analyzed with a multivariate random-effects model to account for within-study correlations⁵. Treatment rankings were determined using surface under the cumulative ranking curve (SUCRA) values⁶.

Network heterogeneity was quantified using between-studies variance (τ^2) and I^2 statistics, interpreted according to established benchmarks for I^2 (low: 25%, moderate: 50%, high: 75%) and τ^2 (low: 0.01, moderate: 0.01-0.24, high: >0.24)⁷. Model convergence was evaluated using Brooks-Gelman-Rubin potential scale reduction factors (PSRFs <1.05), as well as visual inspection of trace plots and posterior density plots. Consistency between direct and indirect evidence was assessed using the node-splitting method⁸. Publication bias was evaluated using funnel plots (for comparisons with at least 3 studies) and Egger's test (for comparisons with at least 10 studies)⁹.

To explain heterogeneity, we performed meta-regression analyses for covariates, reporting associations as standardized coefficients (β) with 95% CrIs⁸. The proportion of heterogeneity explained by each covariate was quantified using Bayesian R^2 based on the posterior distributions of the model¹⁰. To assess robustness, we conducted prespecified sensitivity analyses excluding outliers identified by the ‘dmetar’ package (v.0.1.0), defined as studies whose 95% confidence intervals did not overlap with the pooled effect estimate¹¹. Additional post-hoc sensitivity analyses included: (1) excluding high risk-of-bias studies and (2) restricting short-term anxiety analyses to high-income countries due to insufficient data for subgroup analysis.

2. Calculation formulas

2.1 SMD calculation formulas:

$$Hedges'g = \frac{\bar{X}_1 - \bar{X}_2}{SD_{pooled}} \times J$$

$$SD_{\text{pooled}} = \sqrt{\frac{(n_1 - 1)SD_1^2 + (n_2 - 1)SD_2^2}{n_1 + n_2 - 2}}$$

$$J \approx 1 - \frac{3}{4(n_1 + n_2) - 9}$$

$\bar{X}_1$ and $\bar{X}_2$ are the means of the intervention group and the control group, respectively;

SD_{pooled} is the pooled standard deviation; n_1 and n_2 are the sample sizes of the two groups; SD_1 and SD_2 are the standard deviations of the two groups.

2.2 SD Conversion formulas from other statistics

Source statistic	Condition	Conversion formula
Standard error (SE)	general	$SD_{\text{pooled}} = SE \times \sqrt{n}$
95% CI	$n > 60$	$SD \approx \frac{\sqrt{n} \times (CI_{\text{upper}} - CI_{\text{lower}})}{3.92}$
95% CI	$n \leq 60$	$SD \approx \frac{\sqrt{n} \times (CI_{\text{upper}} - CI_{\text{lower}})}{2 \times t_{0.05, df}}$

References:

1. Hedges LV. Distribution theory for Glass's estimator of effect size and related estimators. *J Educ Stat.* 1981;6(2):107-28. doi:10.3102/10769986006002107
2. Higgins JPT, Li T, Deeks JJ. Obtaining standard deviations from standard errors and confidence intervals for group means. In: Higgins JPT, Thomas J, Chandler J, Cumpston M, Li T, Page MJ, Welch VA, editors. *Cochrane Handbook for Systematic Reviews of Interventions*. 2nd ed. Chichester (UK): John Wiley & Sons; 2019. Section 6.5.2.2, p. 143-145.
3. Feir-Walsh BJ, Toothaker LE. An empirical comparison of the ANOVA F-test, normal scores test and Kruskal-Wallis test under violation of assumptions. *Educ Psychol Meas.* 1974;34(4):789-99. doi:10.1177/001316447403400406
4. Denwood MJ. runjags: An R Package Providing Interface Utilities, Model Templates, Parallel Computing Methods and Additional Distributions for MCMC Models in JAGS. *J Stat Softw.* 2016;71(9):1 - 25. doi:10.18637/jss.v07.i09
5. Röver C, Bender R, Dias S, Schmid CH, Schmidli H, Sturtz S, et al. On weakly informative prior distributions for the heterogeneity parameter in Bayesian random-effects meta-analysis. *Res Synth Methods.* 2021;12(4):448-74. doi:10.1002/jrsm.1475
6. Salanti G, Ades AE, Ioannidis JP. Graphical methods and numerical summaries for presenting results from multiple-treatment meta-analysis: an overview and tutorial. *J Clin Epidemiol.* 2011;64(2):163-71. doi:10.1016/j.jclinepi.2010.03.016
7. Turri G, Ostuzzi G, Vita G, et al. Treatment of locally advanced rectal cancer in the era of total

neoadjuvant therapy: a systematic review and network meta-analysis. *JAMA Netw Open*. 2024;7(6):e2414702. doi:10.1001/jamanetworkopen.2024.14702

8. Donegan S, Williamson P, d'Alessandro U, Tudur Smith C. Assessing key assumptions of network meta-analysis: a review of methods. *Res Synth Methods*. 2013;4(4):291-323. doi:10.1002/jrsm.1085

9. Egger M, Smith GD, Schneider M, Minder C. Bias in meta-analysis detected by a simple, graphical test. *BMJ*. 1997;315(7109):629-34. doi:10.1136/bmj.315.7109.629

10. Gelman A, Goodrich B, Gabry J, Vehtari A. R-squared for Bayesian regression models. *Am Stat*. 2019;73(3):307-9. doi:10.1080/00031305.2018.1549100

11. Harrer M, Cuijpers P, Furukawa T, Ebert DD. *Doing Meta-Analysis With R: A Hands-On Guide*. Chapman and Hall/CRC; 2021.

Appendix 2. The details of the included studies

Table S2. Full list of included studies

No.	Articles
1	Alhusen, J. L., Hayat, M. J., & Borg, L. (2021). A pilot study of a group-based perinatal depression intervention on reducing depressive symptoms and improving maternal-fetal attachment and maternal sensitivity. <i>Archives of Women's Mental Health</i> , 24(1), 145-154.
2	Amani, B., Merza, D., Savoy, C., Streiner, D., Bieling, P., Ferro, M. A., & Van Lieshout, R. J. (2021). Peer-delivered cognitive-behavioral therapy for postpartum depression: a randomized controlled trial. <i>The Journal of Clinical Psychiatry</i> , 83(1), 37964.
3	Aslami, E., Alipour, A., Najib, F. S., & Aghayosefi, A. (2017). A comparative study of mindfulness efficiency based on Islamic-spiritual schemes and group cognitive behavioral therapy on reduction of anxiety and depression in pregnant women. <i>International Journal of Community based Nursing and Midwifery</i> , 5(2), 144.
4	Babiy, Z., Layton, H., Savoy, C. D., Xie, F., Brown, J. S., Bieling, P. J., ... & Van Lieshout, R. J. (2024). One-day peer-delivered cognitive behavioral therapy-based workshops for postpartum depression: A randomized controlled trial. <i>Psychotherapy and Psychosomatics</i> , 93(2), 129-140.
5	Bastani, F., Hidarnia, A., Kazemnejad, A., Vafaei, M., & Kashanian, M. (2005). A randomized controlled trial of the effects of applied relaxation training on reducing anxiety and perceived stress in pregnant women. <i>Journal of Midwifery & Women's Health</i> , 50(4), e36-e40.
6	Burger, H., Verbeek, T., Aris-Meijer, J. L., Beijers, C., Mol, B. W., Hollon, S. D., ... & Bockting, C. L. (2020). Effects of psychological treatment of mental health problems in pregnant women to protect their offspring: randomised controlled trial. <i>The British Journal of Psychiatry</i> , 216(4), 182-188.
7	Burns, A., O'Mahen, H., Baxter, H., Bennert, K., Wiles, N., Ramchandani, P., ... & Evans, J. (2013). A pilot randomised controlled trial of cognitive behavioural therapy for antenatal depression. <i>BMC Psychiatry</i> , 13(1), 33.
8	Canfield, S. M., Canada, K. E., Rolbiecki, A. J., & Petroski, G. F. (2023). Feasibility and acceptability of an online mental health intervention for pregnant women and their partners: a mixed method study with a pilot randomized control trial. <i>BMC Pregnancy and Childbirth</i> , 23(1), 739.
9	Chabrol, H., Teissedre, F., Saint-Jean, M., Teisseyre, N., Roge, B., & Mullet, E. (2002). Prevention and treatment of post-partum depression: a controlled randomized study on women at risk. <i>Psychological Medicine</i> , 32(6), 1039-1047.
10	Chen, C. H., Tseng, Y. F., Chou, F. H., & Wang, S. Y. (2000). Effects of support group intervention in postnatally distressed women: A controlled study in Taiwan. <i>Journal of Psychosomatic Research</i> , 49(6), 395-399.
11	Cho, H. J., Kwon, J. H., & Lee, J. J. (2008). Antenatal cognitive-behavioral therapy for prevention of postpartum depression: a pilot study. <i>Yonsei Medical Journal</i> , 49(4), 553-562.
12	Cooper, P. J., Murray, L., Wilson, A., & Romaniuk, H. (2003). Controlled trial of the short-and long-term effect of psychological treatment of post-partum depression: I. Impact on maternal mood. <i>The British Journal of Psychiatry</i> , 182(5), 412-419.
13	Dennis, C. L., Grigoriadis, S., Zupancic, J., Kiss, A., & Ravitz, P. (2020). Telephone-based nurse-delivered interpersonal psychotherapy for postpartum depression: nationwide randomised controlled trial. <i>The British Journal of Psychiatry</i> , 216(4), 189-196.

No.	Articles
14	Dimidjian, S., Goodman, S. H., Sherwood, N. E., Simon, G. E., Ludman, E., Gallop, R., ... & Beck, A. (2017). A pragmatic randomized clinical trial of behavioral activation for depressed pregnant women. <i>Journal of Consulting and Clinical Psychology</i> , 85(1), 26.
15	Elansary, M., Kistin, C. J., Antonio, J., Fernández-Pastrana, I., Lee-Parritz, A., Cabral, H., ... & Silverstein, M. (2023). Effect of immediate referral vs a brief problem-solving intervention for screen-detected Peripartum depression: A randomized clinical trial. <i>JAMA Network Open</i> , 6(5), e2313151-e2313151.
16	Evans, J., Ingram, J., Law, R., Taylor, H., Johnson, D., Glynn, J., ... & O'Mahen, H. (2021). Interpersonal counselling versus perinatal-specific cognitive behavioural therapy for women with depression during pregnancy offered in routine psychological treatment services: a phase II randomised trial. <i>BMC Psychiatry</i> , 21(1), 504.
17	Field, T., Diego, M., Delgado, J., & Medina, L. (2013). Peer support and interpersonal psychotherapy groups experienced decreased prenatal depression, anxiety and cortisol. <i>Early Human Development</i> , 89(9), 621-624.
18	Fonagy, P., Sled, M., & Baradon, T. (2016). Randomized controlled trial of parent–infant psychotherapy for parents with mental health problems and young infants. <i>Infant Mental Health Journal</i> , 37(2), 97-114.
19	Forsell, E., Bendix, M., Holländare, F., von Schultz, B. S., Nasiell, J., Blomdahl-Wetterholm, M., ... & Kald, V. (2017). Internet delivered cognitive behavior therapy for antenatal depression: A randomised controlled trial. <i>Journal of Affective Disorders</i> , 221, 56-64.
20	Franco, P., Olhaberry, M., Kelders, S., Muzard, A., & Cuijpers, P. (2024). Guided web app intervention for reducing symptoms of depression in postpartum women: Results of a feasibility randomized controlled trial. <i>Internet Interventions</i> , 36, 100744.
21	Fuhr, D. C., Weobong, B., Lazarus, A., Vanobberghen, F., Weiss, H. A., Singla, D. R., ... & Patel, V. (2019). Delivering the Thinking Healthy Programme for perinatal depression through peers: an individually randomised controlled trial in India. <i>The Lancet Psychiatry</i> , 6(2), 115-127.
22	Gennaro, S., Melnyk, B. M., Szalacha, L. A., Gibeau, A. M., Hoying, J., O'Connor, C. M., ... & Aviles, M. M. (2024). Effects of two group prenatal care interventions on mental health: an RCT. <i>American Journal of Preventive Medicine</i> , 66(5), 797-808.
23	Green, S. M., Donegan, E., McCabe, R. E., Streiner, D. L., Agako, A., & Frey, B. N. (2020). Cognitive behavioral therapy for perinatal anxiety: A randomized controlled trial. <i>Australian & New Zealand Journal of Psychiatry</i> , 54(4), 423-432.
24	Goodman, J. H., Prager, J., Goldstein, R., & Freeman, M. (2015). Perinatal dyadic psychotherapy for postpartum depression: a randomized controlled pilot trial. <i>Archives of Women's Mental Health</i> , 18(3), 493-506.
25	Grote, N. K., Swartz, H. A., Geibel, S. L., Zuckoff, A., Houck, P. R., & Frank, E. (2009). A randomized controlled trial of culturally relevant, brief interpersonal psychotherapy for perinatal depression. <i>Psychiatric Services</i> , 60(3), 313-321.
26	Guardino, C. M., Dunkel Schetter, C., Bower, J. E., Lu, M. C., & Smalley, S. L. (2014). Randomised controlled pilot trial of mindfulness training for stress reduction during pregnancy. <i>Psychology & Health</i> , 29(3), 334-349.
27	Guo, L., Zhang, J., Mu, L., & Ye, Z. (2020). Preventing postpartum depression with mindful self-compassion intervention: A randomized control study. <i>The Journal of Nervous and Mental Disease</i> , 208(2), 101-107.
28	Hassdenteufel, K., Müller, M., Abele, H., Brucker, S. Y., Graf, J., Zipfel, S., ... & Wallwiener, S. (2023). Using an electronic mindfulness-based intervention (eMBI) to improve maternal mental health during pregnancy: results from a randomized controlled trial. <i>Psychiatry Research</i> , 330, 115599.
29	Heller, H. M., Hoogendoorn, A. W., Honig, A., Broekman, B. F., & van Straten, A. (2020). The effectiveness of a guided internet-based tool for the treatment of depression and anxiety in pregnancy (MamaKits online): randomized controlled trial. <i>Journal of Medical Internet Research</i> , 22(3), e15172.

No.	Articles
30	Honey, K. L., Bennett, P., & Morgan, M. (2002). A brief psycho-educational group intervention for postnatal depression. <i>British Journal of Clinical Psychology</i> , 41(4), 405-409.
31	Horowitz, J. A., Murphy, C. A., Gregory, K., Wojcik, J., Pulcini, J., & Solon, L. (2013). Nurse home visits improve maternal/infant interaction and decrease severity of postpartum depression. <i>Journal of Obstetric, Gynecologic & Neonatal Nursing</i> , 42(3), 287-300.
32	Huh, K., Layton, H., Savoy, C. D., Ferro, M. A., Bieling, P. J., Hicks, A., & Van Lieshout, R. J. (2023). Online public health nurse-delivered group cognitive behavioral therapy for postpartum depression: A randomized controlled trial during the COVID-19 pandemic. <i>The Journal of Clinical Psychiatry</i> , 84(5), 48096.
33	Husain, N., Lunat, F., Lovell, K., Sharma, D., Zaidi, N., Bokhari, A., ... & Waheed, W. (2023). Exploratory RCT of a group psychological intervention for postnatal depression in British mothers of South Asian origin-ROSHNI-D. <i>Acta Psychologica</i> , 238, 103974.
34	Husain, N., Lunat, F., Lovell, K., Miah, J., Chew-Graham, C. A., Bee, P., ... & Morriss, R. (2024). Efficacy of a culturally adapted, cognitive behavioural therapy-based intervention for postnatal depression in British south Asian women (ROSHNI-2): a multicentre, randomised controlled trial. <i>The Lancet</i> , 404(10461), 1430-1443.
35	Jannati, N., Mazhari, S., Ahmadian, L., & Mirzaee, M. (2020). Effectiveness of an app-based cognitive behavioral therapy program for postpartum depression in primary care: A randomized controlled trial. <i>International Journal of Medical Informatics</i> , 141, 104145.
36	Khamsch, F., Parandeh, A., Hajiamini, Z., Tadrissi, S. D., & Najjar, M. (2019). Effectiveness of applying problem-solving training on depression in Iranian pregnant women: Randomized clinical trial. <i>Journal of Education and Health Promotion</i> , 8(1), 87.
37	Lawrence, C. G., Breaux, G., Yang, L., Hellerstein, O. S., Hippman, C., Kennedy, A. L., ... & Brotto, L. A. (2024). Effectiveness of a web-enabled psychoeducational resource for postpartum depression and anxiety among women in British Columbia. <i>Archives of Women's Mental Health</i> , 27(6), 995-1010.
38	Lenze, S. N., Potts, M. A., Rodgers, J., & Luby, J. (2020). Lessons learned from a pilot randomized controlled trial of dyadic interpersonal psychotherapy for perinatal depression in a low-income population. <i>Journal of affective disorders</i> , 271, 286-292.
39	Leung, S. S. K., Lee, A. M., Wong, D. F. K., Wong, C. M., Leung, K. Y., Chiang, V. C. L., ... & Chung, K. F. (2016). A brief group intervention using a cognitive-behavioural approach to reduce postnatal depressive symptoms: A randomised controlled trial. <i>Hong Kong Medical Journal</i> , 22 (Suppl. 2), 4-8.
40	Liu, H., & Yang, Y. (2021). Effects of a psychological nursing intervention on prevention of anxiety and depression in the postpartum period: a randomized controlled trial. <i>Annals of General Psychiatry</i> , 20(1), 2.
41	Loughnan, S. A., Butler, C., Sie, A. A., Grierson, A. B., Chen, A. Z., Hobbs, M. J., ... & Newby, J. M. (2019). A randomised controlled trial of 'MUMentum postnatal': Internet-delivered cognitive behavioural therapy for anxiety and depression in postpartum women. <i>Behaviour Research and Therapy</i> , 116, 94-103.
42	Lund, C., Schneider, M., Garman, E. C., Davies, T., Munodawafa, M., Honikman, S., ... & Susser, E. (2020). Task-sharing of psychological treatment for antenatal depression in Khayelitsha, South Africa: Effects on antenatal and postnatal outcomes in an individual randomised controlled trial. <i>Behaviour Research and Therapy</i> , 130, 103466.
43	Maselko, J., Sikander, S., Turner, E. L., Bates, L. M., Ahmad, I., Atif, N., ... & Rahman, A. (2020). Effectiveness of a peer-delivered, psychosocial intervention on maternal depression and child development at 3 years postnatal: a cluster randomised trial in Pakistan. <i>The Lancet Psychiatry</i> , 7(9), 775-787.
44	McKee, M. D., Zayas, L. H., Fletcher, J., Boyd, R. C., & Nam, S. H. (2006). Results of an intervention to reduce perinatal depression among low-income minority women in community primary care. <i>Journal of Social Service</i>

No.	Articles
	<i>Research</i> , 32(4), 63-81.
45	Merza, D., Amani, B., Savoy, C., Babyi, Z., Bieling, P. J., Streiner, D. L., ... & Van Lieshout, R. J. (2024). Online peer-delivered group cognitive-behavioral therapy for postpartum depression: A randomized controlled trial. <i>Acta Psychiatrica Scandinavica</i> , 150(5), 422-432.
46	Milgrom, J., Negri, L. M., Gemmill, A. W., McNeil, M., & Martin, P. R. (2005). A randomized controlled trial of psychological interventions for postnatal depression. <i>British Journal of Clinical Psychology</i> , 44(4), 529-542.
47	Milgrom, J., Holt, C. J., Gemmill, A. W., Ericksen, J., Leigh, B., Buist, A., & Schembri, C. (2011). Treating postnatal depressive symptoms in primary care: a randomised controlled trial of GP management, with and without adjunctive counselling. <i>BMC Psychiatry</i> , 11(1), 95.
48	Milgrom, J., Holt, C., Holt, C. J., Ross, J., Ericksen, J., & Gemmill, A. W. (2015). Feasibility study and pilot randomised trial of an antenatal depression treatment with infant follow-up. <i>Archives of Women's Mental Health</i> , 18(5), 717-730.
49	Milgrom, J., Danaher, B. G., Gemmill, A. W., Holt, C., Holt, C. J., Seeley, J. R., ... & Ericksen, J. (2016). Internet cognitive behavioral therapy for women with postnatal depression: a randomized controlled trial of MumMoodBooster. <i>Journal of Medical Internet Research</i> , 18(3), e4993.
50	Milgrom, J., Danaher, B. G., Seeley, J. R., Holt, C. J., Holt, C., Ericksen, J., ... & Gemmill, A. W. (2021). Internet and face-to-face cognitive behavioral therapy for postnatal depression compared with treatment as usual: randomized controlled trial of MumMoodBooster. <i>Journal of medical Internet research</i> , 23(12), e17185.
51	Montazeri, R., Hasanpour, S., Mirghafourvand, M., Gharehbaghi, M. M., Tehrani, M. M. G., & Rezaei, S. M. (2022). The effect of behavioral therapy based counseling with anxious mothers on their infants' colic: a randomized controlled clinical trial. <i>BMC Pediatrics</i> , 22(1), 645.
52	Mulcahy, R., Reay, R. E., Wilkinson, R. B., & Owen, C. (2010). A randomised control trial for the effectiveness of group interpersonal psychotherapy for postnatal depression. <i>Archives of Women's Mental Health</i> , 13(2), 125-139.
53	Nasiri, S., Kordi, M., Gharavi, M. M., & Lotfabadi, M. K. (2018). Effect of problem-solving therapy and relaxation on the severity of postpartum depressive symptoms: a randomized controlled trial. <i>Nursing and Midwifery Studies</i> , 7(1), 6-11.
54	O'hara, M. W., Stuart, S., Gorman, L. L., & Wenzel, A. (2000). Efficacy of interpersonal psychotherapy for postpartum depression. <i>Archives of General Psychiatry</i> , 57(11), 1039-1045.
55	O'Mahen, H., Himle, J. A., Fedock, G., Henshaw, E., & Flynn, H. (2013). A pilot randomized controlled trial of cognitive behavioral therapy for perinatal depression adapted for women with low incomes. <i>Depression and Anxiety</i> , 30(7), 679-687.
56	O'Mahen, H. A., Woodford, J., McGinley, J., Warren, F. C., Richards, D. A., Lynch, T. R., & Taylor, R. S. (2013). Internet-based behavioral activation—Treatment for postnatal depression (Netmums): A randomized controlled trial. <i>Journal of Affective Disorders</i> , 150(3), 814-822.
57	O'Mahen, H. A., Richards, D. A., Woodford, J., Wilkinson, E., McGinley, J., Taylor, R. S., & Warren, F. C. (2014). Netmums: a phase II randomized controlled trial of a guided Internet behavioural activation treatment for postpartum depression. <i>Psychological Medicine</i> , 44(8), 1675-1689.
58	O'Mahen, H. A., Ramchandani, P. G., King, D. X., Lee-Carbon, L., Wilkinson, E. L., Thompson-Booth, C., ... & Fearon, P. (2022). Adapting and testing a brief intervention to reduce maternal anxiety during pregnancy (ACORN): report of a feasibility randomized controlled trial. <i>BMC Psychiatry</i> , 22(1), 129.

No.	Articles
59	Pan, W. L., Lin, L. C., Kuo, L. Y., Chiu, M. J., & Ling, P. Y. (2023). Effects of a prenatal mindfulness program on longitudinal changes in stress, anxiety, depression, and mother–infant bonding of women with a tendency to perinatal mood and anxiety disorder: a randomized controlled trial. <i>BMC Pregnancy and Childbirth</i> , 23(1), 547.
60	Pearson, R. M., O'Mahen, H., Burns, A., Bennert, K., Shepherd, C., Baxter, H., ... & Evans, J. (2013). The normalisation of disrupted attentional processing of infant distress in depressed pregnant women following Cognitive Behavioural Therapy. <i>Journal of Affective Disorders</i> , 145(2), 208-213.
61	Prendergast, J., & Austin, M. P. (2001). Early childhood nurse-delivered cognitive behavioural counselling for post-natal depression. <i>Australasian Psychiatry</i> , 9(3), 255-259.
62	Pugh, N. E., Hadjistavropoulos, H. D., & Dirkse, D. (2016). A randomised controlled trial of therapist-assisted, internet-delivered cognitive behavior therapy for women with maternal depression. <i>PloS one</i> , 11(3), e0149186.
63	Rahman, A., Malik, A., Sikander, S., Roberts, C., & Creed, F. (2008). Cognitive behaviour therapy-based intervention by community health workers for mothers with depression and their infants in rural Pakistan: a cluster-randomised controlled trial. <i>The Lancet</i> , 372(9642), 902-909.
64	Salo, S. J., Flykt, M., Mäkelä, J., Biringen, Z., Kalland, M., Pajulo, M., & Punamäki, R. L. (2019). The effectiveness of Nurture and Play: a mentalisation-based parenting group intervention for prenatally depressed mothers. <i>Primary Health Care Research & Development</i> , 20, e157.
65	Spinelli, M. G., Endicott, J., Leon, A. C., Goetz, R. R., Kalish, R. B., Brustman, L. E., ... & Schulick, J. L. (2013). A controlled clinical treatment trial of interpersonal psychotherapy for depressed pregnant women at 3 New York City sites. <i>The Journal of Clinical Psychiatry</i> , 74(4), 3725.
66	Sikander, S., Ahmad, I., Atif, N., Zaidi, A., Vanobberghen, F., Weiss, H. A., ... & Rahman, A. (2019). Delivering the Thinking Healthy Programme for perinatal depression through volunteer peers: a cluster randomised controlled trial in Pakistan. <i>The Lancet Psychiatry</i> , 6(2), 128-139.
67	Surkan, P. J., Malik, A., Perin, J., Atif, N., Rowther, A., Zaidi, A., & Rahman, A. (2024). Anxiety-focused cognitive behavioral therapy delivered by non-specialists to prevent postnatal depression: a randomized, phase 3 trial. <i>Nature Medicine</i> , 30(3), 675-682.
68	Trevillion, K., Ryan, E. G., Pickles, A., Heslin, M., Byford, S., Nath, S., ... & Howard, L. M. (2020). An exploratory parallel-group randomised controlled trial of antenatal Guided Self-Help (plus usual care) versus usual care alone for pregnant women with depression: DAWN trial. <i>Journal of Affective Disorders</i> , 261, 187-197.
69	Tsivos, Z. L., Calam, R., Sanders, M. R., & Wittkowski, A. (2015). A pilot randomised controlled trial to evaluate the feasibility and acceptability of the Baby Triple P Positive Parenting Programme in mothers with postnatal depression. <i>Clinical Child Psychology and Psychiatry</i> , 20(4), 532-554.
70	Van Horne, B. S., Nong, Y. H., Cain, C. M., Sampson, M., Greeley, C. S., & Puryear, L. (2022). A promising new model of care for postpartum depression: A randomised controlled trial of a brief home visitation program conducted in Houston, Texas, USA. <i>Health & Social Care in the Community</i> , 30(5), e2203-e2213.
71	Van Lieshout, R. J., Layton, H., Savoy, C. D., Brown, J. S., Ferro, M. A., Streiner, D. L., ... & Hanna, S. (2021). Effect of online 1-day cognitive behavioral therapy–based workshops plus usual care vs usual care alone for postpartum depression: a randomized clinical trial. <i>JAMA psychiatry</i> , 78(11), 1200-1207.
72	Van Lieshout, R. J., Layton, H., Savoy, C. D., Haber, E., Feller, A., Biscaro, A., ... & Ferro, M. A. (2022). Public health nurse-delivered group cognitive behavioural therapy for postpartum depression: A randomized controlled trial. <i>The Canadian Journal of Psychiatry</i> , 67(6), 432-440.
73	Van Lieshout, R. J., Layton, H., Savoy, C. D., Xie, F., Brown, J. S., Huh, K., ... & Haber-Evans, E. (2023). In-person 1-day cognitive behavioral therapy-based workshops for postpartum depression: a randomized controlled trial.

No.	Articles
	<i>Psychological Medicine</i> , 53(14), 6888-6898.
74	Vigod, S. N., Slyfield Cook, G., Macdonald, K., Hussain-Shamsy, N., Brown, H. K., de Oliveira, C., ... & Dennis, C. L. (2021). Mother Matters: Pilot randomized wait-list controlled trial of an online therapist-facilitated discussion board and support group for postpartum depression symptoms. <i>Depression and Anxiety</i> , 38(8), 816-825.
75	Wisner, K. L., Sit, D. K., McShea, M., Luther, J. F., Eng, H. F., Dills, J. L., ... & Wisniewski, S. R. (2017). Telephone-based depression Care Management for Postpartum Women: a randomized controlled trial. <i>The Journal of Clinical Psychiatry</i> , 78(9), 20775.
76	Yator, O., John-Stewart, G., Khasakhala, L., & Kumar, M. (2022). Preliminary effectiveness of group interpersonal psychotherapy for young Kenyan mothers with HIV and depression: a pilot trial. <i>American Journal of Psychotherapy</i> , 75(2), 89-96.
77	Yazdanimehr, R., Omid, A., Sadat, Z., & Akbari, H. (2016). The effect of mindfulness-integrated cognitive behavior therapy on depression and anxiety among pregnant women: a randomized clinical trial. <i>Journal of Caring Sciences</i> , 5(3), 195.
78	Zemestani, M., & Fazeli Nikoo, Z. (2020). Effectiveness of mindfulness-based cognitive therapy for comorbid depression and anxiety in pregnancy: a randomized controlled trial. <i>Archives of Women's Mental Health</i> , 23(2), 207-214.

Table S3. Full list of excluded studies

No.	Articles	Reasons to exclude
1	Agako, A., Donegan, E., McCabe, R. E., Frey, B. N., Streiner, D., & Green, S. (2021). The role of emotion dysregulation in cognitive behavioural group therapy for perinatal anxiety: Results from a randomized controlled trial and routine clinical care. <i>Journal of Affective Disorders</i> , 292, 517-525.	Insufficient data
2	Ahmadi Kani Golzar, A., Golizadeh, Z., Sohrabi, A., Kiani, M. A., Shamse Allizadeh, N., & Asgarnajad, S. (2013). Effectiveness of Cognitive-Behavioral Therapy in the Treatment of Postpartum Depression and Three Dynamic Conflicts of Dependency, Anger and Motherhood in Postpartum Depressed Mothers. <i>The Iranian Journal of Obstetrics, Gynecology and Infertility</i> , 16(52), 8-17.	Not in English
3	Akbarzadeh, M., Rafiee, B., Asadi, N., & Zare, N. (2016). Comparative effect of attachment and relaxation training on perception of fetal movement and mother's anxiety in primiparous women: a randomized controlled study. <i>Trends in Medical Research</i> , 11(2), 62-68.	No diagnosed perinatal anxiety or depression
4	Akyıldız, D., & Bay, B. (2023). The effect of breastfeeding support provided by video call on postpartum anxiety, breastfeeding self-efficacy, and newborn outcomes: A randomized controlled study. <i>Japan Journal of Nursing Science</i> , 20(1), e12509.	No diagnosed perinatal anxiety or depression
5	Alimoradi, Z., Asgari, S., Barghamadi, S., Hajnasiri, H., Oleson, T., & Griffiths, M. D. (2023). Effect of auricular acupressure on postpartum blues: A randomized sham controlled trial. <i>Complementary Therapies in Clinical Practice</i> , 52, 101762.	No diagnosed perinatal anxiety or depression
6	Amani, B., Krzeczowski, J. E., Savoy, C., Schmidt, L. A., & Van Lieshout, R. J. (2023). The impact of peer-delivered cognitive behavioral therapy for postpartum depression on infant emotion regulation. <i>Journal of Affective Disorders</i> , 338, 380-383.	Duplicate sample
7	Ammerman, R. T., Putnam, F. W., Altaye, M., Stevens, J., Teeters, A. R., & Van Ginkel, J. B. (2013). A clinical trial of in-home CBT for depressed mothers in home visitation. <i>Behavior Therapy</i> , 44(3), 359-372.	Not perinatal adults
8	Ammerman, R. T., Putnam, F. W., Altaye, M., Teeters, A. R., Stevens, J., & Van Ginkel, J. B. (2013). Treatment of depressed mothers in home visiting: Impact on psychological distress and social functioning. <i>Child Abuse & Neglect</i> , 37(8), 544-554.	No anxiety or depressive symptoms outcomes
9	Austin, M. P., Frilingos, M., Lumley, J., Hadzi-Pavlovic, D., Roncolato, W., Acland, S., ... & Parker, G. (2008). Brief antenatal cognitive behaviour therapy group intervention for the prevention of postnatal depression and anxiety: a randomised controlled trial. <i>Journal of Affective Disorders</i> , 105(1-3), 35-44.	No diagnosed perinatal anxiety or depression
10	Ayers, S., Crawley, R., Button, S., Thornton, A., Field, A. P., Flood, C., ... & Smith, H. (2018). Evaluation of expressive writing for postpartum health: a randomised controlled trial. <i>Journal of Behavioral Medicine</i> , 41(5), 614-626.	No diagnosed perinatal anxiety or depression
11	Baggett, K. M., Davis, B., Sheeber, L. B., Ammerman, R. T., Mosley, E. A., Miller, K., & Feil, E. G. (2020). Minding the gatekeepers: referral and recruitment of postpartum mothers with depression into a randomized controlled trial of a mobile internet parenting intervention to improve mood and optimize infant social communication outcomes. <i>International Journal of Environmental Research and Public Health</i> , 17(23), 8978.	Insufficient data
12	Bais, B., Kamperman, A. M., Bijma, H. H., Hoogendijk, W. J., Souman, J. L., Knijff, E., & Lambregtse-van den Berg, M. P. (2020). Effects of bright light therapy for depression during pregnancy: a randomised, double-blind controlled trial. <i>BMJ Open</i> , 10(10), e038030.	Not psychological interventions
13	Baker-Henningham, H., Powell, C., Walker, S., & Grantham-McGregor, S. (2005). The effect of early stimulation on maternal depression: a cluster randomised controlled trial. <i>Archives of Disease in</i>	No diagnosed perinatal

No.	Articles	Reasons to exclude
	<i>Childhood</i> , 90(12), 1230-1234.	anxiety or depression
14	Baltacı, N., & Başer, M. (2022). The effect of lullaby intervention on anxiety and prenatal attachment in women with high-risk pregnancy: A randomized controlled study. <i>Complementary Medicine Research</i> , 29(2), 127-135.	No diagnosed perinatal anxiety or depression
15	Baltacı, N., Koç, E., Yüksekol, Ö. D., & Çokyeter, B. (2023). The Effects of Listening to Lullabies and Self-selected Music on Distress and Maternal Attachment in Pregnant Women: A Randomized Controlled Study. <i>Altern Ther Health Med</i> , 29(7), 46-51.	No diagnosed perinatal anxiety or depression
16	Baranov, V., Frost, A., Hagaman, A., Simmons, J. G., Manzoor, M. S., Biroli, P., ... & Maselko, J. (2022). Effects of a maternal psychosocial intervention on hair derived biomarkers of HPA axis function in mothers and children in rural Pakistan. <i>SSM-Mental Health</i> , 2, 100082.	No anxiety or depressive symptoms outcomes
17	Barnicot, K., Stevens, E., Robinson, F., Labovitch, S., Ballman, R., Miele, M., ... & Iles, J. (2025). Video feedback for young babies and maternal perinatal mental illness: intervention adaptation, feasibility and acceptability. <i>Journal of Reproductive and Infant Psychology</i> , 43(5), 1214-1230.	Not RCT
18	Bastani, F., Hidarnia, A., Montgomery, K. S., Aguilar-Vafaei, M. E., & Kazemnejad, A. (2006). Does relaxation education in anxious primigravid Iranian women influence adverse pregnancy outcomes?: a randomized controlled trial. <i>The Journal of Perinatal & Neonatal Nursing</i> , 20(2), 138-146.	No anxiety or depressive symptoms outcomes
19	Baumgartner, J. N., Ali, M., Gallis, J. A., Lillie, M., Owusu, R., Abubakr-Bibilazu, S., ... & Hembling, J. (2021). Effect of a lay counselor-delivered integrated maternal mental health and early childhood development group-based intervention in Northern Ghana: a cluster-randomized controlled trial. <i>Global Mental Health</i> , 8, e18.	No diagnosed perinatal anxiety or depression
20	Beattie, J., Hall, H., Biro, M. A., East, C., & Lau, R. (2017). Effects of mindfulness on maternal stress, depressive symptoms and awareness of present moment experience: A pilot randomised trial. <i>Midwifery</i> , 50, 174-183.	No diagnosed perinatal anxiety or depression
21	Berkule, S. B., Cates, C. B., Dreyer, B. P., Huberman, H. S., Arevalo, J., Burtchen, N., ... & Mendelsohn, A. L. (2014). Reducing maternal depressive symptoms through promotion of parenting in pediatric primary care. <i>Clinical Pediatrics</i> , 53(5), 460-469.	No diagnosed perinatal anxiety or depression
22	Berry, O. O., Babineau, V., Lee, S., Feng, T., Scorza, P., Werner, E. A., & Monk, C. (2021). Perinatal depression prevention through the mother-infant dyad: the role of maternal childhood maltreatment. <i>Journal of Affective Disorders</i> , 290, 188-196.	Not RCT
23	Bhat, A., Grote, N. K., Russo, J., Lohr, M. J., Jung, H., Rouse, C. E., ... & Katon, W. (2017). Collaborative care for perinatal depression among socioeconomically disadvantaged women: adverse neonatal birth events and treatment response. <i>Psychiatric Services</i> , 68(1), 17-24.	Not psychological interventions
24	Bhat, A., Reed, S., Mao, J., Vredevoogd, M., Russo, J., Unger, J., ... & Unützer, J. (2018). Delivering perinatal depression care in a rural obstetric setting: a mixed methods study of feasibility, acceptability and effectiveness. <i>Journal of Psychosomatic Obstetrics & Gynecology</i> , 39(4), 273-280.	Not psychological interventions
25	Bleker, L. S., Milgrom, J., Parker, D., Gemmill, A. W., Holt, C. J., Connelly, A., ... & de Rooij, S. R. (2019). Brain magnetic resonance imaging findings in children after antenatal maternal depression treatment, a longitudinal study built on a pilot randomized controlled trial. <i>International Journal of Environmental Research and Public Health</i> , 16(10), 1816.	Not psychological interventions
26	Bleker, L. S., Milgrom, J., Sexton-Oates, A., Parker, D., Roseboom, T. J., Gemmill, A. W., ... & De Rooij, S. R. (2020). Cognitive behavioral therapy for antenatal depression in a pilot randomized controlled trial and effects on neurobiological, behavioral and cognitive outcomes in offspring 3–7 years postpartum: a perspective article on study findings, limitations and future aims. <i>Frontiers in</i>	No anxiety or depressive symptoms outcomes

No.	Articles	Reasons to exclude
	<i>Psychiatry, 11, 34.</i>	
27	Bleker, L. S., Milgrom, J., Sexton-Oates, A., Roseboom, T. J., Gemmill, A. W., Holt, C. J., ... & de Rooij, S. R. (2019). Exploring the effect of antenatal depression treatment on children's epigenetic profiles: findings from a pilot randomized controlled trial. <i>Clinical Epigenetics, 11</i> (1), 18.	No anxiety or depressive symptoms outcomes
28	Bliznashka, L., Yousafzai, A. K., Asheri, G., Masanja, H., & Sudfeld, C. R. (2021). Effects of a community health worker delivered intervention on maternal depressive symptoms in rural Tanzania. <i>Health Policy and Planning, 36</i> (4), 473-483.	No diagnosed perinatal anxiety or depression
29	Boaviagem, A., Junior, E. M., Lubambo, L., Sousa, P., Aragão, C., Albuquerque, S., & Lemos, A. (2017). The effectiveness of breathing patterns to control maternal anxiety during the first period of labor: A randomized controlled clinical trial. <i>Complementary Therapies in Clinical Practice, 26</i> , 30-35.	No diagnosed perinatal anxiety or depression
30	Bobo, W. V., Wollan, P., Lewis, G., Bertram, S., Kurland, M. J., Vore, K., & Yawn, B. P. (2014). Depressive symptoms and access to mental health care in women screened for postpartum depression who lose health insurance coverage after delivery: findings from the Translating Research into Practice for Postpartum Depression (TRIPPD) effectiveness study. <i>Mayo Clinic Proceedings, 89</i> (9), 1220-1228.	No diagnosed perinatal anxiety or depression
31	Brock, R. L., O'Hara, M. W., & Segre, L. S. (2017). Depression treatment by non-mental-health providers: Incremental evidence for the effectiveness of listening visits. <i>American Journal of Community Psychology, 59</i> (1-2), 172-183.	Not perinatal adults
32	Brugha, T. S., Smith, J., Austin, J., Bankart, J., Patterson, M., Lovett, C., ... & Slade, P. (2016). Can community midwives prevent antenatal depression? An external pilot study to test the feasibility of a cluster randomized controlled universal prevention trial. <i>Psychological Medicine, 46</i> (2), 345-356.	No diagnosed perinatal anxiety or depression
33	Byatt, N., Brenckle, L., Sankaran, P., Flahive, J., Ko, J. Y., Robbins, C. L., ... & Simas, T. A. M. (2024). Effectiveness of two systems-level interventions to address perinatal depression in obstetric settings (PRISM): an active-controlled cluster-randomised trial. <i>The Lancet Public Health, 9</i> (1), e35-e46.	Not psychological interventions
34	Byatt, N., Moore Simas, T. A., Biebel, K., Sankaran, P., Pbert, L., Weinreb, L., ... & Allison, J. (2018). PROgram In Support of Moms (PRISM): a pilot group randomized controlled trial of two approaches to improving depression among perinatal women. <i>Journal of Psychosomatic Obstetrics & Gynecology, 39</i> (4), 297-306.	Not psychological interventions
35	Caramlau, I., Barlow, J., Sembi, S., McKenzie-McHarg, K., & McCabe, C. (2011). Mums 4 Mums: structured telephone peer-support for women experiencing postnatal depression. Pilot and exploratory RCT of its clinical and cost effectiveness. <i>Trials, 12</i> (1), 88.	Insufficient data
36	Carona, C., Pereira, M., Araújo-Pedrosa, A., Canavarro, M. C., & Fonseca, A. (2023). The efficacy of be a mom, a web-based intervention to prevent postpartum depression: examining mechanisms of change in a randomized controlled trial. <i>JMIR Mental Health, 10</i> (1), e39253.	No diagnosed perinatal anxiety or depression
37	Carona, C., Pereira, M., Araújo-Pedrosa, A., Monteiro, F., Canavarro, M. C., & Fonseca, A. (2024). For whom and for how long does the "Be a mom" Intervention work? A secondary analysis of data from a randomized controlled trial exploring the mid-term efficacy and moderators of treatment response. <i>Behavior Therapy, 55</i> (4), 768-785.	Duplicate sample
38	Casas, I., Nakaki, A., Pascal, R., Castro-Barquero, S., Youssef, L., Genero, M., ... & Crovetto, F. (2023). Effects of a Mediterranean Diet Intervention on Maternal Stress, Well-Being, and Sleep Quality throughout Gestation—The IMPACT-BCN Trial. <i>Nutrients, 15</i> (10), 2362.	No diagnosed perinatal anxiety or depression
39	Cassidy, J., Brett, B. E., Gross, J. T., Stern, J. A., Martin, D. R., Mohr, J. J., & Woodhouse, S. S. (2017). Circle of Security–Parenting: A randomized controlled trial in Head Start. <i>Development and</i>	No diagnosed perinatal

No.	Articles	Reasons to exclude
	<i>Psychopathology</i> , 29(2), 651-673.	anxiety or depression
40	Castel, S., Creveuil, C., Beunard, A., Blaizot, X., Proia, N., & Guillois, B. (2016). Effects of an intervention program on maternal and paternal parenting stress after preterm birth: A randomized trial. <i>Early Human Development</i> , 103, 17-25.	No diagnosed perinatal anxiety or depression
41	Çatalgöl, Ş., & Ceber Turfan, E. (2022). The effects of music therapy applied to pregnant women on maternal, fetal, and neonatal results: A randomized controlled study. <i>Health Care for Women International</i> , 43(5), 448-464.	No diagnosed perinatal anxiety or depression
42	Challacombe, F. L., Tinch-Taylor, R., Sabin, K., Potts, L., Lawrence, V., Howard, L., & Carter, B. (2024). Exposure-based cognitive-behaviour therapy for anxiety-related disorders in pregnancy (ADEPT): results of a feasibility randomised controlled trial of time-intensive versus weekly CBT. <i>Journal of Affective Disorders</i> , 344, 414-422.	No diagnosed perinatal anxiety or depression
43	Chang, H. C., Yu, C. H., Chen, S. Y., & Chen, C. H. (2015). The effects of music listening on psychosocial stress and maternal–fetal attachment during pregnancy. <i>Complementary Therapies in Medicine</i> , 23(4), 509-515.	No diagnosed perinatal anxiety or depression
44	Chaput, K. H., Freeman, M., McMorris, C., Metcalfe, A., Cameron, E. E., Jung, J., ... & Tomfohr-Madsen, L. M. (2023). Effect of Remote Peer-Counselor-delivered Behavioral Activation and Peer-support for Antenatal Depression on Gestational Age at Delivery: a single-blind, randomized control trial. <i>Trials</i> , 24(1), 240.	Not RCT
45	Comrie-Thomson, L., Webb, K., Patel, D., Wata, P., Kapamurandu, Z., Mushavi, A., ... & Luchters, S. (2022). Engaging women and men in the gender-synchronised, community-based Mberekos+ Men intervention to improve maternal mental health and perinatal care-seeking in Manicaland, Zimbabwe: A cluster-randomised controlled pragmatic trial. <i>Journal of Global Health</i> , 12, 04042.	No diagnosed perinatal anxiety or depression
46	Cooper, P. J., De Pascalis, L., Woolgar, M., Romaniuk, H., & Murray, L. (2015). Attempting to prevent postnatal depression by targeting the mother–infant relationship: a randomised controlled trial. <i>Primary Health Care Research & Development</i> , 16(4), 383-397.	No diagnosed perinatal anxiety or depression
47	Corral, M., Wardrop, A. A., Zhang, H., Grewal, A. K., & Patton, S. (2007). Morning light therapy for postpartum depression. <i>Archives of Women's Mental Health</i> , 10(5), 221-224.	Not psychological interventions
48	Coté, J. J., Côté-Arsenault, D., Handelzalts, J. E., Badura-Brack, A. S., Kalata, M., Walters, R. W., ... & Tampi, R. (2023). Effects of 3D-Printed models and 3D printed pictures on maternal–and paternal–fetal attachment, anxiety, and Depression. <i>Journal of Obstetric, Gynecologic & Neonatal Nursing</i> , 52(3), 223-234.	No diagnosed perinatal anxiety or depression
49	Crovetto, F., Nakaki, A., Arranz, A., Borrás, R., Vellvé, K., Paules, C., ... & Gratacós, E. (2023). Effect of a mediterranean diet or mindfulness-based stress reduction during pregnancy on child neurodevelopment: a prespecified analysis of the IMPACT BCN randomized clinical trial. <i>JAMA Network Open</i> , 6(8), e2330255-e2330255.	No diagnosed perinatal anxiety or depression
50	Daley, A. J., Blamey, R. V., Jolly, K., Roalfe, A. K., Turner, K. M., Coleman, S., ... & MacArthur, C. (2015). A pragmatic randomized controlled trial to evaluate the effectiveness of a facilitated exercise intervention as a treatment for postnatal depression: the PAM-PeRS trial. <i>Psychological Medicine</i> , 45(11), 2413-2425.	Not psychological interventions
51	Daley, A. J., Winter, H., Grimmett, C., McGuinness, M., McManus, R., & MacArthur, C. (2008). Feasibility of an exercise intervention for women with postnatal depression: a pilot randomised controlled trial. <i>The British Journal of General Practice</i> , 58(548), 178.	Not psychological interventions
52	Danaher, B. G., Seeley, J. R., Silver, R. K., Tyler, M. S., Kim, J. J., La Porte, L. M., ... & Gau, J. M. (2023). Trial of a patient-directed eHealth program to ameliorate perinatal depression: the MomMoodBooster2 practical effectiveness study. <i>American Journal of Obstetrics and Gynecology</i> , 228(4), 453-e1.	No diagnosed perinatal anxiety or depression

No.	Articles	Reasons to exclude
53	Davis, E. P., Hankin, B. L., Swales, D. A., & Hoffman, M. C. (2018). An experimental test of the fetal programming hypothesis: Can we reduce child ontogenetic vulnerability to psychopathology by decreasing maternal depression?. <i>Development and Psychopathology</i> , 30(3), 787-806.	No anxiety or depressive symptoms outcomes
54	Dimidjian, S., Goodman, S. H., Felder, J. N., Gallop, R., Brown, A. P., & Beck, A. (2016). Staying well during pregnancy and the postpartum: A pilot randomized trial of mindfulness-based cognitive therapy for the prevention of depressive relapse/recurrence. <i>Journal of Consulting and Clinical Psychology</i> , 84(2), 134.	No diagnosed perinatal anxiety or depression
55	Dugravier, R., Tubach, F., Saias, T., Guedeney, N., Pasquet, B., Purper-Ouakil, D., ... & Greacen, T. (2013). Impact of a manualized multifocal perinatal home-visiting program using psychologists on postnatal depression: the CAPEDP randomized controlled trial. <i>PLoS One</i> , 8(8), e72216.	No diagnosed perinatal anxiety or depression
56	Duncan, L. G., Cohn, M. A., Chao, M. T., Cook, J. G., Riccobono, J., & Bardacke, N. (2017). Benefits of preparing for childbirth with mindfulness training: a randomized controlled trial with active comparison. <i>BMC Pregnancy and Childbirth</i> , 17(1), 140.	No diagnosed perinatal anxiety or depression
57	El-Heis, S., Barton, S. J., Chang, H. F., Nield, H., Cox, V., Galani, S., ... & NiPPeR Study Group. (2024). Maternal mood, anxiety and mental health functioning after combined myo-inositol, probiotics, micronutrient supplementation from preconception: Findings from the NiPPeR RCT. <i>Psychiatry Research</i> , 334, 115813.	No diagnosed perinatal anxiety or depression
58	El-Mohandes, A. A., Kiely, M., Gantz, M. G., & El-Khorazaty, M. N. (2011). Very preterm birth is reduced in women receiving an integrated behavioral intervention: a randomized controlled trial. <i>Maternal and Child Health Journal</i> , 15(1), 19-28.	No diagnosed perinatal anxiety or depression
59	Eradi, M., Abedi, P., Ansari, S., Dastoorpour, M., Golfakhrabadi, F., & Fakhri, A. (2024). The effect of chamomile on moderate postpartum depression: a randomized controlled trial in Dezful, Iran. <i>Jundishapur J Nat Pharm Prod</i> , 19(3).	Not psychological interventions
60	Ericksen, J., Loughlin, E., Holt, C., Rose, N., Hartley, E., Buultjens, M., ... & Milgrom, J. (2018). A therapeutic playgroup for depressed mothers and their infants: feasibility study and pilot randomized trial of community hugs. <i>Infant Mental Health Journal</i> , 39(4), 396-409.	No diagnosed perinatal anxiety or depression
61	Esfandiari, M., Faramarzi, M., Nasiri-Amiri, F., Parsian, H., Chehrazhi, M., Pasha, H., ... & Gholinia, H. (2020). Effect of supportive counseling on pregnancy-specific stress, general stress, and prenatal health behaviors: A multicenter randomized controlled trial. <i>Patient Education and Counseling</i> , 103(11), 2297-2304.	No diagnosed perinatal anxiety or depression
62	Estrella-Juarez, F., Requena-Mullor, M., Garcia-Gonzalez, J., Lopez-Villen, A., & Alarcon-Rodriguez, R. (2023). Effect of virtual reality and music therapy on the physiologic parameters of pregnant women and fetuses and on anxiety levels: A randomized controlled trial. <i>Journal of Midwifery & Women's Health</i> , 68(1), 35-43.	No diagnosed perinatal anxiety or depression
63	Fancourt, D., & Perkins, R. (2018). Effect of singing interventions on symptoms of postnatal depression: three-arm randomised controlled trial. <i>The British Journal of Psychiatry</i> , 212(2), 119-121.	Insufficient data
64	Fatori, D., Zuccolo, P., Xavier, M. O., Matijasevich, A., & Polanczyk, G. V. (2023). Smartphone-assisted online brief cognitive behavioral therapy to treat maternal depression: findings of a randomized controlled trial. <i>Brazilian Journal of Psychiatry</i> , 45, 50-53.	No diagnosed perinatal anxiety or depression
65	Felder, J. N., Epel, E., Lewis, J. B., Cunningham, S. D., Tobin, J. N., Rising, S. S., ... & Ickovics, J. R. (2017). Depressive symptoms and gestational length among pregnant adolescents: Cluster randomized control trial of CenteringPregnancy® plus group prenatal care. <i>Journal of Consulting and Clinical Psychology</i> , 85(6), 574.	No diagnosed perinatal anxiety or depression
66	Fernandes, D. V., Monteiro, F., Canavarro, M. C., & Moreira, H. (2022). A web-based, mindful, and compassionate parenting training for mothers experiencing parenting stress: results from a pilot randomized controlled trial of the mindful moment program. <i>Mindfulness</i> , 13(12), 3091-3108.	No diagnosed perinatal anxiety or depression

No.	Articles	Reasons to exclude
67	Fikri, L. H., As' ad, S., Hatta, M., Syamsuddin, S., Prasetya, H., Maddeppungeng, M., ... & Hasanah, I. (2024). Hypnotherapy influence on maternal psychological, breastfeeding, mRNA-OXTR expression, and OXTR protein. <i>American Journal of Clinical Hypnosis</i> , 66(3), 273-287.	No diagnosed perinatal anxiety or depression
68	Fonseca, A., Alves, S., Monteiro, F., Gorayeb, R., & Canavarro, M. C. (2020). Be a mom, a web-based intervention to prevent postpartum depression: results from a pilot randomized controlled trial. <i>Behavior Therapy</i> , 51(4), 616-633.	No diagnosed perinatal anxiety or depression
69	Forman, D. R., O'HARA, M. W., Stuart, S., Gorman, L. L., Larsen, K. E., & Coy, K. C. (2007). Effective treatment for postpartum depression is not sufficient to improve the developing mother-child relationship. <i>Development and Psychopathology</i> , 19(2), 585-602.	No anxiety or depressive symptoms outcomes
70	Gao, L. L., Chan, S. W. C., Li, X., Chen, S., & Hao, Y. (2010). Evaluation of an interpersonal-psychotherapy-oriented childbirth education programme for Chinese first-time childbearing women: a randomised controlled trial. <i>International Journal of Nursing Studies</i> , 47(10), 1208-1216.	No diagnosed perinatal anxiety or depression
71	Garbaza, C., Cirignotta, F., D'Agostino, A., Cicolin, A., Hackethal, S., Wirz-Justice, A., ... & Filippakos, F. (2022). Sustained remission from perinatal depression after bright light therapy: A pilot randomised, placebo-controlled trial. <i>Acta Psychiatrica Scandinavica</i> , 146(4), 350-356.	Not psychological interventions
72	Gökbulut, N., Cengizhan, S. Ö., Akca, E. I., & Ceran, E. (2024). The effects of a mindfulness-based stress reduction program and deep relaxation exercises on pregnancy-related anxiety levels: A randomized controlled trial. <i>International Journal of Nursing Practice</i> , 30(5), e13238.	No diagnosed perinatal anxiety or depression
73	Goldstein, E., Merrick, J. S., Edwards, R. C., Zhang, Y., Sinche, B., Raven, J., ... & Wakschlag, L. S. (2024). Personalized Mobile health-enhanced Cognitive Behavioral Intervention for Maternal Distress: examining the Moderating role of adverse Childhood experiences. <i>The Permanente Journal</i> , 28(1), 111.	No diagnosed perinatal anxiety or depression
74	Green, S. M., Donegan, E., McCabe, R. E., Streiner, D. L., Furtado, M., Noble, L., ... & Frey, B. N. (2021). Cognitive behavior therapy for women with generalized anxiety disorder in the perinatal period: Impact on problematic behaviors. <i>Behavior Therapy</i> , 52(4), 907-916.	Not RCT
75	Grote, N. K., Katon, W. J., Lohr, M. J., Carson, K., Curran, M., Galvin, E., ... & Gregory, M. (2014). Culturally relevant treatment services for perinatal depression in socio-economically disadvantaged women: the design of the MOMCare study. <i>Contemporary Clinical Trials</i> , 39(1), 34-49.	Not psychological interventions
76	Grote, N. K., Katon, W. J., Russo, J. E., Lohr, M. J., Curran, M., Galvin, E., & Carson, K. (2015). Collaborative care for perinatal depression in socioeconomically disadvantaged women: a randomized trial. <i>Depression and Anxiety</i> , 32(11), 821-834.	Not psychological interventions
77	Guevara, J. P., Morales, K., Mandell, D., Mogul, M., Charidah, T., Luethke, M., ... & Boyd, R. (2023). Social media-based parenting program for women with postpartum depressive symptoms: an RCT. <i>Pediatrics</i> , 151(3), e2022058719.	Comparison of similar intervention types
78	Guo, X., Guo, X., Wang, R., & Zhang, Y. (2022). Effects of perinatal cognitive behavioral therapy on delivery mode, fetal outcome, and postpartum depression and anxiety in women. <i>Computational and Mathematical Methods in Medicine</i> , 2022(1), 8304405.	Not RCT
79	Hamilton, J., Saxon, D., Best, E., Glover, V., Walters, S. J., & Kerr, I. B. (2021). A randomized, controlled pilot study of cognitive analytic therapy for stressed pregnant women with underlying anxiety and depression in a routine health service setting. <i>Clinical Psychology & Psychotherapy</i> , 28(2), 394-408.	Insufficient data
80	Handley, E. D., Michl-Petzing, L. C., Rogosch, F. A., Cicchetti, D., & Toth, S. L. (2017). Developmental cascade effects of interpersonal psychotherapy for depressed mothers: Longitudinal	Not perinatal adults

No.	Articles	Reasons to exclude
	associations with toddler attachment, temperament, and maternal parenting efficacy. <i>Development and Psychopathology</i> , 29(2), 601-615.	
81	Hayes, B. A., & Muller, R. (2004). Prenatal depression: a randomized controlled trial in the emotional health of primiparous women. <i>Research and Theory for Nursing Practice</i> , 18(2/3), 165.	Full text unavailable
82	Hayes, B. A., Muller, R., & Bradley, B. S. (2001). Perinatal depression: a randomized controlled trial of an antenatal education intervention for primiparas. <i>Birth</i> , 28(1), 28-35.	No diagnosed perinatal anxiety or depression
83	Heh, S. S., Huang, L. H., Ho, S. M., Fu, Y. Y., & Wang, L. L. (2008). Effectiveness of an exercise support program in reducing the severity of postnatal depression in Taiwanese women. <i>Birth</i> , 35(1), 60-65.	Not psychological interventions
84	Henrique, A. J., Gabrielloni, M. C., Rodney, P., & Barbieri, M. (2018). Non-pharmacological interventions during childbirth for pain relief, anxiety, and neuroendocrine stress parameters: A randomized controlled trial. <i>International Journal of Nursing Practice</i> , 24(3), e12642.	No diagnosed perinatal anxiety or depression
85	Ho, S. M., Heh, S. S., Jevitt, C. M., Huang, L. H., Fu, Y. Y., & Wang, L. L. (2009). Effectiveness of a discharge education program in reducing the severity of postpartum depression: a randomized controlled evaluation study. <i>Patient Education and Counseling</i> , 77(1), 68-71.	No diagnosed perinatal anxiety or depression
86	Howell, E. A., Bodnar-Deren, S., Balbierz, A., Loudon, H., Mora, P. A., Zlotnick, C., ... & Leventhal, H. (2014). An intervention to reduce postpartum depressive symptoms: a randomized controlled trial. <i>Archives of Women's Mental Health</i> , 17(1), 57-63.	No diagnosed perinatal anxiety or depression
87	Hulsbosch, L. P., Potharst, E. S., Schwabe, I., Boekhorst, M. G., Pop, V. J., & Nykliček, I. (2023). Online mindfulness-based intervention for women with pregnancy distress: A randomized controlled trial. <i>Journal of Affective Disorders</i> , 332, 262-272.	No diagnosed perinatal anxiety or depression
88	Holt, C., Gentileau, C., Gemmill, A. W., & Milgrom, J. (2021). Improving the mother-infant relationship following postnatal depression: a randomised controlled trial of a brief intervention (HUGS). <i>Archives of Women's Mental Health</i> , 24(6), 913-923.	Comparison of similar intervention types
89	Husain, N., Kiran, T., Fatima, B., Chaudhry, I. B., Husain, M., Shah, S., ... & Chaudhry, N. (2021). An integrated parenting intervention for maternal depression and child development in a low-resource setting: Cluster randomized controlled trial. <i>Depression and Anxiety</i> , 38(9), 925-939.	Not perinatal adults
90	Husain, N., Kiran, T., Shah, S., Rahman, A., Saeed, Q., Naeem, S., ... & Chaudhry, N. (2021). Efficacy of learning through play plus intervention to reduce maternal depression in women with malnourished children: A randomized controlled trial from Pakistan. <i>Journal of Affective Disorders</i> , 278, 78-84.	Not perinatal adults
91	Husain, N., Zulqernain, F., Carter, L. A., Chaudhry, I. B., Fatima, B., Kiran, T., ... & Rahman, A. (2017). Treatment of maternal depression in urban slums of Karachi, Pakistan: a randomized controlled trial (RCT) of an integrated maternal psychological and early child development intervention. <i>Asian Journal of Psychiatry</i> , 29, 63-70.	Not perinatal adults
92	Jalal Jumaah, T., Faal Siahkal, S., Behboodi Moghadam, Z., & Ebrahimi, E. (2023). The Effect of Yoga on Maternal Anxiety in Women with Excessive Gestational Weight Gain: A Randomized Controlled Trial. <i>Complementary Medicine Research</i> , 30(6), 517-524.	No diagnosed perinatal anxiety or depression
93	Jesse, D. E., Gaynes, B. N., Feldhousen, E. B., Newton, E. R., Bunch, S., & Hollon, S. D. (2015). Performance of a culturally tailored cognitive-behavioral intervention integrated in a public health setting to reduce risk of antepartum depression: A randomized controlled trial. <i>Journal of Midwifery & Women's Health</i> , 60(5), 578-592.	Comparison of similar intervention types
94	Jester, J. M., Riggs, J. L., Menke, R. A., Alfafara, E., Issa, M., Muzik, M., & Rosenblum, K. L. (2023). Randomized pilot trial of the “Mom Power” trauma-and attachment-informed multi-family group	No diagnosed perinatal

No.	Articles	Reasons to exclude
	intervention in treating and preventing postpartum symptoms of depression among a health disparity sample. <i>Frontiers in Psychiatry</i> , 14, 1048511.	anxiety or depression
95	Jidong, D. E., Ike, J. T., Husain, N., Murshed, M., Francis, C., Mwankon, B. S., ... & Bassett, P. (2023). Culturally adapted psychological intervention for treating maternal depression in British mothers of African and Caribbean origin: A randomized controlled feasibility trial. <i>Clinical Psychology & Psychotherapy</i> , 30(3), 548-565.	No diagnosed perinatal anxiety or depression
96	Jidong, D. E., Ike, T. J., Murshed, M., Francis, C., Mwankon, S. B., Jidong, J. E., ... & Husain, N. (2024). Postnatal depression in British mothers of African and Caribbean origin: a randomised controlled trial of learning through play plus culturally adapted cognitive behaviour therapy compared with psychoeducation. <i>Frontiers in Psychiatry</i> , 15, 1383990.	Not perinatal adults
97	Johnson, J. E., Price, A. B., Kao, J. C., Fernandes, K., Stout, R., Gobin, R. L., & Zlotnick, C. (2016). Interpersonal psychotherapy (IPT) for major depression following perinatal loss: a pilot randomized controlled trial. <i>Archives of Women's Mental Health</i> , 19(5), 845-859.	Insufficient data
98	Jones, E. J., Feinberg, M. E., Graham-Engeland, J. E., Jones, D. E., & Schreier, H. M. (2023). A perinatal coparenting intervention: Effects of a randomized trial on parent cardiometabolic risk and self-reported health. <i>Biological Psychology</i> , 183, 108664.	No diagnosed perinatal anxiety or depression
99	Vaz, J. D. S., Farias, D. R., Adegboye, A. R. A., Nardi, A. E., & Kac, G. (2017). Omega-3 supplementation from pregnancy to postpartum to prevent depressive symptoms: a randomized placebo-controlled trial. <i>BMC Pregnancy and Childbirth</i> , 17(1), 180.	No diagnosed perinatal anxiety or depression
100	Kaaya, S., Siril, H., Fawzi, M. C. S., Aloyce, Z., Araya, R., Kaale, A., ... & Larson, E. (2022). A peer-facilitated psychological group intervention for perinatal women living with HIV and depression in Tanzania-Healthy Options: A cluster-randomized controlled trial. <i>PLoS medicine</i> , 19(12), e1004112.	Comparison of similar intervention types
101	Kabir, F. H., Razavinia, F., Keshavarz, M., Mousavi, S. S., & Haghani, H. (2024). Effect of Companion Presence during Skin-to-Skin Contact on Maternal Anxiety: A Randomized Clinical Trial. <i>Indian Pediatrics</i> , 61(3), 230-236.	No diagnosed perinatal anxiety or depression
102	Kaboli, K. S., Mahmoodi, Z., Tourzani, Z. M., Tehranizadeh, M., Kabir, K., & Dolatian, M. (2017). The effect of group counseling based on cognitive-behavioral approach on pregnancy-specific stress and anxiety. <i>Shiraz E-Medical Journal</i> , 18 (25), e13183.	Insufficient data
103	Karkada, S. R., Noronha, J. A., Bhat, S. K., Bhat, P., & Nayak, B. S. (2023). Effectiveness of antepartum breathing exercises on the outcome of labour: A randomized controlled trial. <i>F1000Research</i> , 11, 159.	No diagnosed perinatal anxiety or depression
104	Kenyon, S., Jolly, K., Hemming, K., Hope, L., Blissett, J., Dann, S. A., ... & MacArthur, C. (2016). Lay support for pregnant women with social risk: a randomised controlled trial. <i>BMJ Open</i> , 6(3), e009203.	No diagnosed perinatal anxiety or depression
105	Kersten-Alvarez, L. E., Hosman, C. M., Riksen-Walraven, J. M., Van Doesum, K. T., & Hoefnagels, C. (2010). Long-term effects of a home-visiting intervention for depressed mothers and their infants. <i>Journal of Child Psychology and Psychiatry</i> , 51(10), 1160-1170.	No anxiety or depressive symptoms outcomes
106	Kim, D. R., Hantsoo, L., Thase, M. E., Sammel, M., & Epperson, C. N. (2014). Computer-assisted cognitive behavioral therapy for pregnant women with major depressive disorder. <i>Journal of Women's Health</i> , 23(10), 842-848.	Not RCT
107	Kim, D. R., Wang, E., McGeehan, B., Snell, J., Ewing, G., Iannelli, C., ... & Epperson, C. N. (2019). Randomized controlled trial of transcranial magnetic stimulation in pregnant women with major depressive disorder. <i>Brain Stimulation</i> , 12(1), 96-102.	Not psychological interventions

No.	Articles	Reasons to exclude
108	Kozinszky, Z., Dudas, R. B., Devosa, I., Csatornai, S., Tóth, É., Szabó, D., ... & Pál, A. (2012). Can a brief antepartum preventive group intervention help reduce postpartum depressive symptomatology?. <i>Psychotherapy and Psychosomatics</i> , 81(2), 98-107.	No diagnosed perinatal anxiety or depression
109	Küçükaya, B., Işıl, C. A. N., & Güler, G. (2024). The effect of music played to new birth mothers on postpartum blues: A randomized controlled trial. <i>Early Human Development</i> , 192, 106013.	No diagnosed perinatal anxiety or depression
110	KUNDARTI, F. I., PRAMONO, N., & SUWONDO, A. (2021). Effectiveness hypnotherapy in pregnancy for stress, salivary & \$945;-amylase and β -endorphin. <i>International Journal of Pharmaceutical Research (09752366)</i> , 13(1).	No diagnosed perinatal anxiety or depression
111	KUNDARTI, F. I., TITISARI, I., SEPDIANTO, T. C., Karnasih, I., & Sugijati, S. (2020). The Effect of prenatal yoga on anxiety, cortisol and sleep quality. <i>International Journal of Pharmaceutical Research (09752366)</i> , 12(3).	No diagnosed perinatal anxiety or depression
112	Kuo, S. Y., Tsai, S. H., Chen, S. L., & Tzeng, Y. L. (2016). Auricular acupressure relieves anxiety and fatigue, and reduces cortisol levels in post-caesarean section women: a single-blind, randomised controlled study. <i>International Journal of Nursing Studies</i> , 53, 17-26.	No diagnosed perinatal anxiety or depression
113	Lara, M. A., Navarro, C., & Navarrete, L. (2010). Outcome results of a psycho-educational intervention in pregnancy to prevent PPD: A randomized control trial. <i>Journal of Affective Disorders</i> , 122(1-2), 109-117.	Insufficient data
114	Le, H. N., Perry, D. F., & Stuart, E. A. (2011). Randomized controlled trial of a preventive intervention for perinatal depression in high-risk Latinas. <i>Journal of Consulting and Clinical Psychology</i> , 79(2), 135.	No diagnosed perinatal anxiety or depression
115	Leng, L. L., Yin, X. C., Chan, C. L. W., & Ng, S. M. (2023). Antenatal mobile-delivered mindfulness-based intervention to reduce perinatal depression risk and improve obstetric and neonatal outcomes: A randomized controlled trial. <i>Journal of Affective Disorders</i> , 335, 216-227.	No diagnosed perinatal anxiety or depression
116	Lenze, S. N., & Potts, M. A. (2017). Brief Interpersonal Psychotherapy for depression during pregnancy in a low-income population: A randomized controlled trial. <i>Journal of Affective Disorders</i> , 210, 151-157.	Duplicate sample
117	Leung, S. S., & Lam, T. H. (2012). Group antenatal intervention to reduce perinatal stress and depressive symptoms related to intergenerational conflicts: a randomized controlled trial. <i>International Journal of Nursing Studies</i> , 49(11), 1391-1402.	No diagnosed perinatal anxiety or depression
118	Li, X., Lin, Y., Huang, L., Lin, H., Cheng, X., Li, S., ... & Liao, J. (2024). Effects of web neonatal intensive care unit diaries on the mental health, quality of life, sleep quality, care ability, and hormone levels of parents of preterm infants in the neonatal intensive care unit: a randomized controlled trial. <i>Intensive and Critical Care Nursing</i> , 83, 103697.	No diagnosed perinatal anxiety or depression
119	Lönnberg, G., Jonas, W., Unteraehrer, E., Bränström, R., Nissen, E., & Niemi, M. (2020). Effects of a mindfulness based childbirth and parenting program on pregnant women's perceived stress and risk of perinatal depression—Results from a randomized controlled trial. <i>Journal of Affective Disorders</i> , 262, 133-142.	No diagnosed perinatal anxiety or depression
120	Lönnberg, G., Niemi, M., Salomonsson, B., Bränström, R., Nissen, E., & Jonas, W. (2021). Exploring the effects of mindfulness-based childbirth and parenting on infant social-emotional development. <i>Mindfulness</i> , 12(8), 2009-2020.	No diagnosed perinatal anxiety or depression
121	Loughnan, S. A., Sie, A., Hobbs, M. J., Joubert, A. E., Smith, J., Haskelberg, H., ... & Newby, J. M. (2019). A randomized controlled trial of 'MUMentum Pregnancy': Internet-delivered cognitive	Duplicate sample

No.	Articles	Reasons to exclude
	behavioral therapy program for antenatal anxiety and depression. <i>Journal of Affective Disorders</i> , 243, 381-390.	
122	MacKinnon, A. L., Madsen, J. W., Giesbrecht, G. F., Campbell, T., Carlson, L. E., Dimidjian, S., ... & Tomfohr-Madsen, L. (2021). Effects of mindfulness-based cognitive therapy in pregnancy on psychological distress and gestational age: outcomes of a randomized controlled trial. <i>Mindfulness</i> , 12(5), 1173-1184.	Insufficient data
123	Mahmoudi, P., Elyasi, F., Nadi, A., & Ahmad Shirvani, M. (2023). The Effect of Maternal–Foetal Attachment–Based Training Programme on Maternal Mental Health Following an Unintended Pregnancy. <i>Journal of Reproductive and Infant Psychology</i> , 41(1), 26-42.	No diagnosed perinatal anxiety or depression
124	Makrides, M., Gibson, R. A., McPhee, A. J., Yelland, L., Quinlivan, J., Ryan, P., & DOMInO Investigative Team. (2010). Effect of DHA supplementation during pregnancy on maternal depression and neurodevelopment of young children: a randomized controlled trial. <i>JAMA</i> , 304(15), 1675-1683.	No diagnosed perinatal anxiety or depression
125	Malekpoorafshar, M., Salehinejad, P., Pouya, F., Moghadam, N. K., & Shahesmaeili, A. (2021). A shift toward childbearing in one-child families through a mindfulness-based stress reduction program: a randomized controlled trial. <i>Journal of Family & Reproductive Health</i> , 15(1), 19.	Not perinatal adults
126	Malik, A., Waqas, A., Atif, N., Perin, J., Zaidi, A., Sharif, M., ... & Surkan, P. J. (2024). Multiple mediation analysis of a task-shared psychosocial intervention for perinatal anxiety: Exploratory findings from a randomized controlled trial in Pakistan. <i>Journal of Affective Disorders</i> , 364, 41-47.	Duplicate sample
127	Marks, M. N., Siddle, K., & Warwick, C. (2003). Can we prevent postnatal depression? A randomized controlled trial to assess the effect of continuity of midwifery care on rates of postnatal depression in high-risk women. <i>The Journal of Maternal-Fetal & Neonatal Medicine</i> , 13(2), 119-127.	No diagnosed perinatal anxiety or depression
128	Maselko, J., Sikander, S., Bhalotra, S., Bangash, O., Ganga, N., Mukherjee, S., ... & Rahman, A. (2015). Effect of an early perinatal depression intervention on long-term child development outcomes: follow-up of the Thinking Healthy Programme randomised controlled trial. <i>The Lancet Psychiatry</i> , 2(7), 609-617.	No anxiety or depressive symptoms outcomes
129	McCarter, D. E., Demidenko, E., Sisco, T. S., & Hegel, M. T. (2019). Technology-assisted nursing for postpartum support: A randomized controlled trial. <i>Journal of Advanced Nursing</i> , 75(10), 2223-2235.	No diagnosed perinatal anxiety or depression
130	McFarlane, E., Burrell, L., Duggan, A., & Tandon, D. (2017). Outcomes of a randomized trial of a cognitive behavioral enhancement to address maternal distress in home visited mothers. <i>Maternal and Child Health Journal</i> , 21(3), 475-484.	No diagnosed perinatal anxiety or depression
131	Mendelson, T., Leis, J. A., Perry, D. F., Stuart, E. A., & Tandon, S. D. (2013). Impact of a preventive intervention for perinatal depression on mood regulation, social support, and coping. <i>Archives of Women's Mental Health</i> , 16(3), 211-218.	No diagnosed perinatal anxiety or depression
132	Mennen, F. E., Molina, A. P., Monro, W. L., Duan, L., Stuart, S., & Sosna, T. (2021). Effectiveness of an Interpersonal Psychotherapy (IPT) group depression treatment for Head Start mothers: A cluster-randomized controlled trial. <i>Journal of Affective Disorders</i> , 280, 39-48.	Not perinatal adults
133	Milani, H. S., Azargashb, E., Beyraghi, N., Defaie, S., & Asbaghi, T. (2015). Effect of telephone-based support on postpartum depression: a randomized controlled trial. <i>International Journal of Fertility & Sterility</i> , 9(2), 247.	Not RCT
134	Morrell, C. J., Ricketts, T., Tudor, K., Williams, C., Curran, J., & Barkham, M. (2011). Training health visitors in cognitive behavioural and person-centred approaches for depression in postnatal women as part of a cluster randomised trial and economic evaluation in primary care: the PoNDER trial. <i>Primary Health Care Research & Development</i> , 12(1), 11-20.	Not RCT

No.	Articles	Reasons to exclude
135	Morrell, C. J., Warner, R., Slade, P., Dixon, S., Walters, S., Paley, G., & Brugha, T. (2009). Psychological interventions for postnatal depression: cluster randomised trial and economic evaluation. The PoNDER trial. <i>Health Technology Assessment</i> , 13(30), 1-176.	Duplicate sample
136	Mozurkewich, E., Chilimigras, J., Klemens, C., Keeton, K., Allbaugh, L., Hamilton, S., ... & Vahratian, A. (2011). The mothers, Omega-3 and mental health study. <i>BMC Pregnancy and Childbirth</i> , 11(1), 46.	Not psychological interventions
137	Muñoz, R. F. (2007). Prevention of Postpartum Depression in Low-Income Women: Development of the Mamás y Bebés/Mothers and Babies Course (Muñoz et al.). <i>Cognitive and Behavioral Practice</i> , 14(1), 121.	No diagnosed perinatal anxiety or depression
138	Murray, L., Cooper, P. J., Wilson, A., & Romaniuk, H. (2003). Controlled trial of the short-and long-term effect of psychological treatment of post-partum depression: 2. Impact on the mother-child relationship and child outcome. <i>The British Journal of Psychiatry</i> , 182(5), 420-427.	No anxiety or depressive symptoms outcomes
139	Nadholt, P., Kumar, K., Saha, P. K., Suri, V., Singh, A., & Anand, A. (2023). Mind-body practice as a primer to maintain psychological health among pregnant women–YOGESTA—a randomized controlled trial. <i>Frontiers in Public Health</i> , 11, 1201371.	No diagnosed perinatal anxiety or depression
140	Nejad, F. K., Shahraki, K. A., Nejad, P. S., Moghaddam, N. K., Jahani, Y., & Divsalar, P. (2021). The influence of mindfulness-based stress reduction (MBSR) on stress, anxiety and depression due to unwanted pregnancy: a randomized clinical trial. <i>Journal of Preventive Medicine and Hygiene</i> , 62(1), E82.	No diagnosed perinatal anxiety or depression
141	Netsi, E., Evans, J., Wulff, K., O'Mahen, H., & Ramchandani, P. G. (2015). Infant outcomes following treatment of antenatal depression: Findings from a pilot randomized controlled trial. <i>Journal of Affective Disorders</i> , 188, 252-256.	No anxiety or depressive symptoms outcomes
142	Newham, J. J., Wittkowski, A., Hurley, J., Aplin, J. D., & Westwood, M. (2014). Effects of antenatal yoga on maternal anxiety and depression: a randomized controlled trial. <i>Depression and Anxiety</i> , 31(8), 631-640.	No diagnosed perinatal anxiety or depression
143	Ngai, F. W., & Gao, L. L. (2022). Effect of couple-based interpersonal psychotherapy on postpartum depressive symptoms: A randomised controlled trial. <i>Asian Journal of Psychiatry</i> , 78, 103274.	No diagnosed perinatal anxiety or depression
144	Ngai, F. W., Wong, P. C., Chung, K. F., Chau, P. H., & Hui, P. W. (2020). Effect of couple-based cognitive behavioural intervention on prevention of postnatal depression: multisite randomised controlled trial. <i>BJOG: An International Journal of Obstetrics & Gynaecology</i> , 127(4), 500-507.	No diagnosed perinatal anxiety or depression
145	Ngai, F. W., Wong, P. W. C., Chung, K. F., Leung, K. Y., & Tarrant, M. (2019). Randomized controlled trial of telephone-based cognitive-behavioral therapy on parenting self-efficacy and satisfaction. <i>Translational Behavioral Medicine</i> , 9(6), 1163-1168.	No anxiety or depressive symptoms outcomes
146	Ngai, F. W., Wong, P. W. C., Leung, K. Y., Chau, P. H., & Chung, K. F. (2015). The effect of telephone-based cognitive-behavioral therapy on postnatal depression: a randomized controlled trial. <i>Psychotherapy and Psychosomatics</i> , 84(5), 294-303.	Insufficient data
147	Nikpour, F., Ansari, S., Abedi, P., Jahanfar, S., Sharifat, N., Hooshmand, G., & Maraghi, E. (2024). The effect of curcumax on postpartum women's depression: a randomized controlled trial. <i>Frontiers in Psychiatry</i> , 15, 1302174.	Not psychological interventions
148	Noroña-Zhou, A. N., Coccia, M., Epel, E., Vieten, C., Adler, N. E., Laraia, B., ... & Bush, N. R. (2022). The effects of a prenatal mindfulness intervention on infant autonomic and behavioral reactivity	No diagnosed perinatal

No.	Articles	Reasons to exclude
	and regulation. <i>Psychosomatic Medicine</i> , 84(5), 525-535.	anxiety or depression
149	Okatsu, A., Kanie, A., & Kataoka, Y. (2023). Evaluation of the effect of a midwife-led online program using cognitive behavioral therapy for pregnant women at risk for anxiety disorder in Japan: A pilot randomized controlled trial. <i>PLoS One</i> , 18(5), e0281632.	No diagnosed perinatal anxiety or depression
150	Opiyo, R. O., Nyasulu, P. S., Koigi, R. K., Obondo, A., Ogoyi, D., & Kogi-Makau, W. (2018). Effect of fish oil omega-3 fatty acids on reduction of depressive symptoms among HIV-seropositive pregnant women: a randomized, double-blind controlled trial. <i>Annals of General Psychiatry</i> , 17(1), 49.	Not psychological interventions
151	Ormsby, S. M., Dahlen, H. G., & Smith, C. A. (2024). Investigation of hypothalamic pituitary adrenal Axis and oxytocinergic system changes in a pragmatic randomized controlled feasibility trial of acupuncture for antenatal depression. <i>Journal of Integrative and Complementary Medicine</i> , 30(2), 173-184.	Not psychological interventions
152	Ortiz Collado, M. A., Saez, M., Favrod, J., & Hatem, M. (2014). Antenatal psychosomatic programming to reduce postpartum depression risk and improve childbirth outcomes: a randomized controlled trial in Spain and France. <i>BMC Pregnancy and Childbirth</i> , 14(1), 22.	Not psychological interventions
153	Pan, W. L., Chang, C. W., Chen, S. M., & Gau, M. L. (2019). Assessing the effectiveness of mindfulness-based programs on mental health during pregnancy and early motherhood-a randomized control trial. <i>BMC Pregnancy and Childbirth</i> , 19(1), 346.	No diagnosed perinatal anxiety or depression
154	Pan, W. L., Gau, M. L., Lee, T. Y., Jou, H. J., Liu, C. Y., & Wen, T. K. (2019). Mindfulness-based programme on the psychological health of pregnant women. <i>Women and Birth</i> , 32(1), e102-e109.	No diagnosed perinatal anxiety or depression
155	Parry, B. L., Meliska, C. J., Lopez, A. M., Sorenson, D. L., Martinez, L. F., Orff, H. J., ... & Kripke, D. F. (2019). Early versus late wake therapy improves mood more in antepartum versus postpartum depression by differentially altering melatonin-sleep timing disturbances. <i>Journal of Affective Disorders</i> , 245, 608-616.	No diagnosed perinatal anxiety or depression
156	Parry, B. L., Meliska, C. J., Sorenson, D. L., Martinez, L. F., Lopez, A. M., Dawes, S. E., ... & Hauger, R. L. (2023). Critically-timed sleep+ light interventions differentially improve mood in pregnancy vs. postpartum depression by shifting melatonin rhythms. <i>Journal of Affective Disorders</i> , 324, 250-258.	Not psychological interventions
157	Patel, V., Weobong, B., Weiss, H. A., Anand, A., Bhat, B., Katti, B., ... & Fairburn, C. G. (2017). The Healthy Activity Program (HAP), a lay counsellor-delivered brief psychological treatment for severe depression, in primary care in India: a randomised controlled trial. <i>The Lancet</i> , 389(10065), 176-185.	Not perinatal adults
158	Pinheiro, R. T., Botella, L., de Avila Quevedo, L., Pinheiro, K. A. T., Jansen, K., Osório, C. M., ... & da Silva, R. A. (2014). Maintenance of the effects of cognitive behavioral and relational constructivist psychotherapies in the treatment of women with postpartum depression: a randomized clinical trial. <i>Journal of Constructivist Psychology</i> , 27(1), 59-68.	Insufficient data
159	Pinheiro, R. T., de Mattos Souza, L. D., Trettim, J. P., de Matos, M. B., Pinheiro, K. A. T., da Cunha, G. K., ... & de Avila Quevedo, L. (2022). Antenatal depression: Efficacy of a pre-post therapy study and repercussions in motor development of children during the first 18 months postpartum. Study: "Pregnancy care, healthy baby". <i>Journal of Psychiatric Research</i> , 148, 63-72.	Not perinatal adults
160	Puertas-Gonzalez, J. A., Romero-Gonzalez, B., Mariño-Narvaez, C., Gonzalez-Perez, R., Sosa-Sanchez, I. O., & Peralta-Ramirez, M. I. (2023). Can we influence the neurological development and hair cortisol concentration of offspring by reducing the stress of the mother during pregnancy? A randomized controlled trial. <i>Stress and Health</i> , 39(4), 753-765.	No diagnosed perinatal anxiety or depression
161	Rådmark, L., Osika, W., Wallén, M. B., Nissen, E., Lönnberg, G., Bränström, R., ... & Niemi, M. (2023). Autonomic function and inflammation in pregnant women participating in a randomized controlled study of Mindfulness Based Childbirth and Parenting. <i>BMC Pregnancy and Childbirth</i> , 23(1), 237.	No diagnosed perinatal anxiety or depression

No.	Articles	Reasons to exclude
162	Ramsauer, B., Mühlhan, C., Lotzin, A., Achtergarde, S., Mueller, J., Krink, S., ... & Romer, G. (2020). Randomized controlled trial of the Circle of Security-Intensive intervention for mothers with postpartum depression: maternal unresolved attachment moderates changes in sensitivity. <i>Attachment & Human Development</i> , 22(6), 705-726.	No anxiety or depressive symptoms outcomes
163	Ravn, I. H., Smith, L., Smeby, N. A., Kynoe, N. M., Sandvik, L., Bunch, E. H., & Lindemann, R. (2012). Effects of early mother–infant intervention on outcomes in mothers and moderately and late preterm infants at age 1 year: A randomized controlled trial. <i>Infant Behavior and Development</i> , 35(1), 36-47.	No diagnosed perinatal anxiety or depression
164	Rezaei, N., Keshavarz, M., Pezaro, S., Sarvi, F., Eshraghi, N., & Bekhradi, R. (2024). The effect of aromatherapy and music therapy upon anxiety and non-stress test results during pregnancy: A randomized clinical trial. <i>European Journal of Integrative Medicine</i> , 67, 102307.	No diagnosed perinatal anxiety or depression
165	Rojas, G., Fritsch, R., Solis, J., Jadresic, E., Castillo, C., González, M., ... & Araya, R. (2007). Treatment of postnatal depression in low-income mothers in primary-care clinics in Santiago, Chile: a randomised controlled trial. <i>The Lancet</i> , 370(9599), 1629-1637.	Not psychological interventions
166	Rong, L., Wang, R., Ouyang, Y. Q., & Redding, S. R. (2021). Efficacy of yoga on physiological and psychological discomforts and delivery outcomes in Chinese primiparas. <i>Complementary Therapies in Clinical Practice</i> , 44, 101434.	No diagnosed perinatal anxiety or depression
167	Salomonsson, B., & Sandell, R. (2011). A randomized controlled trial of mother–infant psychoanalytic treatment: I. Outcomes on self-report questionnaires and external ratings. <i>Infant Mental Health Journal</i> , 32(2), 207-231.	No diagnosed perinatal anxiety or depression
168	Salomonsson, B., Kornaros, K., Sandell, R., Nissen, E., & Lilliengren, P. (2021). Short-term psychodynamic infant–parent interventions at Child health centers: Outcomes on parental depression and infant social–emotional functioning. <i>Infant Mental Health Journal</i> , 42(1), 109-123.	Not perinatal adults
169	Salomonsson, M. W., Sorjonen, K., & Salomonsson, B. (2015). A long-term follow-up of a randomized controlled trial of mother–infant psychoanalytic treatment: Outcomes on the children. <i>Infant Mental Health Journal</i> , 36(1), 12-29.	No diagnosed perinatal anxiety or depression
170	Sanaati, F., Charandabi, S. M. A., Eslamlo, H. F., & Mirghafourvand, M. (2018). A randomized controlled trial on the effect of lifestyle education for Iranian women and their husbands on post-partum anxiety and depression. <i>Health Education Research</i> , 33(5), 416-428.	Not psychological interventions
171	Sanaeinasab, H., Saffari, M., Sheykh-Oliya, Z., Khalaji, K., Lalaie, A., Al Zaben, F., & Koenig, H. G. (2021). A spiritual intervention to reduce stress, anxiety and depression in pregnant women: Randomized controlled trial. <i>Health Care for Women International</i> , 42(12), 1340-1357.	No diagnosed perinatal anxiety or depression
172	Sawyer, A., Kaim, A., Le, H. N., McDonald, D., Mittinty, M., Lynch, J., & Sawyer, M. (2019). The effectiveness of an app-based nurse-moderated program for new mothers with depression and parenting problems (eMums Plus): pragmatic randomized controlled trial. <i>Journal of Medical Internet Research</i> , 21(6), e13689.	No diagnosed perinatal anxiety or depression
173	Seeley, J. R., Sheeber, L. B., Feil, E. G., Leve, C., Davis, B., Sorensen, E., & Allan, S. (2019). Mediation analyses of Internet-facilitated cognitive behavioral intervention for maternal depression. <i>Cognitive Behaviour Therapy</i> , 48(4), 337-352.	Not perinatal adults
174	Segre, L. S., Brock, R. L., & O'Hara, M. W. (2015). Depression treatment for impoverished mothers by point-of-care providers: A randomized controlled trial. <i>Journal of Consulting and Clinical Psychology</i> , 83(2), 314.	Not perinatal adults
175	Shariatpanahi, M., Faramarzi, M., Barat, S., Farghadani, A., & Shirafkan, H. (2023). Acceptability, feasibility, and effectiveness of internet-based emotion-focused cognitive behavior therapy with	Not RCT

No.	Articles	Reasons to exclude
	husband participation for Iranian pregnant women with anxiety disorder. <i>International Journal of Systemic Therapy</i> , 34(3), 167-184.	
176	Shidhaye, R., Bangal, V., Bhargav, H., Tilekar, S., Thanage, C., Gore, S., ... & Kunkulol, R. (2023). Feasibility, acceptability, and preliminary efficacy of yoga to improve maternal mental health and immune function during the COVID-19 crisis (Yoga-M2 trial): a pilot randomized controlled trial. <i>Frontiers in Human Neuroscience</i> , 17, 1115699.	No diagnosed perinatal anxiety or depression
177	Shorey, S., Chee, C. Y. I., Ng, E. D., Lau, Y., Dennis, C. L., & Chan, Y. H. (2019). Evaluation of a technology-based peer-support intervention program for preventing postnatal depression (part 1): randomized controlled trial. <i>Journal of Medical Internet Research</i> , 21(8), e12410.	No diagnosed perinatal anxiety or depression
178	Shorey, S., Chong, Y. S., Shi, L., Chua, J. S., Mathews, J., Lim, S. H., ... & Law, E. (2023). Evaluating the effects of the supportive parenting App on infant developmental outcomes: longitudinal study. <i>JMIR mHealth and uHealth</i> , 11(1), e43885.	No diagnosed perinatal anxiety or depression
179	Shukri, N. H. M., Wells, J., Eaton, S., Mukhtar, F., Petelin, A., Jenko-Pražnikar, Z., & Fewtrell, M. (2019). Randomized controlled trial investigating the effects of a breastfeeding relaxation intervention on maternal psychological state, breast milk outcomes, and infant behavior and growth. <i>The American Journal of Clinical Nutrition</i> , 110(1), 121-130.	No diagnosed perinatal anxiety or depression
180	Siebach, K. F., Perin, J., Malik, A., Atif, N., Zaidi, A., Rahman, A., & Surkan, P. J. (2024). Results of a cognitive behavior therapy-based intervention for antenatal anxiety on birth outcomes in Pakistan: a randomized control trial. <i>Scientific Reports</i> , 14(1), 13806.	No anxiety or depressive symptoms outcomes
181	Siegmann, E. M., Eichler, A., Buchholz, V. N., Gerlach, J., Pontones, C. A., Titzmann, A., ... & Lenz, B. (2023). Effects of an App-Based Mindfulness Intervention during Pregnancy on the Infant's Prenatal Androgen Exposure: A Randomized Controlled Pilot Trial. <i>Journal of Clinical Medicine</i> , 12(19), 6142.	No diagnosed perinatal anxiety or depression
182	Silverstein, M., Diaz-Linhart, Y., Cabral, H., Beardslee, W., Hegel, M., Haile, W., ... & Feinberg, E. (2017). Efficacy of a maternal depression prevention strategy in head start: a randomized clinical trial. <i>JAMA Psychiatry</i> , 74(8), 781-789.	Not perinatal adults
183	Singla, D. R., MacKinnon, D. P., Fuhr, D. C., Sikander, S., Rahman, A., & Patel, V. (2021). Multiple mediation analysis of the peer-delivered Thinking Healthy Programme for perinatal depression: findings from two parallel, randomised controlled trials. <i>The British Journal of Psychiatry</i> , 218(3), 143-150.	Duplicate sample
184	Sinha, B., Sommerfelt, H., Ashorn, P., Mazumder, S., Taneja, S., More, D., ... & Bhandari, N. (2021). Effect of community-initiated kangaroo mother care on postpartum depressive symptoms and stress among mothers of low-birth-weight infants: a randomized clinical trial. <i>JAMA Network Open</i> , 4(4), e216040-e216040.	No diagnosed perinatal anxiety or depression
185	Stein, A., Netsi, E., Lawrence, P. J., Granger, C., Kempton, C., Craske, M. G., ... & Murray, L. (2018). Mitigating the effect of persistent postnatal depression on child outcomes through an intervention to treat depression and improve parenting: a randomised controlled trial. <i>The Lancet Psychiatry</i> , 5(2), 134-144.	Comparison of similar intervention types
186	Su, K. P., Huang, S. Y., Chiu, T. H., Huang, K. C., Huang, C. L., Chang, H. C., & Pariante, C. M. (2008). Omega-3 fatty acids for major depressive disorder during pregnancy: results from a randomized, double-blind, placebo-controlled trial. <i>Journal of Clinical Psychiatry</i> , 69(4), 644.	Not psychological interventions
187	Suharwardy, S., Ramachandran, M., Leonard, S. A., Gunaseelan, A., Lyell, D. J., Darcy, A., ... & Judy, A. (2023). Feasibility and impact of a mental health chatbot on postpartum mental health: a randomized controlled trial. <i>AJOG Global Reports</i> , 3(3), 100165..	No diagnosed perinatal anxiety or depression
188	Sulu, R., Akbas, M., & Cetiner, S. (2022). Effects of transcutaneous electrical nerve stimulation applied at different frequencies during labor on hormone levels, labor pain perception, and anxiety: A randomized placebo-controlled single-blind clinical trial. <i>European Journal of Integrative Medicine</i> , 52, 102124.	No diagnosed perinatal anxiety or depression

No.	Articles	Reasons to exclude
189	Sun, Y., Li, F., He, T., Meng, Y., Yin, J., Yim, I. S., ... & Wu, J. (2023). Physiological and affective responses to green space virtual reality among pregnant women. <i>Environmental Research</i> , 216, 114499.	No diagnosed perinatal anxiety or depression
190	Sun, Y., Li, Y., Wang, J., Chen, Q., Bazzano, A. N., & Cao, F. (2021). Effectiveness of smartphone-based mindfulness training on maternal perinatal depression: randomized controlled trial. <i>Journal of Medical Internet Research</i> , 23(1), e23410.	No diagnosed perinatal anxiety or depression
191	Surkan, P. J., Hamdani, S. U., Huma, Z. E., Nazir, H., Atif, N., Rowther, A. A., ... & Rahman, A. (2020). Cognitive-behavioral therapy-based intervention to treat symptoms of anxiety in pregnancy in a prenatal clinic using non-specialist providers in Pakistan: Design of a randomised trial. <i>BMJ Open</i> , 10(4), e037590.	Insufficient data
192	Swartz, H. A., Cyranowski, J. M., Cheng, Y., Zuckoff, A., Brent, D. A., Markowitz, J. C., ... & Frank, E. (2016). Brief psychotherapy for maternal depression: Impact on mothers and children. <i>Journal of the American Academy of Child & Adolescent Psychiatry</i> , 55(6), 495-503.	Not perinatal adults
193	Szigeti F, J., Kazinczi, C., Szabó, G., Sipos, M., Ujma, P. P., & Purebl, G. (2024). The clinical effectiveness of the Mind/Body Program for Infertility on wellbeing and assisted reproduction outcomes: a randomized controlled trial in search for active ingredients. <i>Human Reproduction</i> , 39(8), 1735-1751.	Not perinatal adults
194	Tandon, S. D., Leis, J. A., Mendelson, T., Perry, D. F., & Kemp, K. (2014). Six-month outcomes from a randomized controlled trial to prevent perinatal depression in low-income home visiting clients. <i>Maternal and Child Health Journal</i> , 18(4), 873-881.	No diagnosed perinatal anxiety or depression
195	Tandon, S. D., Perry, D. F., Mendelson, T., Kemp, K., & Leis, J. A. (2011). Preventing perinatal depression in low-income home visiting clients: a randomized controlled trial. <i>Journal of Consulting and Clinical Psychology</i> , 79(5), 707.	No diagnosed perinatal anxiety or depression
196	Teckenberg-Jansson, P., Turunen, S., Pölkki, T., Lauri-Haikala, M. J., Lipsanen, J., Henelius, A., ... & Huotilainen, M. (2019). Effects of live music therapy on heart rate variability and self-reported stress and anxiety among hospitalized pregnant women: A randomized controlled trial. <i>Nordic Journal of Music Therapy</i> , 28(1), 7-26.	No diagnosed perinatal anxiety or depression
197	Teychenne, M., Abbott, G., Stephens, L. D., Opie, R. S., Olander, E. K., Brennan, L., ... & Ball, K. (2021). Mums on the move: a pilot randomised controlled trial of a home-based physical activity intervention for mothers at risk of postnatal depression. <i>Midwifery</i> , 93, 102898.	Not psychological interventions
198	Thitipitchayanant, K., Somrongthong, R., Kumar, R., & Kanchanakharn, N. (2018). Effectiveness of self-empowerment-affirmation-relaxation (Self-EAR) program for postpartum blues mothers: A randomize controlled trial. <i>Pakistan Journal of Medical Sciences</i> , 34(6), 1488.	Insufficient data
199	Tomlinson, M., Rotheram-Borus, M. J., Harwood, J., Le Roux, I. M., O'Connor, M., & Worthman, C. (2015). Community health workers can improve child growth of antenatally-depressed, South African mothers: a cluster randomized controlled trial. <i>BMC Psychiatry</i> , 15(1), 225.	No diagnosed perinatal anxiety or depression
200	Tragea, C., Chrousos, G. P., Alexopoulos, E. C., & Darviri, C. (2014). A randomized controlled trial of the effects of a stress management programme during pregnancy. <i>Complementary Therapies in Medicine</i> , 22(2), 203-211.	No diagnosed perinatal anxiety or depression
201	Urizar Jr, G. G., Caliboso, M., Gearhart, C., Yim, I. S., & Dunkel Schetter, C. (2019). Process evaluation of a stress management program for low-income pregnant women: the SMART Moms/Mamás LÍSTAS Project. <i>Health Education & Behavior</i> , 46(6), 930-941.	No diagnosed perinatal anxiety or depression
202	Urizar Jr, G. G., Yim, I. S., Rodriguez, A., & Schetter, C. D. (2019). The SMART moms program: A randomized trial of the impact of stress management on perceived stress and cortisol in low-income	No diagnosed perinatal

No.	Articles	Reasons to exclude
	pregnant women. <i>Psychoneuroendocrinology</i> , 104, 174-184.	anxiety or depression
203	Vakilian, K., Ghaemmaghami, M., Sheikhanbari, N., Shabani, F., & Vahedi, M. (2022). Reducing labor anxiety with auriculotherapy: A randomized clinical trial study. <i>Chinese Journal of Integrative Medicine</i> , 28(5), 440-444.	No diagnosed perinatal anxiety or depression
204	Vanobberghen, F., Weiss, H. A., Fuhr, D. C., Sikander, S., Afonso, E., Ahmad, I., ... & Rahman, A. (2020). Effectiveness of the Thinking Healthy Programme for perinatal depression delivered through peers: Pooled analysis of two randomized controlled trials in India and Pakistan. <i>Journal of Affective Disorders</i> , 265, 660-668.	Duplicate sample
205	Vaz, J. D. S., Farias, D. R., Adegboye, A. R. A., Nardi, A. E., & Kac, G. (2017). Omega-3 supplementation from pregnancy to postpartum to prevent depressive symptoms: a randomized placebo-controlled trial. <i>BMC Pregnancy and Childbirth</i> , 17(1), 180.	Insufficient data
206	Verduyn, C., Barrowclough, C., Roberts, J., Tarrier, N., & Harrington, R. (2003). Maternal depression and child behaviour problems: Randomised placebo-controlled trial of a cognitive-behavioural group intervention. <i>The British Journal of Psychiatry</i> , 183(4), 342-348.	Not perinatal adults
207	Vieten, C., & Astin, J. (2008). Effects of a mindfulness-based intervention during pregnancy on prenatal stress and mood: results of a pilot study. <i>Archives of Women's Mental Health</i> , 11(1), 67-74.	No diagnosed perinatal anxiety or depression
208	Vigod, S. N., Murphy, K. E., Dennis, C. L., Oberlander, T. F., Ray, J. G., Daskalakis, Z. J., & Blumberger, D. M. (2019). Transcranial direct current stimulation (tDCS) for depression in pregnancy: A pilot randomized controlled trial. <i>Brain Stimulation</i> , 12(6), 1475-1483.	Not psychological interventions
209	Wagner, G. J., Gwokyalya, V., Faherty, L., Akena, D., Nakigudde, J., Ngo, V., ... & Wanyenze, R. K. (2023). Effects of M-DEPTH model of depression care on maternal HIV viral suppression and adherence to the PMTCT care continuum among HIV-infected pregnant women in Uganda: results from a cluster randomized controlled trial at pregnancy completion. <i>AIDS and Behavior</i> , 27(9), 2902-2914.	Insufficient data
210	Waqas, A., & Rahman, A. (2021). Does one treatment fit all? Effectiveness of a multicomponent cognitive behavioral therapy program in data-driven subtypes of perinatal depression. <i>Frontiers in Psychiatry</i> , 12, 736790.	Insufficient data
211	Weiland, C., Page, L., Musaddiq, T., Martin, E., & Homitsky, S. (2023). The efficacy of text-based mentoring for Postpartum mothers: A pilot study. <i>Maternal and Child Health Journal</i> , 27(9), 1632-1642.	Insufficient data
212	Weis, K. L., Lederman, R. P., Walker, K. C., & Chan, W. (2017). Mentors offering maternal support reduces prenatal, pregnancy-specific anxiety in a sample of military women. <i>Journal of Obstetric, Gynecologic & Neonatal Nursing</i> , 46(5), 669-685.	No diagnosed perinatal anxiety or depression
213	Weissman, M. M., Wickramaratne, P., Pilowsky, D. J., Poh, E., Batten, L. A., Hernandez, M., ... & Stewart, J. W. (2015). Treatment of maternal depression in a medication clinical trial and its effect on children. <i>American Journal of Psychiatry</i> , 172(5), 450-459.	Not perinatal adults
214	Werner, E. A., Gustafsson, H. C., Lee, S., Feng, T., Jiang, N., Desai, P., & Monk, C. (2016). PREPP: postpartum depression prevention through the mother–infant dyad. <i>Archives of Women's Mental Health</i> , 19(2), 229-242.	No diagnosed perinatal anxiety or depression
215	Wiklund, I., Mohlkert, P., & Edman, G. (2010). Evaluation of a brief cognitive intervention in patients with signs of postnatal depression: a randomized controlled trial. <i>Acta Obstetrica et</i>	Insufficient data

No.	Articles	Reasons to exclude
	<i>Gynecologica Scandinavica</i> , 89(8), 1100-1104.	
216	Wilczyńska, D., Walczak-Kozłowska, T., Radziński, Ł., Oviedo-Caro, M. Á., Santos-Rocha, R., & Szumilewicz, A. (2022). Can we hit prenatal depression and anxiety through HIIT? The effectiveness of online high intensity interval training in pregnant women during the COVID-19 pandemic: a randomized controlled trial. <i>BMC Sports Science, Medicine and Rehabilitation</i> , 14(1), 215.	No diagnosed perinatal anxiety or depression
217	Wilczyńska, D., Walczak-Kozłowska, T., Santos-Rocha, R., Laskowski, R., & Szumilewicz, A. (2024). Stress is not so bad—cortisol level and psychological functioning after 8-week HIIT program during pregnancy: a randomized controlled trial. <i>Frontiers in Public Health</i> , 11, 1307998.	No diagnosed perinatal anxiety or depression
218	Wirz-Justice, A., Bader, A., Frisch, U., Stieglitz, R. D., Alder, J., Bitzer, J., ... & Riecher-Roessler, A. (2011). A randomized, double-blind, placebo-controlled study of light therapy for antepartum depression. <i>The Journal of Clinical Psychiatry</i> , 72(7), 986-993.	Not psychological interventions
219	Wittkowski, A., Emsley, R., Bee, P. E., Camacho, E., Calam, R., Abel, K. M., ... & Reid, H. E. (2022). A feasibility randomized controlled trial of a parenting intervention offered to women with severe mental health problems and delivered in a mother and baby unit setting: the IMaGInE study outcomes. <i>Frontiers in Psychiatry</i> , 13, 815018.	No diagnosed perinatal anxiety or depression
220	Wozney, L., Olthuis, J., Lingley-Pottie, P., McGrath, P. J., Chaplin, W., Elgar, F., ... & Kennedy, J. (2017). Strongest Families™ Managing Our Mood (MOM): a randomized controlled trial of a distance intervention for women with postpartum depression. <i>Archives of Women's Mental Health</i> , 20(4), 525-537.	Insufficient data
221	Wulff, V., Hepp, P., Wolf, O. T., Fehm, T., & Schaal, N. K. (2021). The influence of maternal singing on well-being, postpartum depression and bonding—a randomised, controlled trial. <i>BMC Pregnancy and Childbirth</i> , 21(1), 501.	No diagnosed perinatal anxiety or depression
222	Yang, M., Li, L., Zhu, H., Alexander, I. M., Liu, S., Zhou, W., & Ren, X. (2009). Music therapy to relieve anxiety in pregnant women on bedrest: a randomized, controlled trial. <i>MCN: The American Journal of Maternal/Child Nursing</i> , 34(5), 316-323.	No diagnosed perinatal anxiety or depression
223	Yang, R., Vigod, S. N., & Hensel, J. M. (2019). Optional web-based videoconferencing added to office-based care for women receiving psychotherapy during the postpartum period: pilot randomized controlled trial. <i>Journal of Medical Internet Research</i> , 21(6), e13172.	No diagnosed perinatal anxiety or depression
224	Zafman, K. B., Riegel, M. L., Levine, L. D., & Hamm, R. F. (2023). An interactive childbirth education platform to improve pregnancy-related anxiety: a randomized trial. <i>American Journal of Obstetrics and Gynecology</i> , 229(1), 67-e1.	No diagnosed perinatal anxiety or depression
225	Zarenejad, M., Yazdkhasti, M., Rahimzadeh, M., Mehdizadeh Tourzani, Z., & Esmaelzadeh-Saeieh, S. (2020). The effect of mindfulness-based stress reduction on maternal anxiety and self-efficacy: A randomized controlled trial. <i>Brain and Behavior</i> , 10(4), e01561.	No diagnosed perinatal anxiety or depression
226	Zhang, J., Chen, B., Yang, X., Cao, M., Mahoney, A. D., Zhu, L., & Yu, N. X. (2025). An Internet-Based Developmental Home Care Support Program Improved Maternal Psychological Symptoms and Infant Growth: A Randomized Controlled Trial. <i>The Journal of Perinatal & Neonatal Nursing</i> , 39(1), 80-90.	No diagnosed perinatal anxiety or depression
227	Zhang, X., Li, Y., Wang, J., Mao, F., Wu, L., Huang, Y., ... & Cao, F. (2023). Effectiveness of digital guided self-help mindfulness training during pregnancy on maternal psychological distress and infant neuropsychological development: randomized controlled trial. <i>Journal of Medical Internet Research</i> , 25, e41298.	No diagnosed perinatal anxiety or depression
228	Zhao, Y., Munro-Kramer, M. L., Shi, S., Wang, J., & Luo, J. (2017). A randomized controlled trial: effects of a prenatal depression intervention on perinatal outcomes among Chinese high-risk pregnant women with medically defined complications. <i>Archives of Women's Mental Health</i> , 20(2), 333-344.	No anxiety or depressive symptoms outcomes

No.	Articles	Reasons to exclude
229	Zlotnick, C., Capezza, N. M., & Parker, D. (2011). An interpersonally based intervention for low-income pregnant women with intimate partner violence: a pilot study. <i>Archives of Women's Mental Health</i> , 14(1), 55-65.	No diagnosed perinatal anxiety or depression

Table S4. The characteristics of the included studies (78 trials)

No.	Author, year	Country, income level	Participants						Intervention					Outcome		
			Age (SD)	Perinatal peirod (Week)	Perinatal peirod (Stage)	Diagnosis	Baseline symptoms severity	N*	Type	Intensity	Modality	Providers/ Facilitators	Control	Outcome Measures	Follow-up weeks [#]	Risk of bias
1	Alhusen, 2021	USA, HIC	24.5 (5.5)	27 g.w.	Prenatal	EPDS > 12	EPDS (17.8±1.4)	60	CBT (Mothers and Babies Course)	2h*6 sessions	In person, group	Social worker and nurse	TAU	EPDS	20 (postnatal)	Some concerns
2	Amani, 2023	Canada, HIC	31.5 (4.7)	21.6w p.p	Postnatal	EPDS ≥ 10	EPDS (16.4±3.8) GAD-7 (12.2±4.5)	38	CBT	2h*9 sessions	In person, group	Peer	WL	EPDS, GAD-7	/	Some concerns
3	Babiy, 2024	Canada, HIC	32.3 (4.2)	23.6w p.p.	Postnatal	EPDS ≥ 10	EPDS (16.2±4.6) GAD-7 (12.5±5.1)	405	CBT	6h*1 sessions	Online, group	Peer	WL	EPDS, GAD-7	/	Some concerns
4	Burger, 2020	Netherla nds, HIC	32.7 (4.6)	12 g.w.	Prenatal	EPDS ≥ 12 or STAI ≥ 42	STAI (48.5±8.5) EPDS (9.7±4.1)	162	CBT	14 sessions	In person, Individual	Psychologist	TAU	EPDS, STAI	36 (postnatal)	Some concerns
5	Burns, 2013	UK, HIC	29.2 (5.6)	12.9 g.w.	Prenatal	ICD-10 diagnosis of depression	EPDS (18.3±5.0)	29	CBT	12 sessions	In person, Individual	Therapist	TAU	EPDS	18 (postnatal)	Some concerns
6	Canfield, 2023	USA, HIC	31.0 (7.8)	13-30 g.w.	Prenatal	PHQ-9 or GAD-7 ≥ 10	EPDS (15.3±4.7) GAD-7 (13.9±3.3)	28	CBT	8 sessions	Online, individual	Self-help	TAU	EPDS, GAD-7	/	Some concerns

No.	Author, year	Country, income level	Participants						Intervention					Outcome		
			Age (SD)	Perinatal peirod (Week)	Perinatal peirod (Stage)	Diagnosis	Baseline symptoms severity	N*	Type	Intensity	Modality	Providers/ Facilitators	Control	Outcome Measures	Follow-up weeks [#]	Risk of bias
7	Chabrol, 2002	France, HIC	29.9 (4.6)	2-3d p.p.	Postnatal	EPDS ≥ 9	/	48	CBT	1h*1 session	In person, Individual	Therapists	WL	EPDS	/	Some concerns
8	Cho, 2008	Korea, HIC	29.0 (3.4)	29 g.w.	Prenatal	DSM-IV diagnosis of major depression, dysthymia, or depression NOS	BDI-II (22.9 $\pm$ 4.1)	22	CBT	1h*9 sessions	In person, individual	Therapists	TAU	BDI	/	High
9	Forsell, 2017	Sweden, HIC	31.0 (4.5)	17.2 g.w.	Prenatal	DSM-V diagnosis of major depression	EPDS (17.3 $\pm$ 4.3) GAD-7 (12.3 $\pm$ 5.1)	39	CBT	10 sessions	Online, individual	Self-help	TAU	EPDS, GAD-7	/	Some concerns
10	Franco, 2024	Chile, HIC	32.5 (3.8)	14.2w p.p.	Postnatal	DSM-V diagnosis of minor or major depression	EPDS (14.6 $\pm$ 4.1)	65	CBT	11 sessions totaling approx. 30h	Online, individual	Self-help	WL	EPDS	/	Some concerns

No.	Author, year	Country, income level	Participants						Intervention					Outcome		
			Age (SD)	Perinatal peirod (Week)	Perinatal peirod (Stage)	Diagnosis	Baseline symptoms severity	N*	Type	Intensity	Modality	Providers/ Facilitators	Control	Outcome Measures	Follow-up weeks [#]	Risk of bias
11	Fuhr, 2019	India, LMIC	25.2 (4.6)	15.6w p.p.	Perinatal	PHQ-9 $\geq$ 10	PHQ-9 (12.5 $\pm$ 2.96)	251	CBT (Thinking Healthy Program)	0.6h*10 sessions	In person, individual	Peers	EUC (Disease information provision)	PHQ-9	/	Some concerns
12	Gennaro, 2024	USA, HIC	26.4 (5.3)	19.0 g.w.	Prenatal	EPDS $\geq$ 10, or GAD-7 $\geq$ 10, or PSS $\geq$ 20	EPDS (13.3 $\pm$ 4.2) GAD-7 (8.9 $\pm$ 4.2)	166	CBT (COPE)	0.5h*6 sessions	In person, group	Nurses	PE (Pregnancy Plus health promotion)	EPDS, GAD-7	/	Some concerns
13	Green, 2020	Canada, HIC	31.9 (3.6)	Pregnancy -6 m p.p.	Perinatal	DSM-IV diagnosis of anxiety disorder	HAMA (16.5 $\pm$ 7.0) EPDS (12.7 $\pm$ 4.3)	86	CBT	2h*6 sessions	In person, group	Clinical psychologists and psychology trainee	WL	EPDS, HAMA	/	Some concerns
14	Honey, 2002	UK, HIC	27.9 (5.5)	21.6w p.p.	Postnatal	EPDS > 12	EPDS (18.7 $\pm$ 4.2)	45	CBT	2h*8 sessions	In person, group	Home visitors	TAU	EPDS	24 (postnatal)	Some concerns
15	Huh, 2023	Canada, HIC	31.5 (4.8)	24.8w p.p.	Postnatal	EPDS $\geq$ 10	EPDS (14.8 $\pm$ 0.6) IFA (4.56 $\pm$ 2.6)	136	CBT	2h*9 sessions	Online, group	Nurses	TAU	EPDS, IFA	24 (postnatal)	Some concerns

No.	Author, year	Country, income level	Participants						Intervention					Outcome		
			Age (SD)	Perinatal peirod (Week)	Perinatal peirod (Stage)	Diagnosis	Baseline symptoms severity	N*	Type	Intensity	Modality	Providers/ Facilitators	Control	Outcome Measures	Follow-up weeks [#]	Risk of bias
16	Husain, 2023	UK, HIC	30.3 (5.7)	/	Postnatal	ICD-10 diagnosis of depression	EPDS (15.6±5.4)	64	CBT (Culturally adapted Positive Health Programme)	1.5h*12 sessions	In person, group	Trained non-specialist workers	TAU	EPDS	12 (postnatal)	Some concerns
17	Husain, 2024	UK, HIC	31.4 (5.2)	23.6w p.p.	Postnatal	DSM-V diagnosis of depression	PHQ-9 (15.5±4.1) GAD-7 (11.6±5.7)	562	CBT	1.3h*12 session	In person, group	Trained non-specialist workers	TAU	PHQ-9, GAD-7	32 (postnatal)	Some concerns
18	Jannati, 2020	Iran, UMIC	27.9 (4.5)	< 24w p.p.	Postnatal	EPDS ≥ 13	EPDS (17.4±2.5)	75	CBT (Happy Mom)	0.9h*8 sessions	Online, individual	Self-help	WL	EPDS	/	Some concerns
19	Leung, 2016	China, UMIC	31.2 (4.8)	6-8w p.p.	Postnatal	EPDS ≥ 10	EPDS (12.4±2.4)	164	CBT	2h*6 sessions	In person, group	Therapist	TAU	EPDS	24 (postnatal)	Some concerns
20	Liu, 2021	China, UMIC	27.1 (4.3)	/	Postnatal	13> EPDS ≥ 9	EPDS (11.1±2.9) HAMA (13.7±3.1)	228	CBT	1h*6 sessions	In person, group	Trained nurses	TAU	EPDS, HAMA	/	Some concerns
21	Loughnan , 2019	Australia , HIC	32.6 (4.5)	18.2w p.p.	Postnatal	GAD-7 ≥ 10 and/or PHQ-9 ≥ 10	EPDS (15.2±4.3) GAD-7 (12.2±4.5)	97	CBT (MUMentum Postnatal)	2.5h*3 sessions	Online, individual	Self-help	TAU	EPDS, GAD-7	/	Some concerns
22	Lund, 2020	South Africa, UMIC	27 (2)	18 g.w.	Prenatal	EPDS ≥ 13	EPDS (17±1.3)	335	CBT	0.9h*6 sessions	In person, Individual	Community health workers	EUC (Three monthly phone calls)	EPDS	48 (postnatal)	Low

No.	Author, year	Country, income level	Participants						Intervention					Outcome		
			Age (SD)	Perinatal peirod (Week)	Perinatal peirod (Stage)	Diagnosis	Baseline symptoms severity	N*	Type	Intensity	Modality	Providers/ Facilitators	Control	Outcome Measures	Follow-up weeks [#]	Risk of bias
23	Maselko, 2020	Pakistan, LMIC	27.0 (4.8)	30.0 g.w.	Prenatal	PHQ-9 $\geq$ 10	PHQ-9 (14.7 $\pm$ 3.7)	422	CBT (Thinking Healthy Program)	0.8h*50 sessions	In person, mixed	Peers	EUC (Disease information provision)	PHQ-9	/	Low
24	McKee, 2006	USA, HIC	24.7 (5.5)	12.3 g.w.	Prenatal	BDI-II > 14	BDI-II (21.3 $\pm$ 6.6)	100	CBT	8 sessions	In person, Individual	Community health workers	TAU	BDI-II	/	Some concerns
25	Merza, 2024	Canada, HIC	31.7 (4.8)	18.4w p.p.	Postnatal	EPDS $\geq$ 10	EPDS (16.0 $\pm$ 4.6) GAD-7 (12.4 $\pm$ 5.5)	183	CBT	2h*9 sessions	Online, group	Peers	WL	EPDS, GAD-7	/	Some concerns
26	Milgrom, 2005	Australia , HIC	29.7 (5.4)	18.3 w p.p.	Postnatal	DSM-IV diagnoses of minor or major depression	EPDS (16.6 $\pm$ 4.3) BAI (19.8 $\pm$ 9.75)	121	CBT	1.5h*9 sessions	In person, group	Therapists	TAU	BDI, BAI	48 (postnatal)	High
									SPC (Group counseling)		In person, group					
									SPC (Individual counseling)		In person, Individual					
27	Milgrom, 2011	Australia , HIC	32.0 (5.5)	17.5w p.p.	Postnatal	EPDS $\geq$ 13	BDI-II (29.1 $\pm$ 10.1)	68	CBT	6 sessions	In person, group	Arm 1: Psychologists	TAU	BDI-II	/	Some concerns
												Arm 2: Nurses				
28	Milgrom, 2015	Australia , HIC	31.8 (6.0)	20.5 g.w.	Prenatal	DSM-IV diagnoses	BDI-II (30.7 $\pm$ 8.9)	54	CBT	1h*8 sessions	In person, Individual	Psychologists	TAU	BDI-II, BAI	46 (postnatal)	Some concerns

No.	Author, year	Country, income level	Participants						Intervention					Outcome		
			Age (SD)	Perinatal peirod (Week)	Perinatal peirod (Stage)	Diagnosis	Baseline symptoms severity	N*	Type	Intensity	Modality	Providers/ Facilitators	Control	Outcome Measures	Follow-up weeks [#]	Risk of bias
						of depression or adjustment disorder with mixed depression and anxiety	BAI (21.5±10.4)									
29	Milgrom, 2016	Australia , HIC	31.6 (4.4)	25.2w p.p.	Postnatal	DSM-IV diagnosis of minor depression	EPDS (16.2±3.0) DASS-A (7.8±6.1)	43	CBT (Mum mood booster)	6 sessions totaling 6.2h	Online, individual	Self-help	TAU	PHQ-9, Anxiety scale of DASS-21	/	Some concerns
30	Milgrom, 2021	Australia , HIC	32.1 (4.7)	29.4w p.p.	Postnatal	DSM-IV diagnosis of minor depression	BDI-II (28.4±8.87) DASS-A (8.9±7.4)	116	CBT (Mum mood booster)	6 sessions totaling 3.8h+ 0.5h*9 sessions	Online, individual	Self-help	TAU	PHQ-9, Anxiety scale of DASS-21	12 (postnatal)	Low
										9 sessions	In person, Individual	Psychologist				

No.	Author, year	Country, income level	Participants						Intervention					Outcome		
			Age (SD)	Perinatal peirod (Week)	Perinatal peirod (Stage)	Diagnosis	Baseline symptoms severity	N*	Type	Intensity	Modality	Providers/ Facilitators	Control	Outcome Measures	Follow-up weeks [#]	Risk of bias
31	O'Mahen (1), 2013	USA, HIC	27.0 (5.6)	30.9 g.w.	Prenatal	DSM-IV criteria for major depression	BDI-II (28.4±8.5)	44	CBT	0.8h*12 sessions	In person, individual	Social workers and psychologists	TAU	BDI-II	12 (postnatal)	Some concerns
32	Pearson, 2013	UK, HIC	29 (5.6)	13.0 g.w.	Prenatal	ICD-10 diagnoses of depression	CIS-R (30.1±8.5)	17	CBT	9-12 sessions	In person, individual	Therapists	TAU	CIS-R	/	High
33	Prendergast, 2001	Australia, HIC	32.2 (/)	14.5 g.w.	Postnatal	DSM-IV diagnosis of minor or major depression	EPDS (14.7±2.7)	37	CBT	1h*6 sessions	In person, individual	Nurses	TAU	EPDS	24 (postnatal)	Some concerns
34	Pugh, 2016	Canada, HIC	/	< 1 y p.p.	Postnatal	EPDS ≥ 10	EPDS (16.0±3.9) DASS-A (11.0±8.4)	40	CBT	7 sessions	Online, individual	Self-help	WL	EPDS, Anxiety scale of DASS-21	/	High
35	Rahman, 2008	Pakistan, LMIC	26.7 (5.2)	28-40 g.w.	Prenatal	DSM-IV diagnosis of major depression	HAMD (14.6±4.1)	798	CBT (Thinking Healthy Program)	15 sessions	In person, individual	Community health workers	EUC (Enhanced resources delivery)	HAMD	/	Some concerns
36	Salo, 2019	Finland, HIC	/	22-31 g.w.	Prenatal	EPDS ≥ 9	EPDS (11.9±3.3)	45	CBT (Nurture and Play)	1h*11 session	In person, individual	Therapists	TAU	EPDS	/	Some concerns

No.	Author, year	Country, income level	Participants						Intervention					Outcome		
			Age (SD)	Perinatal peirod (Week)	Perinatal peirod (Stage)	Diagnosis	Baseline symptoms severity	N*	Type	Intensity	Modality	Providers/ Facilitators	Control	Outcome Measures	Follow-up weeks [#]	Risk of bias
37	Sikander, 2019	Pakistan, LMIC	27.0 (4.8)	28w p.p.	Postnatal	PHQ-9 $\geq$ 10	PHQ-9 (14 $\pm$ 3.7)	453	CBT (Thinking healthy programme)	0.6h*14 sessions	In person, mixed	Peers	EUC (Disease information provision)	PHQ-9	/	Some concerns
38	Surkan, 2024	Pakistan, LMIC	25.3 (4.7)	15.5 g.w.	Prenatal	HADS anxiety score $\geq$ 8	HADS-D (6.7 $\pm$ 2.8) HADS-A (11.0 $\pm$ 2.0)	755	CBT (Thinking Healthy Program adapted)	1h*average 8 sessions	In person, individual	Trained non-specialist workers	EUC (Enhanced resources)	PHQ-9, HADS-A	/	Low
39	Trevillion , 2020	UK, HIC	/	< 26 g.w.	Prenatal	DSM-IV diagnosis of depression, or mixed anxiety and depressive disorder	EPDS (15.0 $\pm$ 4.8)	50	CBT (Improving Access to Psychological Therapies)	0.5h*8 sessions + 6-8 boost sessions	In person, individual	Self-help	TAU	EPDS	12 (postnatal)	Low
40	Van Lieshout, 2021	Canada, HIC	31.8 (4.4)	21.2 g.w.	Postnatal	EPDS $\geq$ 10	EPDS (16.2 $\pm$ 4.5) GAD-7 (12.4 $\pm$ 5.1)	403	CBT	7h*1 session	In person, group	Therapists or psychiatrists	WL	EPDS, GAD-7	12 (postnatal)	Some concerns
41	Van Lieshout, 2022	Canada, HIC	30.9 (4.8)	22w p.p.	Postnatal	EPDS $\geq$ 10	EPDS (15.9 $\pm$ 4.5) PBQ-A (5.03 $\pm$ 2.8)	119	CBT	2h*9 sessions	In person, group	Nurses	TAU	EPDS, PBQ-A	24 (postnatal)	Some concerns

No.	Author, year	Country, income level	Participants						Intervention					Outcome		
			Age (SD)	Perinatal peirod (Week)	Perinatal peirod (Stage)	Diagnosis	Baseline symptoms severity	N*	Type	Intensity	Modality	Providers/ Facilitators	Control	Outcome Measures	Follow-up weeks [#]	Risk of bias
42	Van Lieshout, 2023	Canada, HIC	32.0 (4.8)	21.6w p.p	Postnatal	EPDS ≥ 10	EPDS (15.4 $\pm$ 5.4) GAD-7 (11.3 $\pm$ 5.6)	392	CBT	7h*1 session	In person, group	Therapists or psychiatrists	WL	EPDS, GAD-7	12 (postnatal)	Some concerns
43	Dennis, 2020	Canada, HIC	/	12w p.p.	Postnatal	DSM-IV diagnosis of major depression	EPDS (17.5 $\pm$ 2.9) STAI (58.2 $\pm$ 9.9)	204	IPT	1h*12 sessions	Telephone-based, individual	Nurses	TAU	EPDS, STAI	24 (postnatal)	Low
44	Field, 2013	USA, HIC	24.9 (5.4)	22 g.w.	Prenatal	DSM-V diagnosis of depression	CES-D (23.4 $\pm$ 8.7) STAI (44.9 $\pm$ 8.2)	44	IPT	1h*12 sessions	In person, group	Therapists	SPC (Peer support, 0.3h*12 sessions)	CES-D, STAI	/	Some concerns
45	Grote, 2009	USA, HIC	24.5 (5.4)	21.4 g.w.	Prenatal	EPDS > 12	EPDS (18.5 $\pm$ 3.6) BAI (15.4 $\pm$ 10.7)	53	Enhanced brief IPT	9 sessions followed by boost sessions	In person, individual	Clinicians	EUC (Resources delivery)	EPDS, BAI	/	Some concerns
46	Lenze, 2020	USA, HIC	26 (/)	12-30 g.w.	Prenatal	DSM-IV diagnosis of major depression, dysthymia, or depression	EPDS (17.9 $\pm$ 4.1) Brief-STAI (15.3 $\pm$ 4.2)	28	IPT-Dyad	9 prenatal sessions followed by 4 or more p.p. sessions	In person, individual	Psychologists and clinicians	EUC (Enhanced resources delivery)	EPDS, Brief-ST AI	/	Some concerns

No.	Author, year	Country, income level	Participants						Intervention					Outcome		
			Age (SD)	Perinatal peirod (Week)	Perinatal peirod (Stage)	Diagnosis	Baseline symptoms severity	N*	Type	Intensity	Modality	Providers/ Facilitators	Control	Outcome Measures	Follow-up weeks [#]	Risk of bias
						NOS										
47	Mulcahy, 2010	Australia , HIC	32.2 (3.4)	24.6w p.p.	Postnatal	DSM-IV diagnosis of major depression	EPDS (16.8±3.9)	50	IPT	2h*8 sessions	In person, group	Therapists	TAU	EPDS	12 (postnatal)	Some concerns
48	O'Hara, 2000	USA, HIC	29.6 (4.7)	24.8w p.p.	Postnatal	DSM-IV diagnosis of major depression	BDI (23.3±7.0)	99	IPT	1h*12 sessions	In person, individual	Psychologists	WL	BDI	/	Some concerns
49	Spinelli, 2013	USA, HIC	29.6 (6.7)	22.3 g.w.	Prenatal	DSM-IV diagnosis of major depression	EPDS (17.8±3.9)	77	IPT	0.8h*12 sessions	In person, individual	Therapists	PE (Parenting Education Program)	EPDS	/	Some concerns
50	Vigod, 2021	Canada, HIC	33.0 (5.0)	/	Postnatal	EPDS ≥ 10	EPDS (14.8±4.1)	77	IPT (Mother Matters)	10 sessions	Online, group	Therapists	TAU	EPDS	/	Some concerns
51	Yator, 2022	Kenya, LMIC	23.0 (4.4)	8.1 w p.p.	Postnatal	EPDS ≥ 10	EPDS (16.6±5.1)	24	IPT	1.5h*8 sessions	In person, group	Community health workers	WL	EPDS	16 (postnatal)	Some concerns
52	Evans, 2021	UK, HIC	31.5 (4.8)	15.3 g.w.	Prenatal	EPDS ≥ 10	EPDS (15.3±4.9)	42	IPT (Interpersonal Counseling)	0.6h*6 session	In person, individual	Mental health workers	CBT (0.6h*6 session)	EPDS	/	Low
53	Aslami, 2017	Iran, UMIC	28.3 (3.9)	16-32 g.w.	Prenatal	BDI-II > 14 or BAI > 7	BDI-II (54.5±22.9) BAI	75	MBI	2h*8 sessions	In person, group	Therapists	TAU	BDI-II, BAI	/	High

No.	Author, year	Country, income level	Participants						Intervention					Outcome		
			Age (SD)	Perinatal peirod (Week)	Perinatal peirod (Stage)	Diagnosis	Baseline symptoms severity	N*	Type	Intensity	Modality	Providers/ Facilitators	Control	Outcome Measures	Follow-up weeks [#]	Risk of bias
							(53.0± 5.0) BDI-II (43.8±11.9) BAI (45.1±10.7)									
54	Guardino, 2014	USA, HIC	33.1 (4.8)	17.8 g.w.	Prenatal	PSS > 34 or PSA > 11	STAI (45.0±9.3)	47	MBI (Mindful Awareness Practices)	2h*6 sessions	In person, group	Therapists	EUC (Reading "You and Your Baby: Pregnancy")	STAI	/	Some concerns
55	Guo, 2020	China, UMIC	30.6 (6.0)	28-36 g.w.	Prenatal	EPDS ≥ 9	EPDS (12.5±2.7)	284	MBI	36 sessions totaling 10h	Online, individual	Self-help	WL	EPDS	36 (postnatal)	Some concerns
56	Hassdenteufel, 2023	Germany, HIC	32.6 (4.3)	21.2 g.w.	Prenatal	EPDS > 9	EPDS (11.7±1.1) PRAQ-R (25.9±11.4)	316	MBI	0.8h*8 sessions	Online, individual	Self-help	TAU	EPDS, PRAQ-R	20 (postnatal)	High
57	Pan, 2023	China, UMIC	33.2 (4.4)	19.9 g.w.	Prenatal	EPDS ≥ 10	EPDS (13.3±3.4)	66	MBI	2h*8 sessions	In person, group	Therapists	TAU	EPDS	16 (postnatal)	Some concerns
58	Yazdanimchr, 2016	Iran, UMIC	26.4 (5.2)	15 g.w.	Prenatal	EPDS ≥ 13 and BAI > 14	EPDS (16.7±2.6) BAI (20.0±6.2)	63	MBI (Mindfulness-integrated cognitive	1.5h*8 sessions	In person, group	Psychologists	TAU	EPDS, BAI	/	High

No.	Author, year	Country, income level	Participants						Intervention					Outcome		
			Age (SD)	Perinatal peirod (Week)	Perinatal peirod (Stage)	Diagnosis	Baseline symptoms severity	N*	Type	Intensity	Modality	Providers/ Facilitators	Control	Outcome Measures	Follow-up weeks [#]	Risk of bias
									behavior therapy)							
59	Zemestani , 2020	Iran, UMIC	29.6 (3.7)	17.6 g.w.	Prenatal	DSM-V diagnosis of anxiety and depression	BDI-II (36.2±9.2) BAI (32.3±5.2)	38	MBI	2h*8 sessions	In person, group	Psychologists	WL	BDI-II, BAI	/	Some concerns
60	Dimidjian , 2017	USA, HIC	28.7 (5.7)	/	Prenatal	PHQ-9 ≥ 10	PHQ-9 (14.7±3.3) GAD-7 (13.4±4.2)	138	BT (Behavioral Activation)	10 sessions	In person, individual	Nurses and therapists	TAU	PHQ-9, GAD-7	12 (postnatal)	Some concerns
61	Horowitz, 2013	USA, HIC	31.0 (5.7)	6 w p.p.	Postnatal	DSM-IV diagnosis of depression	EPDS (12.3±4.7)	125	BT	1h*4 sessions + 0.5h*2 sessions	In person, Individual	Nurses	TAU	EPDS	/	Some concerns
62	Montazeri , 2022	Iran, UMIC	27.7 (4.2)	2-6 w p.p.	Postnatal	PSAS ≥ 112	PSAS (120.1±9.0)	41	BT (Systematic desensitization)	8 sessions	In person, individual	Therapists	TAU	PSAS	/	Some concerns
63	O'Mahen, 2014	UK, HIC	/	< 1 y p.p.	Postnatal	ICD-10 diagnosis of major depression	EPDS (20.7±3.7) GAD-7 (14.0±4.3)	78	BT (Behavioral Activation)	12 session totaling approx. 4.2 h	Online, individual	Self-help	TAU	EPDS, GAD-7	24 (postnatal)	Some concerns

No.	Author, year	Country, income level	Participants						Intervention					Outcome		
			Age (SD)	Perinatal peirod (Week)	Perinatal peirod (Stage)	Diagnosis	Baseline symptoms severity	N*	Type	Intensity	Modality	Providers/ Facilitators	Control	Outcome Measures	Follow-up weeks [#]	Risk of bias
64	O'Mahen (2), 2013	UK, HIC	32.3 (5.2)	< 1 y p.p.	Postnatal	EPDS > 12	EPDS (19.5±3.8)	343	BT (Behavioral Activation)	0.7h*11 sessions	Online, individual	Self-help	TAU	EPDS	/	High
65	Tsivos, 2015	UK, HIC	28.4 (6.1)	24.8w p.p.	Postnatal	DSM-IV diagnosis of depression	BDI-II (32.4±9.5)	22	BT (Baby Triple P)	1.3h*4 session+ 0.7h*4 session	In person, individual	Psychologist	TAU	BDI-II	12 (postnatal)	Some concerns
66	Bastani, 2005	Iran, UMIC	23.8 (3.1)	17.8 g.w.	Prenatal	STAI > 20	STAI (37.9±6.0)	110	BT (Applied relaxation)	1.5h*7 sessions	In person, group	Therapists	TAU	STAI	/	Some concerns
67	Elansary, 2023	USA, HIC	29.8 (5.9)	/	Perinatal	EPDS ≥ 10	QIDS (11.0±5.0) BAI (15.3±6.2)	230	PST	0.6h*6 sessions	In person, individual	Clinicians	PE (Engagement -focused care coordination)	QIDS, BAI	36 (perinatal)	Low
68	Heller, 2020	Netherlands, HIC	32.0 (4.7)	<30 g.w.	Prenatal	CES-D ≥ 16 or HADS-A ≥ 8	EPDS (14.1±4.9) HADS-A (11.7±3.4)	119	PST (MamaKits online)	5 sessions	Online, individual	Self-help	WL	EPDS, HADS-A	/	Some concerns
69	Khamseh , 2019	Iran, UMIC	27.0 (4.3)	/	Perinatal	BDI ≥ 11	BDI (15.7±3.9)	70	PST	1.5h*5 sessions	In person, group	Therapists	TAU	BDI	/	Some concerns
70	Nasiri, 2018	Iran, UMIC	25.5 (4.4)	3w p.p.	Postnatal	EPDS ≥ 10	BDI-II (19.6±5.6)	80	PST	0.8h*6 sessions	In person, individual	Trained midwife	TAU	BDI	/	High
							BDI-II (19.3±5.4)		BT (Relaxation)	6 sessions						

No.	Author, year	Country, income level	Participants						Intervention					Outcome		
			Age (SD)	Perinatal peirod (Week)	Perinatal peirod (Stage)	Diagnosis	Baseline symptoms severity	N*	Type	Intensity	Modality	Providers/ Facilitators	Control	Outcome Measures	Follow-up weeks [#]	Risk of bias
									exercises)	+ daily practice						
71	O'Mahen, 2022	UK, HIC	31.5 (5.1)	13-28 g.w.	Prenatal	GAD-7 ≥ 7	EPDS (13.0±4.9) GAD-7 (12.5±4.9)	114	PST	1.5h*3 sessions	In person, group	Midwife and trainee psychologists	TAU	EPDS, GAD-7	28 (postnatal)	Some concerns
72	Van Horne, 2021	USA, HIC	30.2 (6.0)	<16 w p.p.	Postnatal	EPDS 10-20	EPDS (12.9±3.1)	91	PST	0.8h*5 sessions	In person, individual	Social workers	TAU	EPDS	/	Some concerns
73	Cooper, 2003	UK, HIC	28.0 (5.1)	8w p.p.	Postnatal	DSM–III–R diagnosis of major depression	/	170	CBT	8 sessions	In person, individual	Therapists and rained non-specialist workers	TAU	EPDS	18 (postnatal)	Some concerns
									PDT (Psychodynam ic therapy)							
									SPC (Non-directive counseling)							
74	Goodman , 2015	USA, HIC	30.7 (5.0)	4-6w p.p.	Postnatal	EPDS 10-20	EPDS (12.3±3.0) STAI (39.8±9.9)	42	PDT (Perinatal dyadic psychotherapy)	1h*8 sessions	In person, individual	Nurses	TAU	EPDS, STAI	12 (postnatal)	Some concerns
75	Fonagy, 2016	UK, HIC	31.1 (6.1)	15.6w p.p.	Postnatal	GHQ-12 > 4/5	CES-D (26.0±11.8)	52	PDT (Psychoanalyti c parent–infant psychotherapy)	16 sessions	In person, individual	Therapists	TAU	CES-D	/	Some concerns

No.	Author, year	Country, income level	Participants						Intervention					Outcome		
			Age (SD)	Perinatal peirod (Week)	Perinatal peirod (Stage)	Diagnosis	Baseline symptoms severity	N*	Type	Intensity	Modality	Providers/ Facilitators	Control	Outcome Measures	Follow-up weeks [#]	Risk of bias
76	Chen, 2000	China, UMIC	29.1 (4.2)	3w p.p.	Postnatal	BDI $\geq$ 9	BDI (15.8 $\pm$ 3.4)	60	SPC (Support groups)	1.8h*4 sessions	In person, group	Nurse	TAU	BDI	/	Some concerns
77	Lawrence , 2024	Canada, HIC	32.9 (5.1)	< 1 y p.p.	Postnatal	EPDS $\geq$ 9 and/or PASS $\geq$ 26	EPDS (14.2 $\pm$ 4.6) PASS (42.1 $\pm$ 14.8)	103	PE (PostpartumCa re.ca)	15 sessions totaling average 13.3 h	Online, individual	Self-help	WL	EPDS, PASS	/	Some concerns
78	Wisner, 2017	USA, HIC	28.7 (6.0)	5 w p.p.	Postnatal	EPDS $\geq$ 10	SIGH-ADS (19.6 $\pm$ 6.23)	405	PE	0.3h+ 0.2h*5 sessions	Telephone-based, individual	Clinicians	EUC (Disease information provision)	SIGH-A DS	/	High

Note: *N refers to the number of participants contributing to the analysis. For studies reporting both conditions, data for perinatal depression are presented. #The longest follow-up week included in the long-term analysis, defined within the 3-12-month window (12-48 weeks). HIC, High-Income Country; UMIC, Upper-Middle-Income Country; LMIC, Lower-Middle-Income Country; SD, Standard Deviation; w, Week; g.w., Gestational Week; p.p., Postpartum; N, total sample size; EPDS, Edinburgh Postnatal Depression Scale; ICD, International Statistical Classification of Diseases and Related Health Problems; PHQ-9, Patient Health Questionnaire-9; GAD-7, Generalized Anxiety Disorder 7-item; DSM, Diagnostic and Statistical Manual of Mental Disorders; BDI, Beck Depression Inventory; PSS, Perceived Stress Scale; HAMA, Hamilton Anxiety Rating Scale; BAI, Beck Anxiety Inventory; IFA, Infant Focused Anxiety; DASS, Depression Anxiety Stress Scales; CIS-R, Clinical Interview Schedule-Revised; HAMD, Hamilton Depression Rating Scale; HADS-A/D, Hospital Anxiety and Depression Scale-Anxiety; PBQ-A, Postpartum Bonding Questionnaire-anxiety/depression; STAI, State-Trait Anxiety Inventory; PRAQ-R, Pregnancy- and Birth-Related Anxiety Questionnaire; PSAS, Postpartum Specific Anxiety Scale; CES-D, Center for Epidemiologic Studies Depression Scale; PASS, Perinatal Anxiety Screening Scale; QIDS, Quick Inventory of Depressive Symptomatology; SIGH-ADS, Structured Interview Guide for the Hamilton Depression Rating Scale with Atypical Depression Supplement. CBT, Cognitive behavioral therapy; IPT, Interpersonal psychotherapy; MBI, Mindfulness-based interventions; BT, Behavioral therapy; PE, Psychoeducation; PST, Problem-solving therapy; PDT, Psychodynamic therapy; SPC, Supportive counseling; TAU, Treatment as usual; WL, Waitlist control; EUC, Enhanced usual care.

Appendix 3. Risk of bias assessment

Table S5. Risk of bias per study

No.	Study	Randomization process	Deviations from intended interventions	Missing outcome data	Measurement of the outcome	Selection of the reported result	Overall Bias
1	Alhusen 2021	Some concerns	Low	Low	Some concerns	Some concerns	Some concerns
2	Amani 2022	Some concerns	Low	Low	Low	Some concerns	Some concerns
3	Aslami 2017	High	Some concerns	Low	Some concerns	Some concerns	High
4	Babiy 2024	Low	Low	Low	Some concerns	Some concerns	Some concerns
5	Bastani 2005	Some concerns	Some concerns	Low	Some concerns	Some concerns	Some concerns
6	Burger 2020	Low	Some concerns	Low	Some concerns	Some concerns	Some concerns
7	Burns 2013	Low	Low	Low	Low	Some concerns	Some concerns
8	Canfield 2023	Some concerns	Low	Low	Some concerns	Some concerns	Some concerns
9	Chabrol 2002	Some concerns	Some concerns	Low	Some concerns	Some concerns	Some concerns
10	Chen 2000	Some concerns	Some concerns	Low	Some concerns	Some concerns	Some concerns
11	Cho 2008	High	Some concerns	Low	Some concerns	Some concerns	High
12	Cooper 2003	Some concerns	Some concerns	Low	Low	Some concerns	Some concerns
13	Dennis 2020	Low	Low	Low	Low	Low	Low
14	Dimidjian 2017	Low	Low	Low	Some concerns	Some concerns	Some concerns
15	Elansary 2023	Low	Low	Low	Low	Low	Low
16	Evans 2021	Low	Low	Low	Low	Low	Low
17	Field 2013	Some concerns	Low	Low	Low	Some concerns	Some concerns
18	Fonagy 2016	Low	Low	Low	Some concerns	Some concerns	Some concerns

No.	Study	Randomization process	Deviations from intended interventions	Missing outcome data	Measurement of the outcome	Selection of the reported result	Overall Bias
19	Forsell 2017	Low	Low	Low	Low	Some concerns	Some concerns
20	Franco 2024	Some concerns	Low	Low	Low	Some concerns	Some concerns
21	Fuhr 2019	Low	Low	Low	Low	Some concerns	Some concerns
22	Gennaro 2024	Some concerns	Low	Low	Some concerns	Low	Some concerns
23	Green 2020	Some concerns	Low	Low	Low	Some concerns	Some concerns
24	Goodman, 2015	Low	Low	Low	Low	Some concerns	Some concerns
25	Grote 2009	Some concerns	Low	Low	Low	Some concerns	Some concerns
26	Guardino 2014	Low	Low	Low	Some concerns	Some concerns	Some concerns
27	Guo 2020	Low	Low	Low	Some concerns	Some concerns	Some concerns
28	Hassdenteufel 2023	Low	Some concerns	High	Some concerns	Some concerns	High
29	Heller 2020	Low	Low	Low	Some concerns	Low	Some concerns
30	Honey 2002	Some concerns	Some concerns	Low	Some concerns	Some concerns	Some concerns
31	Horowitz 2013	Some concerns	Some concerns	Low	Low	Some concerns	Some concerns
32	Huh 2023	Low	Some concerns	Low	Low	Some concerns	Some concerns
33	Husain 2023	Low	Some concerns	Low	Low	Some concerns	Some concerns
34	Husain 2024	Low	Some concerns	Low	Low	Low	Some concerns
35	Jannati 2020	Some concerns	Low	Low	Some concerns	Some concerns	Some concerns
36	Khamseh, 2019	Low	Some concerns	Low	Some concerns	Some concerns	Some concerns
37	Lawrence 2024	Some concerns	Low	Low	Some concerns	Some concerns	Some concerns
38	Lenze 2020	Low	Some concerns	Low	Some concerns	Some concerns	Some concerns
39	Leung 2016	Some concerns	High	Low	Some concerns	Some concerns	High
40	Liu 2021	Low	Low	Low	Low	Some concerns	Some concerns

No.	Study	Randomization process	Deviations from intended interventions	Missing outcome data	Measurement of the outcome	Selection of the reported result	Overall Bias
41	Loughnan 2019	Low	Low	Low	Some concerns	Low	Some concerns
42	Lund 2020	Low	Low	Low	Low	Low	Low
43	Maselko 2020	Low	Low	Low	Low	Low	Low
44	McKee 2006	Some concerns	Some concerns	Low	Some concerns	Some concerns	Some concerns
45	Merza 2024	Low	Low	Low	Low	Some concerns	Some concerns
46	Milgrom, 2005	Some concerns	High	Low	Some concerns	Some concerns	High
47	Milgrom, 2011	Some concerns	Some concerns	Low	Some concerns	Some concerns	Some concerns
48	Milgrom, 2015	Low	Some concerns	Low	Some concerns	Some concerns	Some concerns
49	Milgrom 2016	Low	Some concerns	Low	Low	Low	Some concerns
50	Milgrom 2021	Low	Low	Low	Low	Low	Low
51	Montazeri 2022	Low	Some concerns	Low	Some concerns	Some concerns	Some concerns
52	Mulcahy, 2010	Some concerns	Some concerns	Low	Low	Some concerns	Some concerns
53	Nasiri, 2018	Some concerns	Some concerns	High	Some concerns	Some concerns	High
54	O'Hara 2000	Some concerns	Low	Low	Low	Some concerns	Some concerns
55	O'Mahen(1) 2013	Low	Some concerns	Low	Some concerns	Some concerns	Some concerns
56	O'Mahen(2) 2013	Low	High	Low	Some concerns	Some concerns	High
57	O'Mahen 2014	Low	Some concerns	Low	Low	Some concerns	Some concerns
58	O'Mahen 2022	Low	Low	Low	Low	Some concerns	Some concerns
59	Pan 2023	Low	Low	Low	Low	Some concerns	Some concerns
60	Pearson 2013	Some concerns	Low	High	Low	Some concerns	High
61	Prendergast 2001	Some concerns	Some concerns	Low	Some concerns	Some concerns	Some concerns
62	Pugh 2016	Low	High	Low	Some concerns	Low	High

No.	Study	Randomization process	Deviations from intended interventions	Missing outcome data	Measurement of the outcome	Selection of the reported result	Overall Bias
63	Rahman 2008	Low	Low	Low	Low	Some concerns	Some concerns
64	Salo 2019	Some concerns	Some concerns	Low	Some concerns	Some concerns	Some concerns
65	Spinelli 2013	Low	Low	Low	Low	Some concerns	Some concerns
66	Sikander 2019	Low	Low	Low	Low	Some concerns	Some concerns
67	Surkan 2024	Low	Low	Low	Low	Low	Low
68	Trevillion, 2020	Low	Low	Low	Low	Low	Low
69	Tsivos 2015	Low	Low	Low	Some concerns	Some concerns	Some concerns
70	Van Horne 2022	Some concerns	Low	Low	Some concerns	Some concerns	Some concerns
71	Van Lieshout 2021	Low	Low	Low	Some concerns	Low	Some concerns
72	Van Lieshout 2022	Low	Low	Low	Low	Some concerns	Some concerns
73	Van Lieshout 2023	Low	Low	Low	Low	Some concerns	Some concerns
74	Vigod 2021	Low	Some concerns	Low	Some concerns	Some concerns	Some concerns
75	Wisner 2017	Some concerns	Low	High	Low	Some concerns	High
76	Yator 2022	Some concerns	Low	Low	Some concerns	Low	Some concerns
77	Yazdanimehr 2016	Some concerns	Some concerns	High	Some concerns	Some concerns	High
78	Zemestani 2020	Low	Some concerns	Low	Some concerns	Some concerns	Some concerns

Note: High, high risk of bias; Low, low risk of bias.

Figure S1. Risk of bias summary of included studies

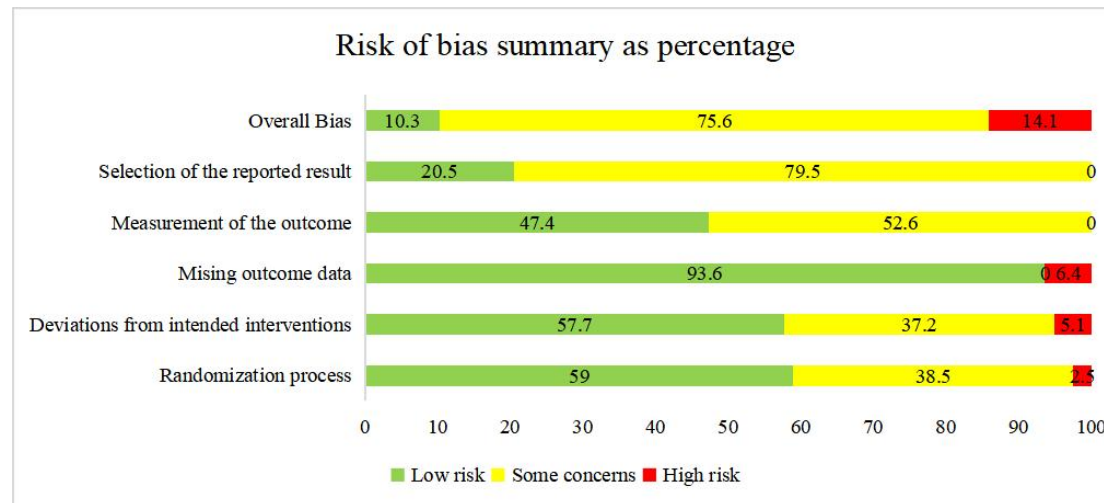
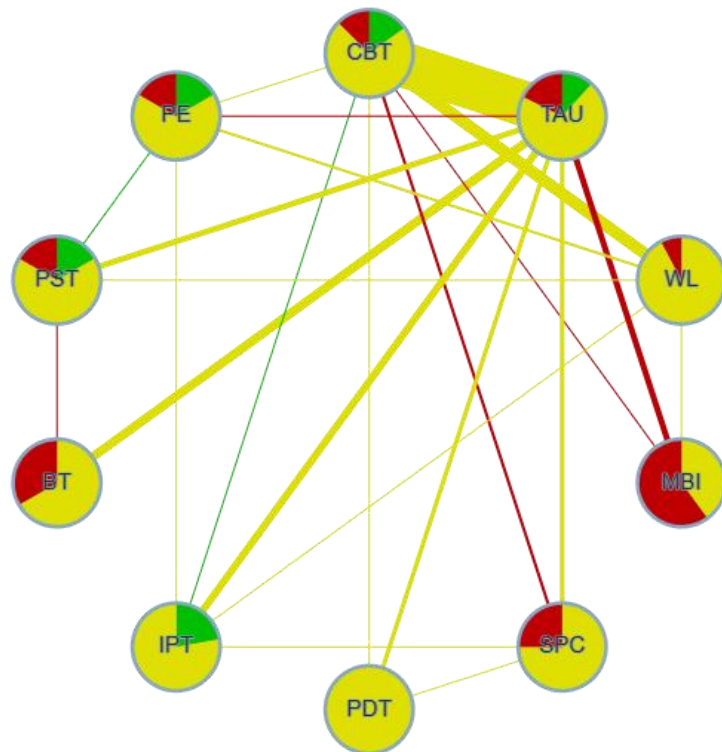


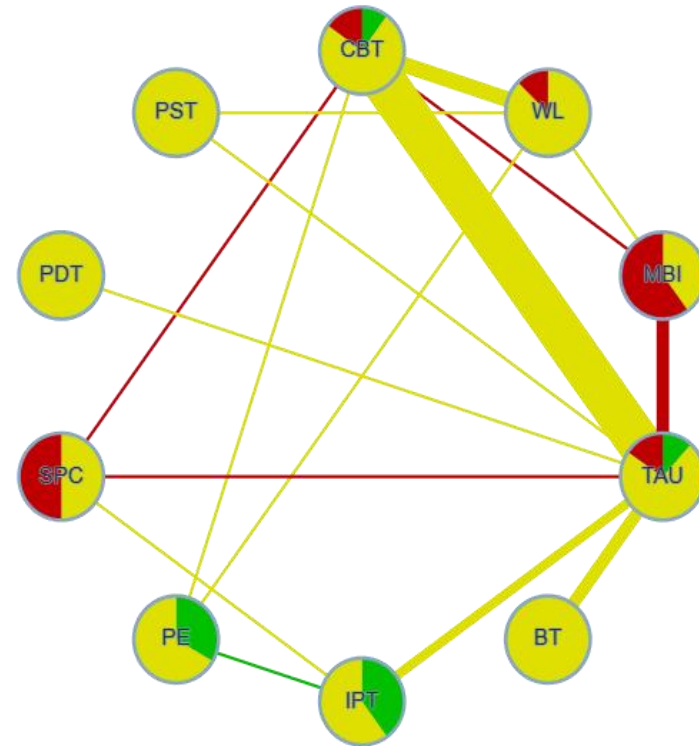
Figure S2. Risk of bias contributions per network comparison

1. Short-term outcomes:

Perinatal depression:

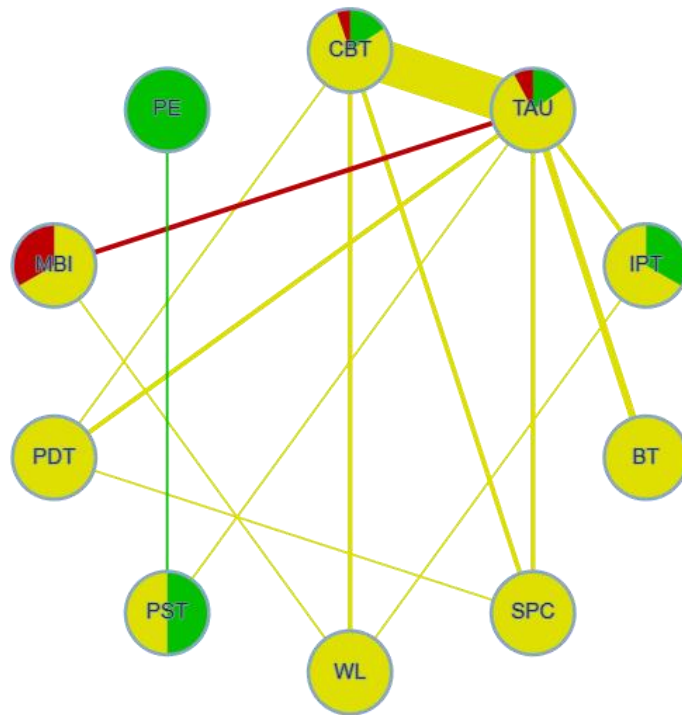


Perinatal anxiety:

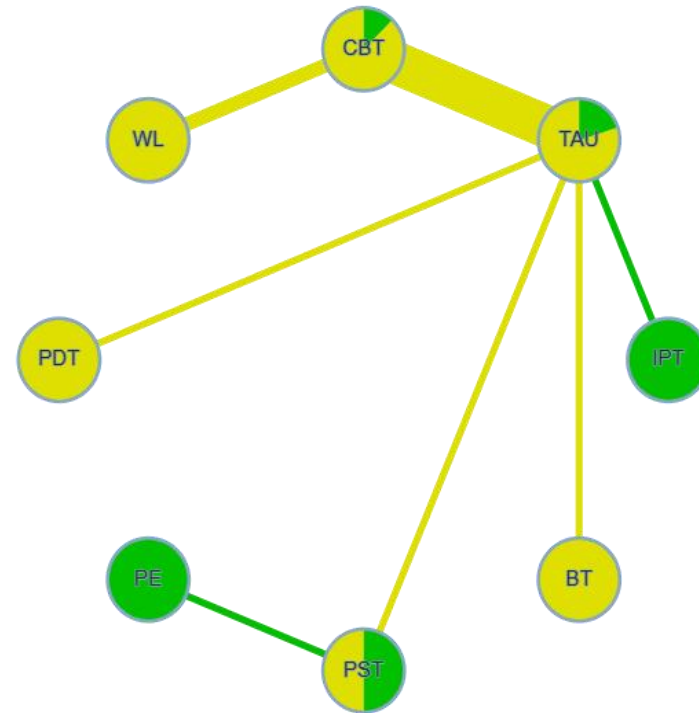


2. Long-term outcomes:

Perinatal depression:



Perinatal anxiety:



Appendix 4. Transitivity assessment

Table S6. Transitivity assessment of short-term perinatal depression

Potential effect modifiers	Box and violin plot	Test of differences
Year of publication		Kruskal-Wallis test chi-squared = 29.90, df = 20, P-value = 0.403
Sample size		Kruskal-Wallis test chi-squared = 12.91, df = 20, P-value = 0.881
Mean age		Kruskal-Wallis test chi-squared = 20.73, df = 20, P-value = 0.413
Intervention intensity (hour)		Kruskal-Wallis test chi-squared = 17.99, df = 19, P-value = 0.523

Table S7. Transitivity assessment of short-term perinatal anxiety

Potential effect modifiers	Box and violin plot	Kruskal-Wallis rank test
Year of publication		Kruskal-Wallis test chi-squared = 18.27, df = 15, <i>P</i> -value = 0.249
Sample size		Kruskal-Wallis test chi-squared = 6.44, df = 15, <i>P</i> -value = 0.971
Mean age		Kruskal-Wallis test chi-squared = 21.29, df = 15, <i>P</i> -value = 0.128
Intervention intensity (hour)		Kruskal-Wallis test chi-squared = 16.5, df = 14, <i>P</i> -value = 0.283

Table S8. Transitivity assessment of long-term perinatal depression

Potential effect modifiers	Box and violin plot	Test of differences
Year of publication		Kruskal-Wallis test chi-squared = 19.32, df = 14, P -value = 0.153
Sample size		Kruskal-Wallis test chi-squared = 12.86, df = 14, P -value = 0.538
Mean age		Kruskal-Wallis test chi-squared = 15.18, df = 14, P -value = 0.366
Intervention intensity (hour)		Kruskal-Wallis test chi-squared = 16.39, df = 14, P -value = 0.29

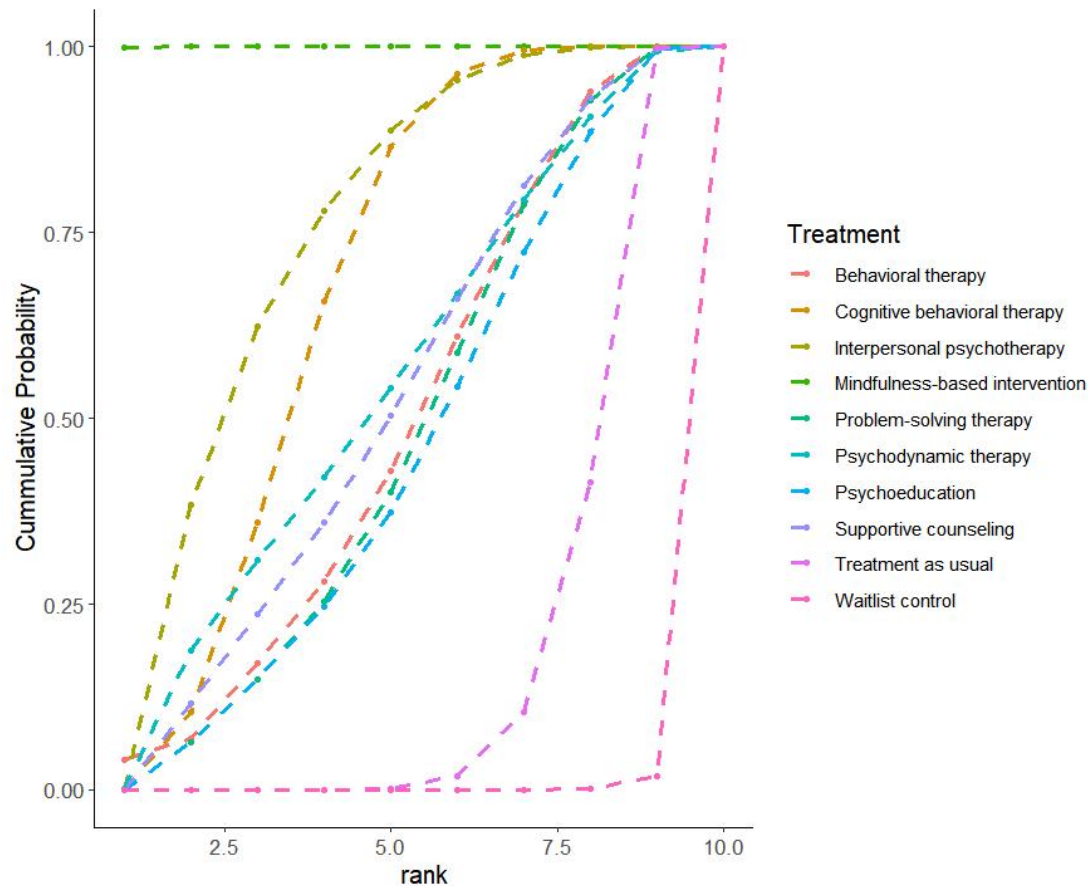
Table S9. Transitivity assessment of long-term perinatal anxiety

Potential effect modifiers	Box and violin plot	Test of differences
Year of publication		Kruskal-Wallis test chi-squared = 5.28, df = 6, <i>P</i> -value = 0.508
Sample size		Kruskal-Wallis test chi-squared = 7.43, df = 6, <i>P</i> -value = 0.283
Mean age		Kruskal-Wallis test chi-squared = 8.46, df = 6, <i>P</i> -value = 0.207
Intervention intensity (hour)		Kruskal-Wallis test chi-squared = 9.18, df = 6, <i>P</i> -value = 0.164

Appendix 5. Network meta-analysis of short-term outcomes

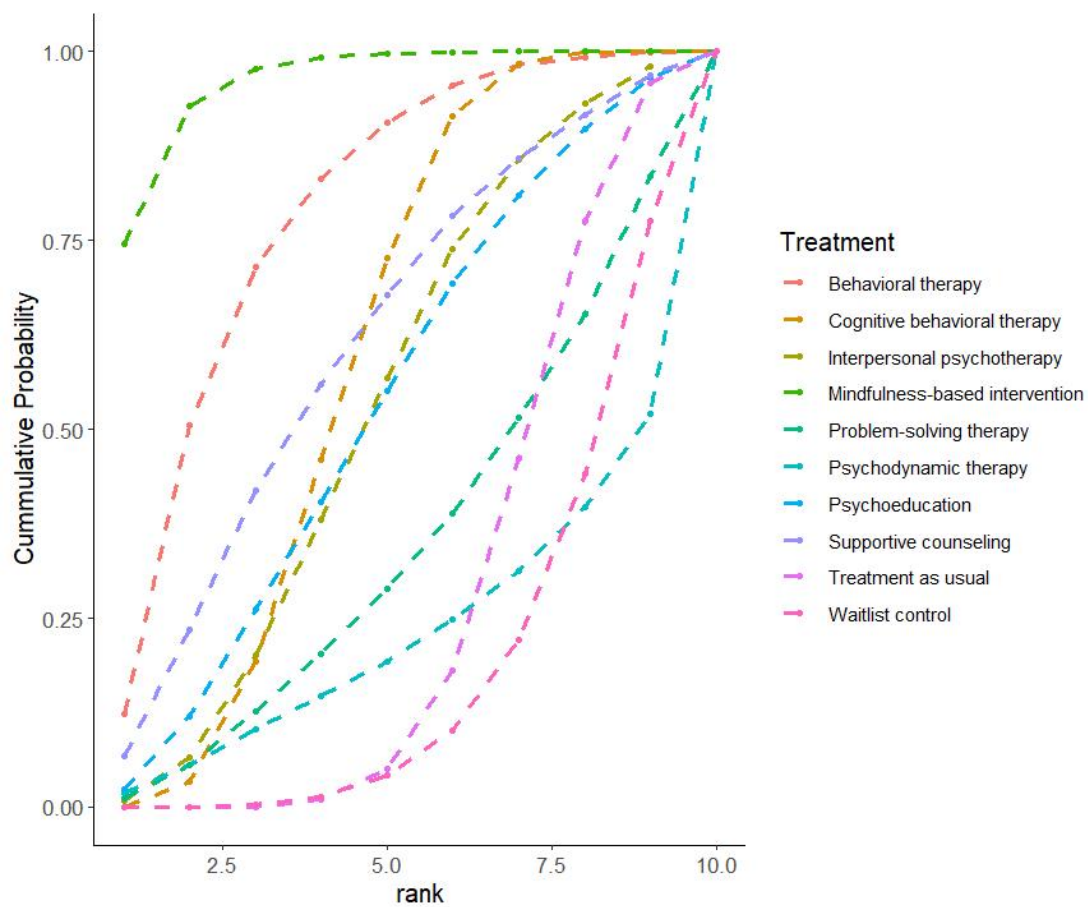
Figure S3. SUCRA for prioritizing interventions

Perinatal depression:



Note: SUCRA, Surface under the cumulative ranking curve. Higher SUCRA values indicate better ranking performance across all possible treatment comparisons. SUCRA value: Mindfulness-based interventions: 99.98%; Interpersonal psychotherapy: 73.59%; Cognitive behavioral therapy: 66.11%; Psychodynamic therapy: 53.56%; Supportive counseling: 51.31%; Behavioral therapy: 47.59%; Problem-solving therapy: 46.30%; Psychoeducation: 44.24%; Treatment as usual: 17.08%; Waitlist control: 0.02%.

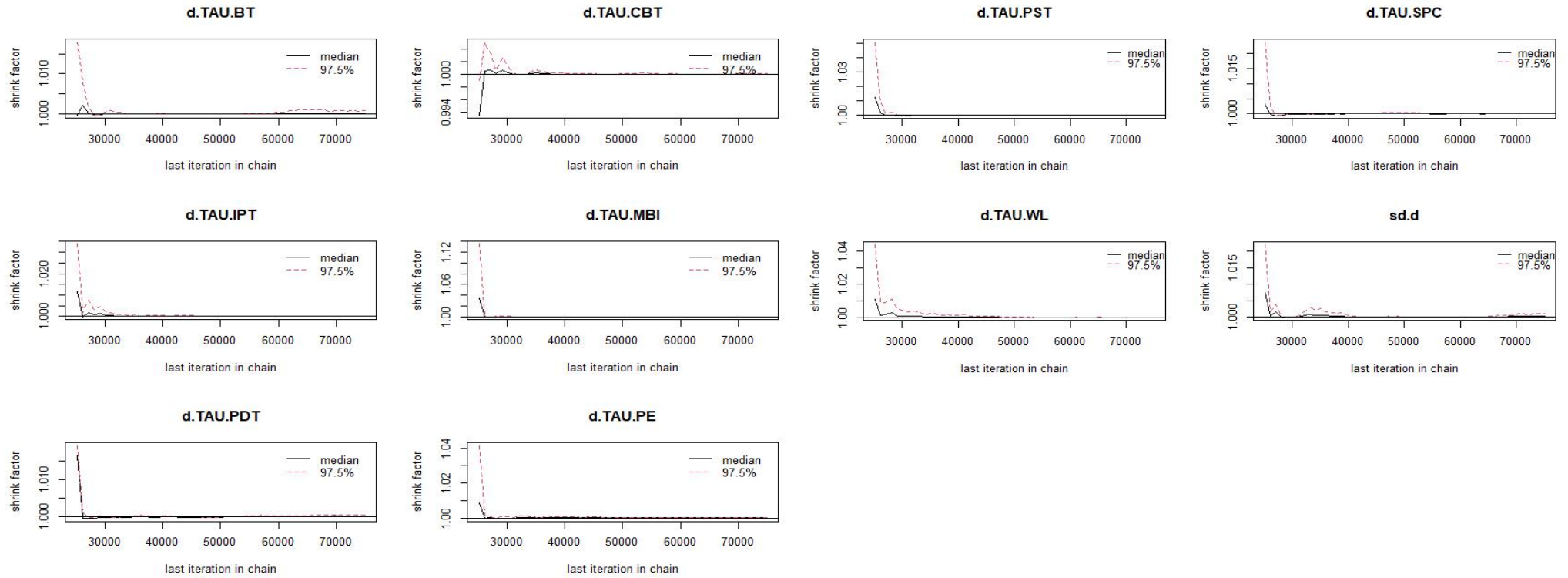
Perinatal anxiety:

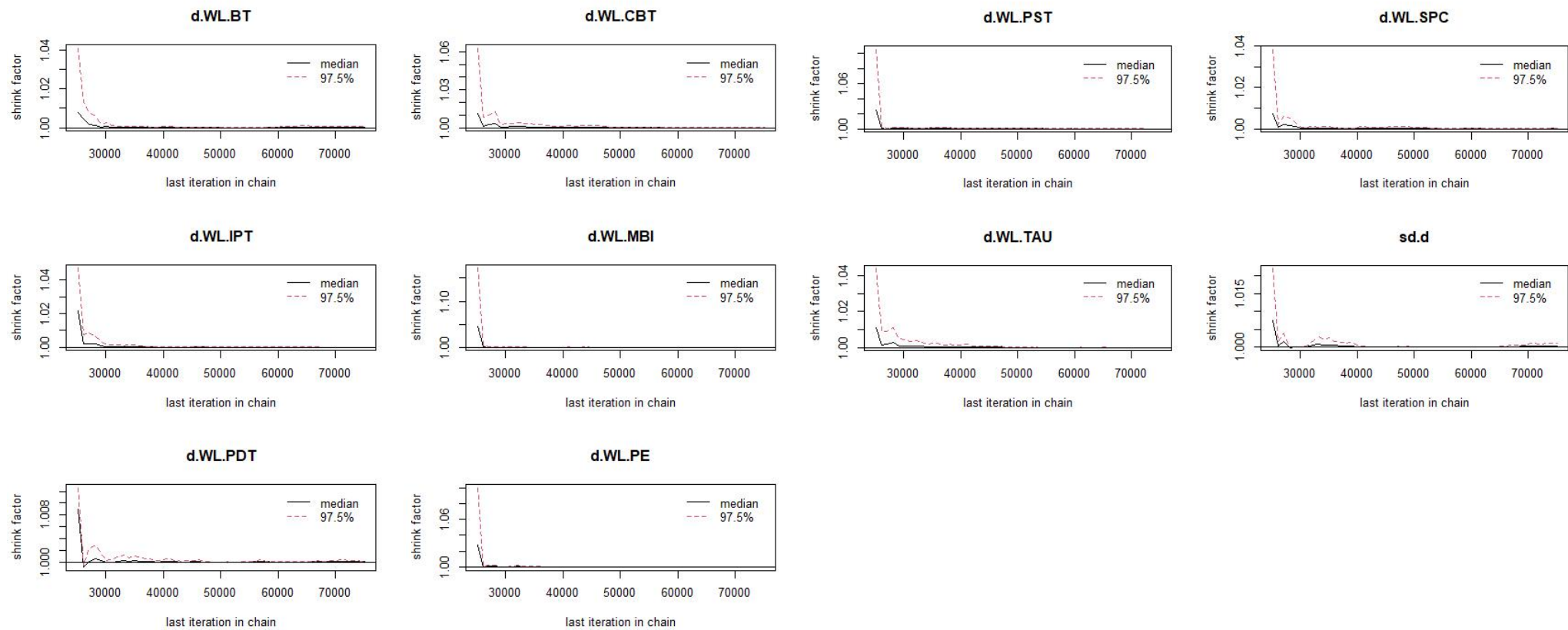


Note: SUCRA, Surface under the cumulative ranking curve. Higher SUCRA values indicate better ranking performance across all possible treatment comparisons. SUCRA value: Mindfulness-based interventions: 95.99%; Behavioral therapy: 77.86%; Cognitive behavioral therapy: 60.92%; Supportive counseling: 58.98%; Interpersonal psychotherapy: 52.56%; Psychoeducation: 52.49%; Problem-solving therapy: 34.20%; Treatment as usual: 27.08%; Psychodynamic therapy: 22.14%; Waitlist control: 17.77%.

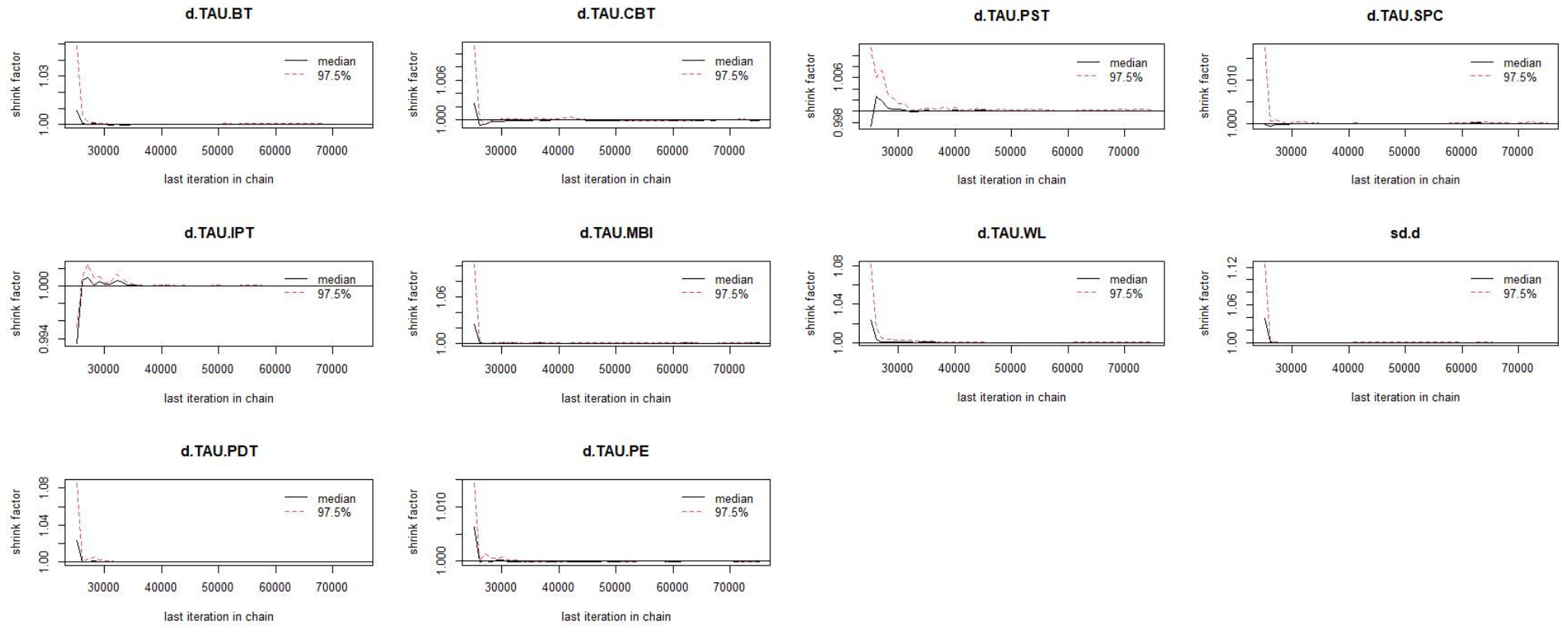
Figure S4. Model fit assessment for short-term symptoms: Brooks-Gelman-Rubin plots

Perinatal depression:





Perinatal anxiety:



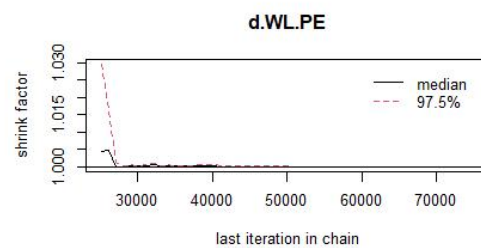
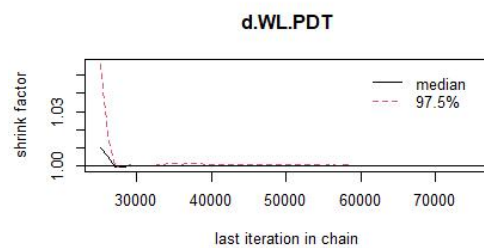
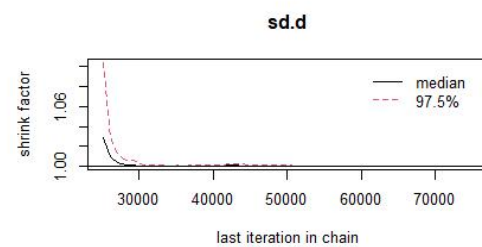
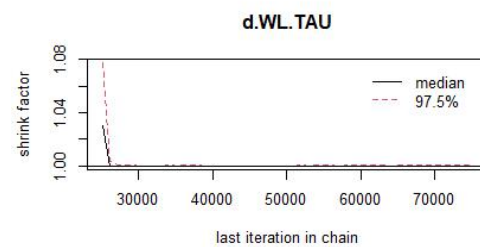
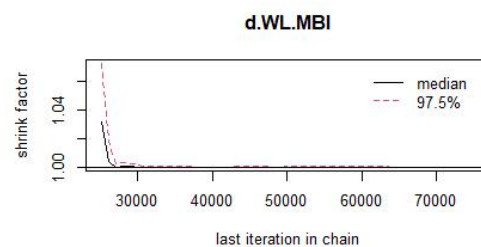
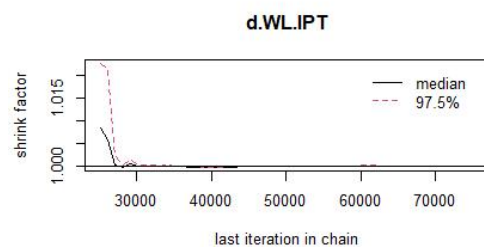
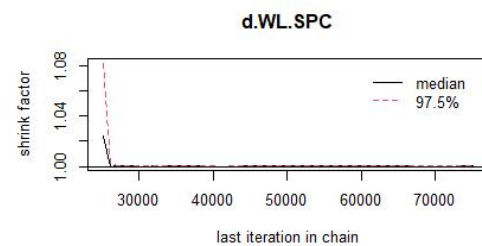
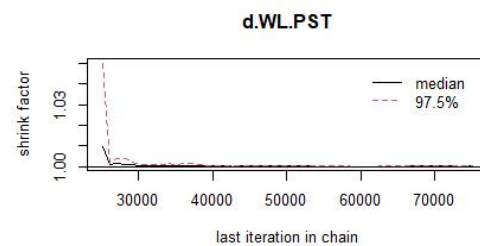
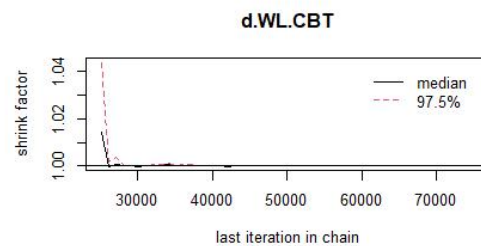
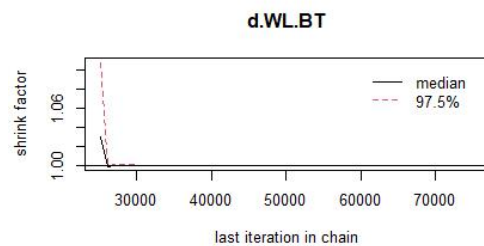
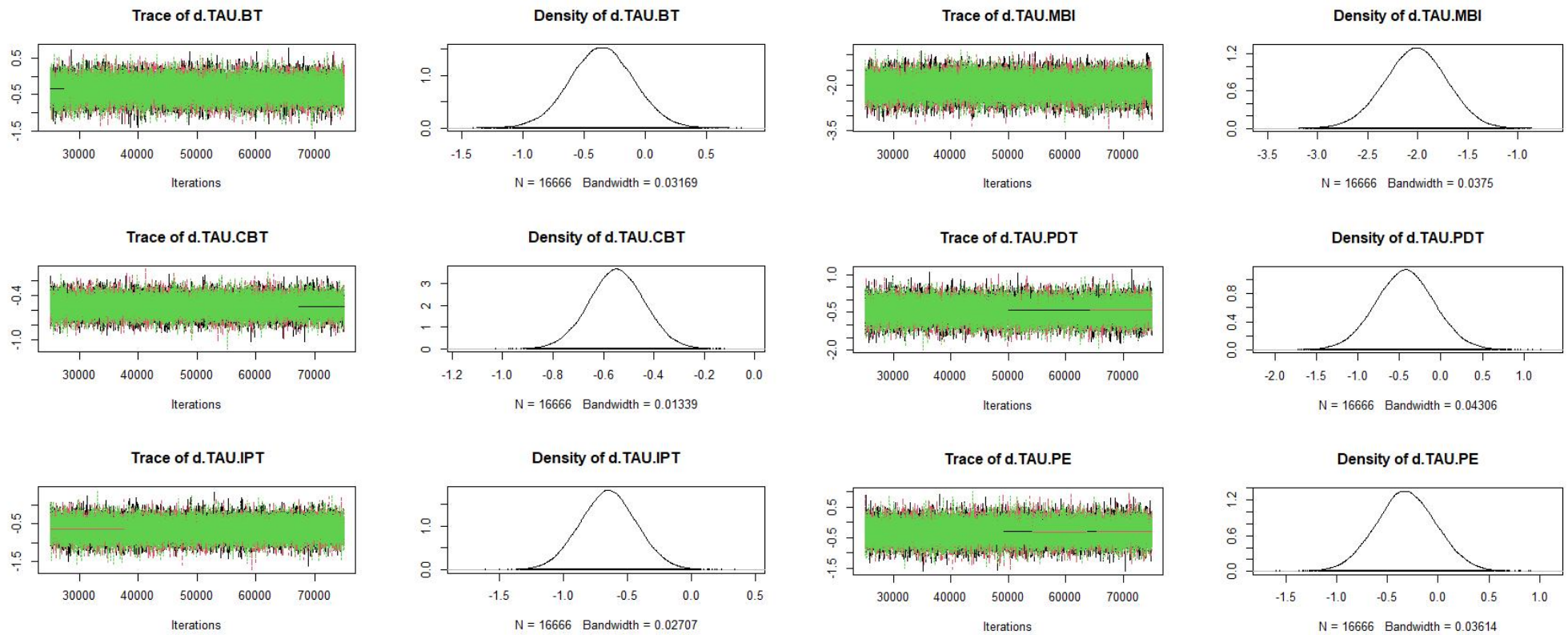
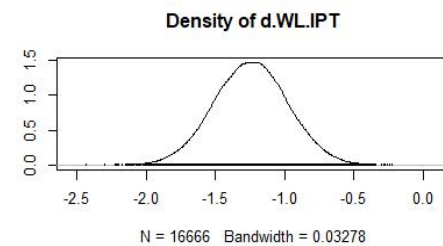
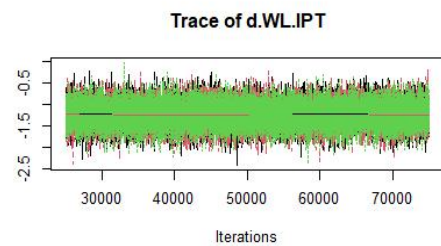
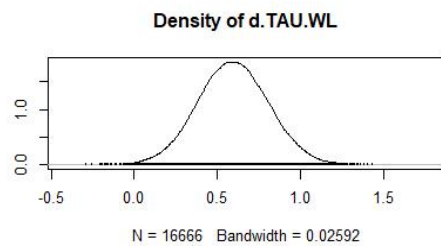
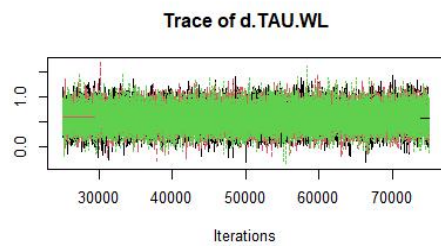
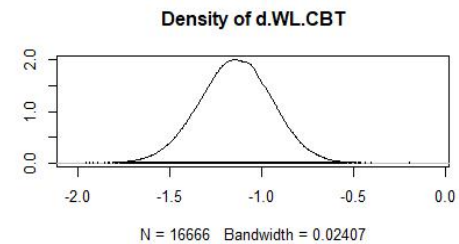
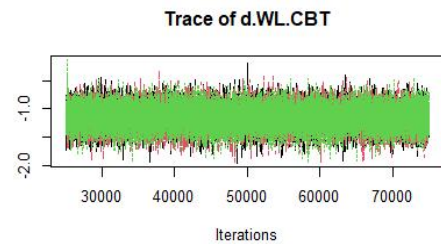
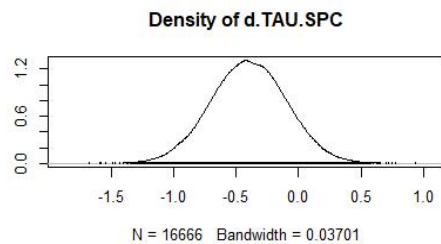
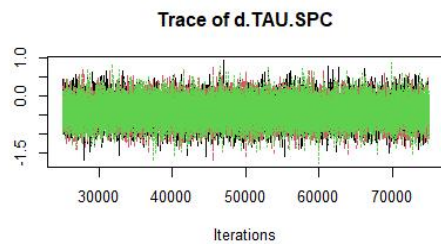
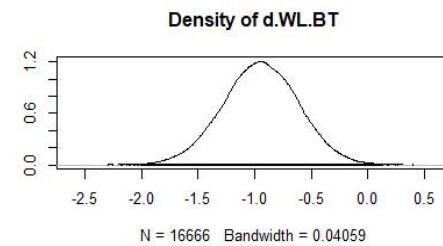
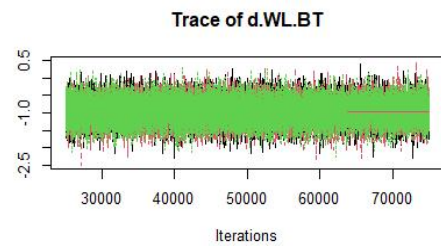
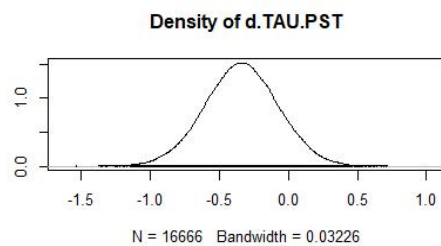
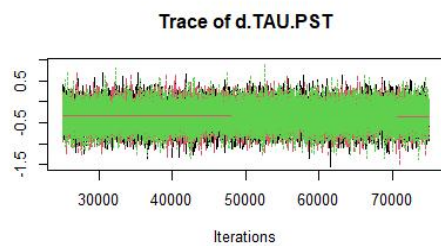
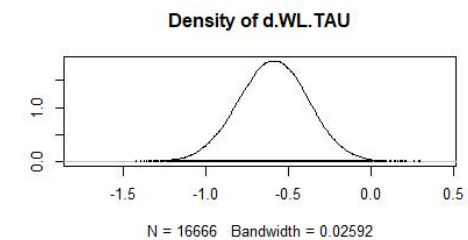
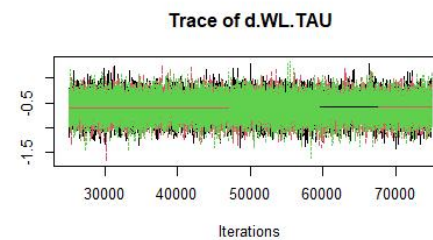
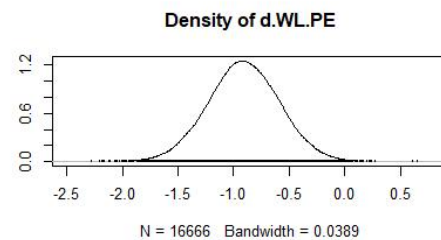
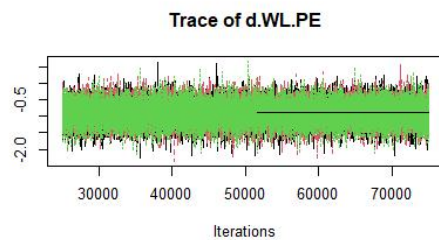
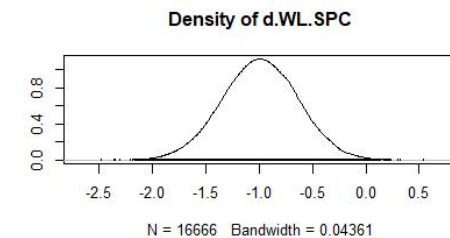
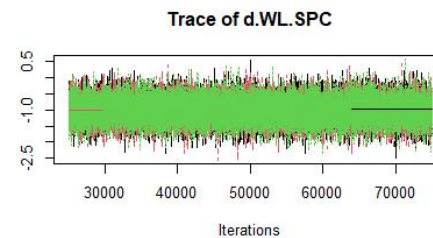
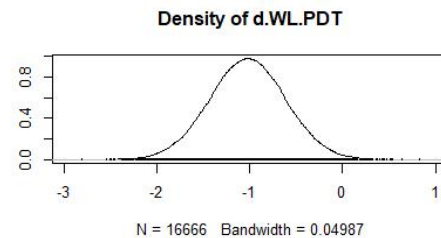
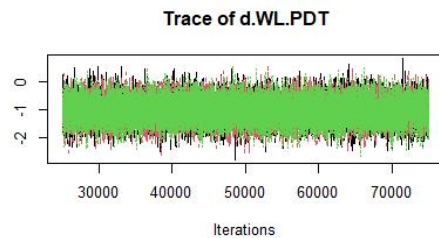
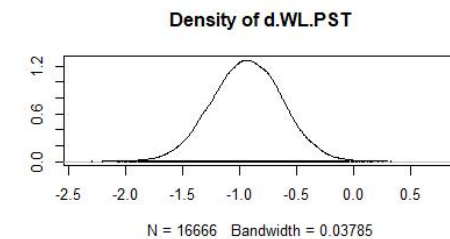
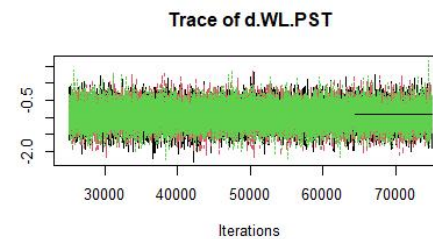
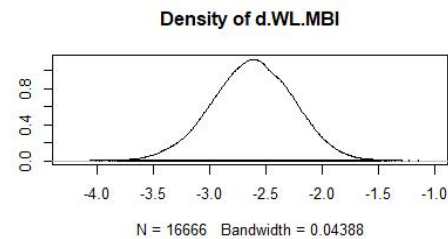
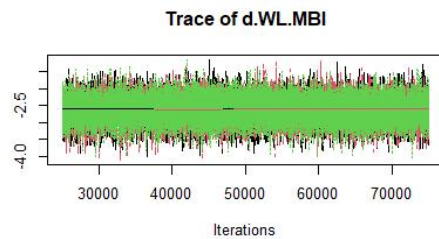


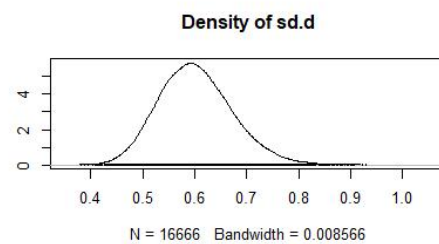
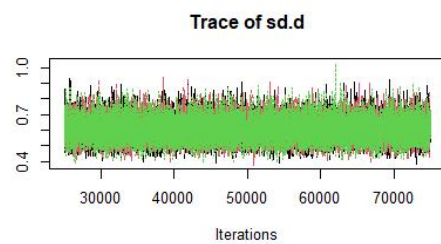
Figure S5. Model fit assessment for short-term symptoms: trace and density plots

Perinatal depression:

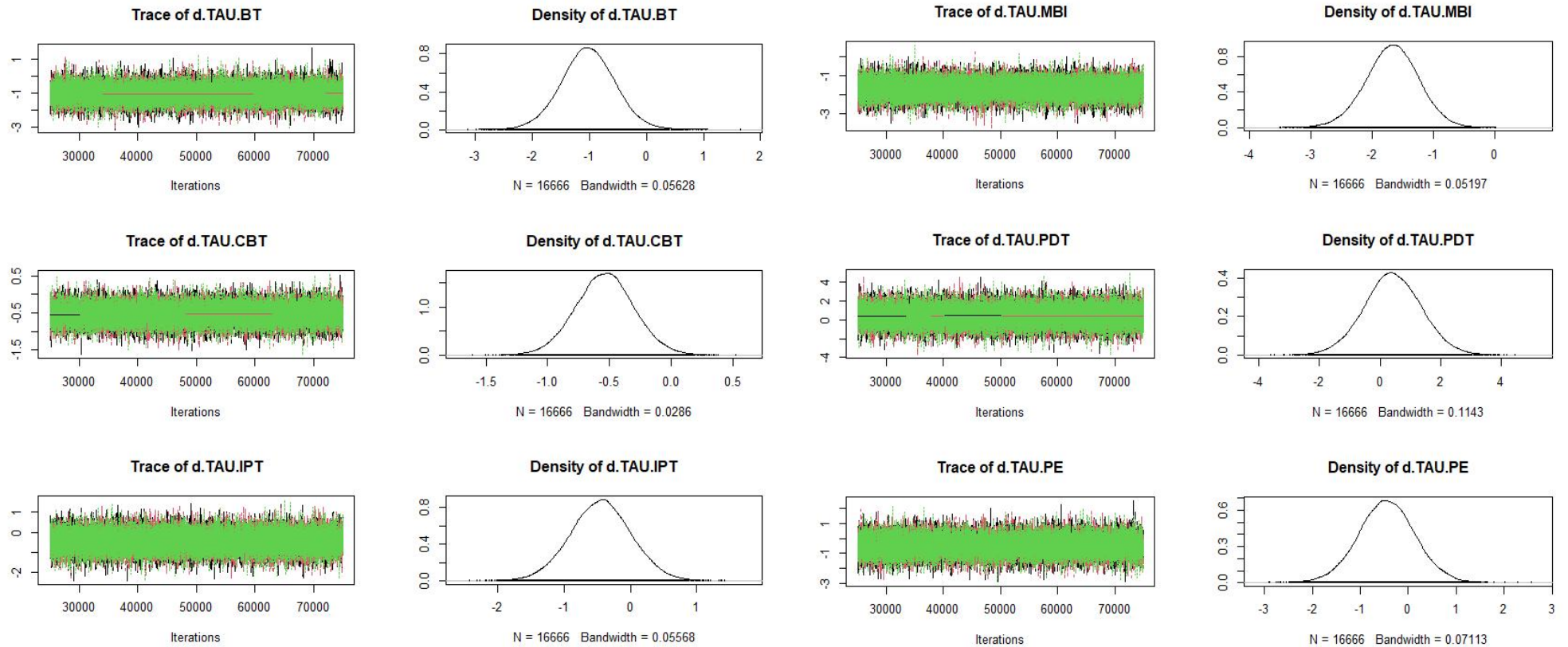


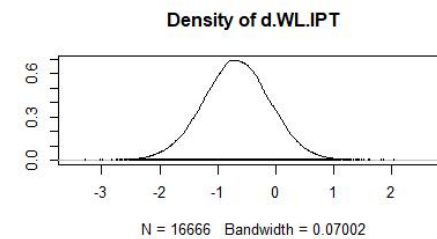
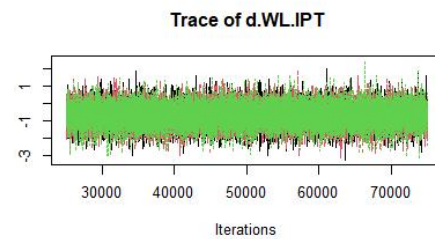
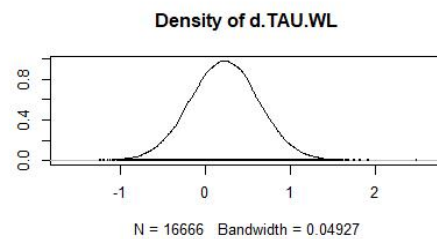
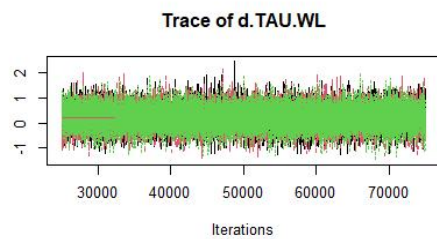
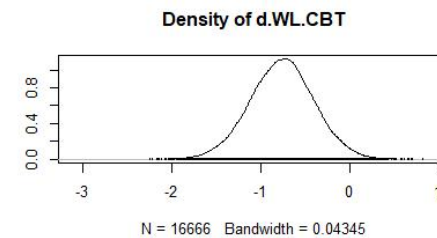
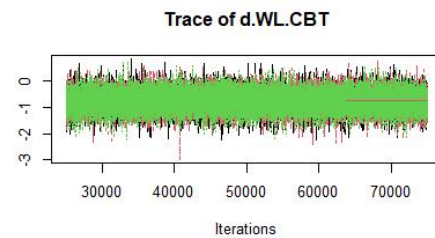
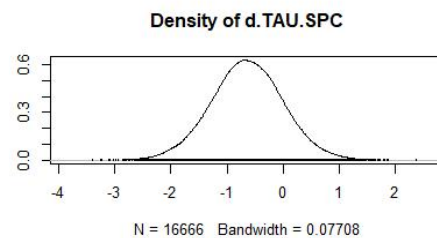
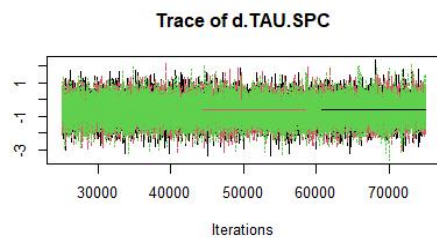
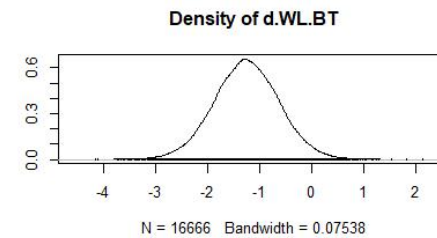
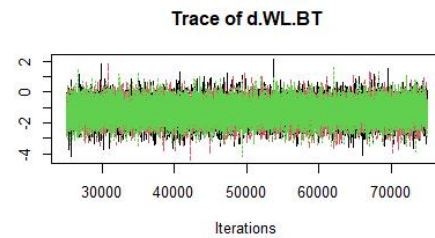
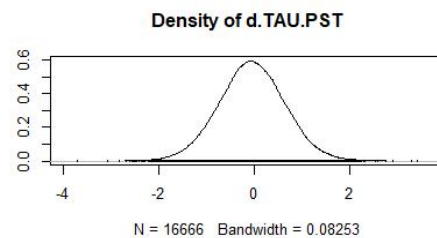
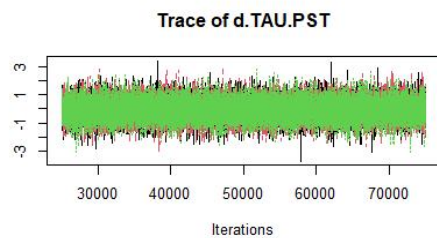


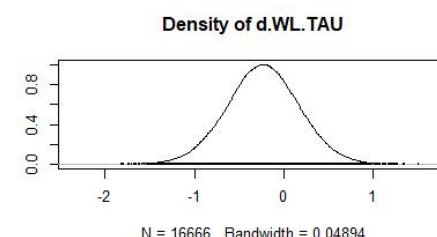
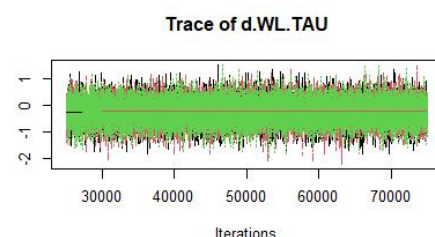
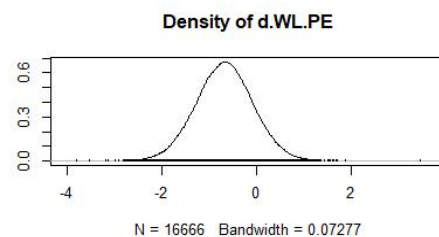
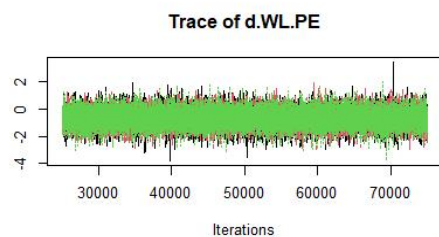
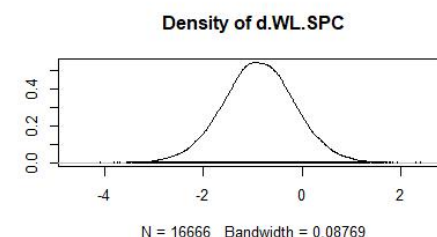
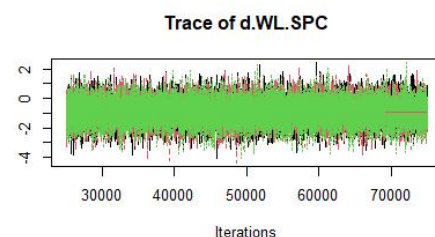
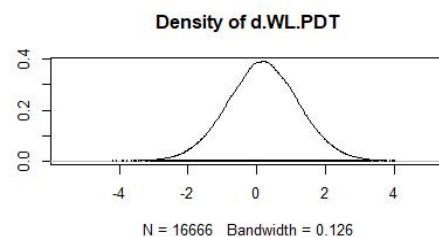
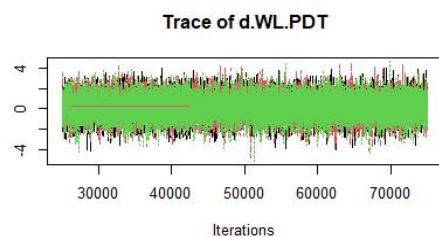
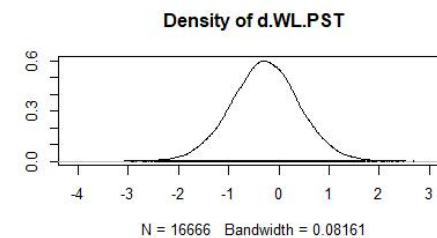
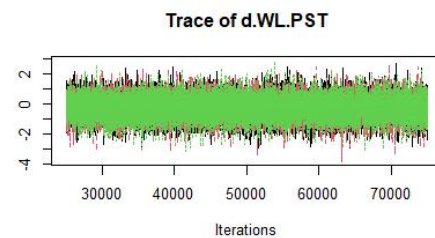
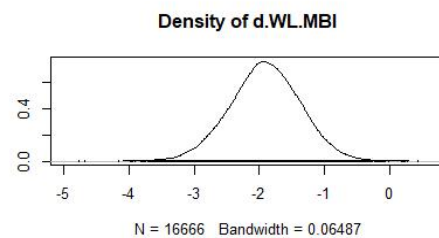
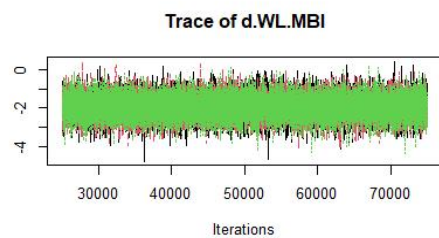




Perinatal anxiety:







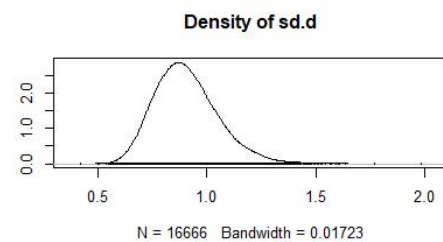
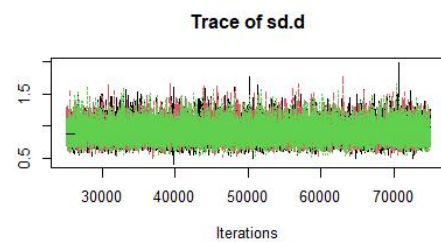
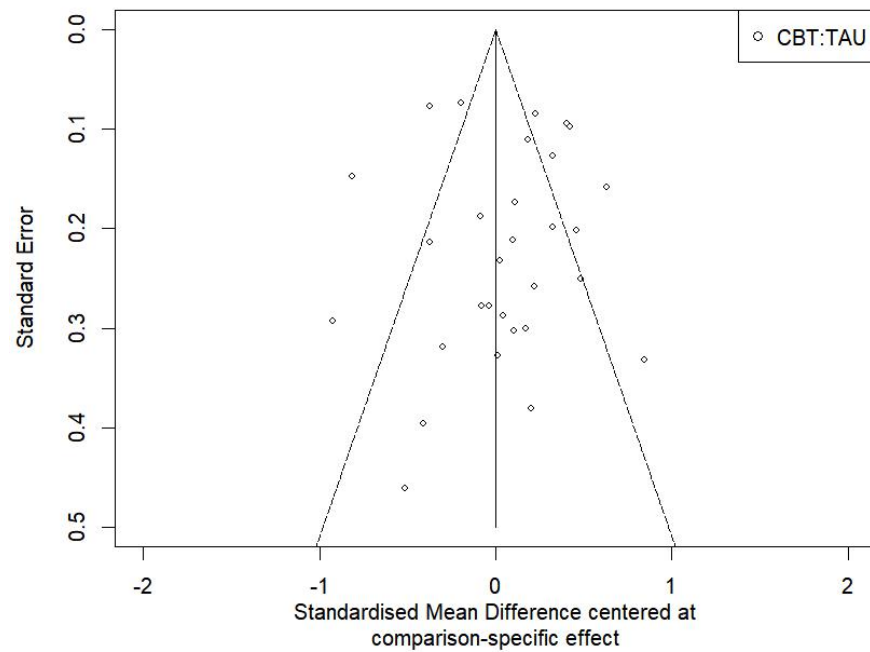
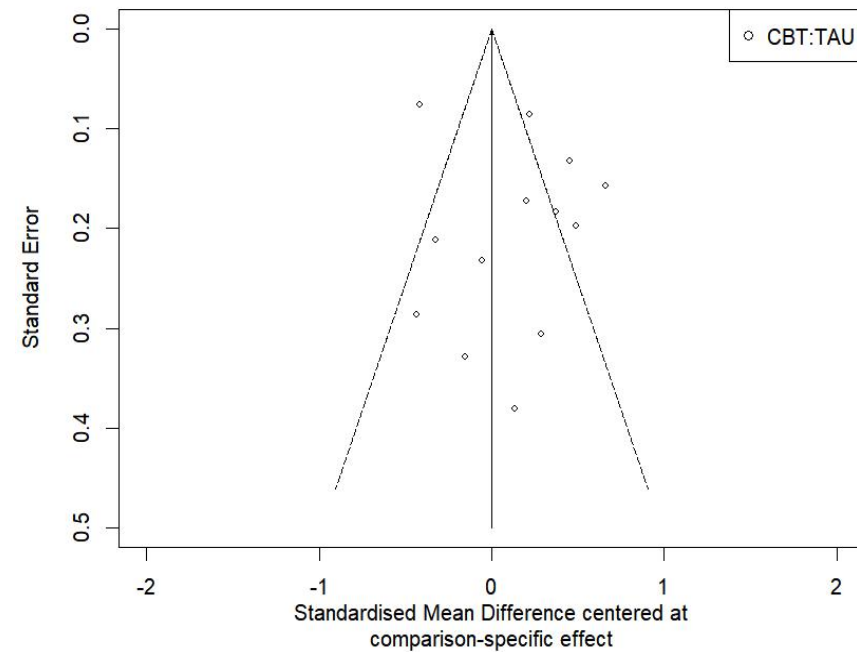


Figure S7. The funnel plots from pairwise meta-analyses

Perinatal depression:



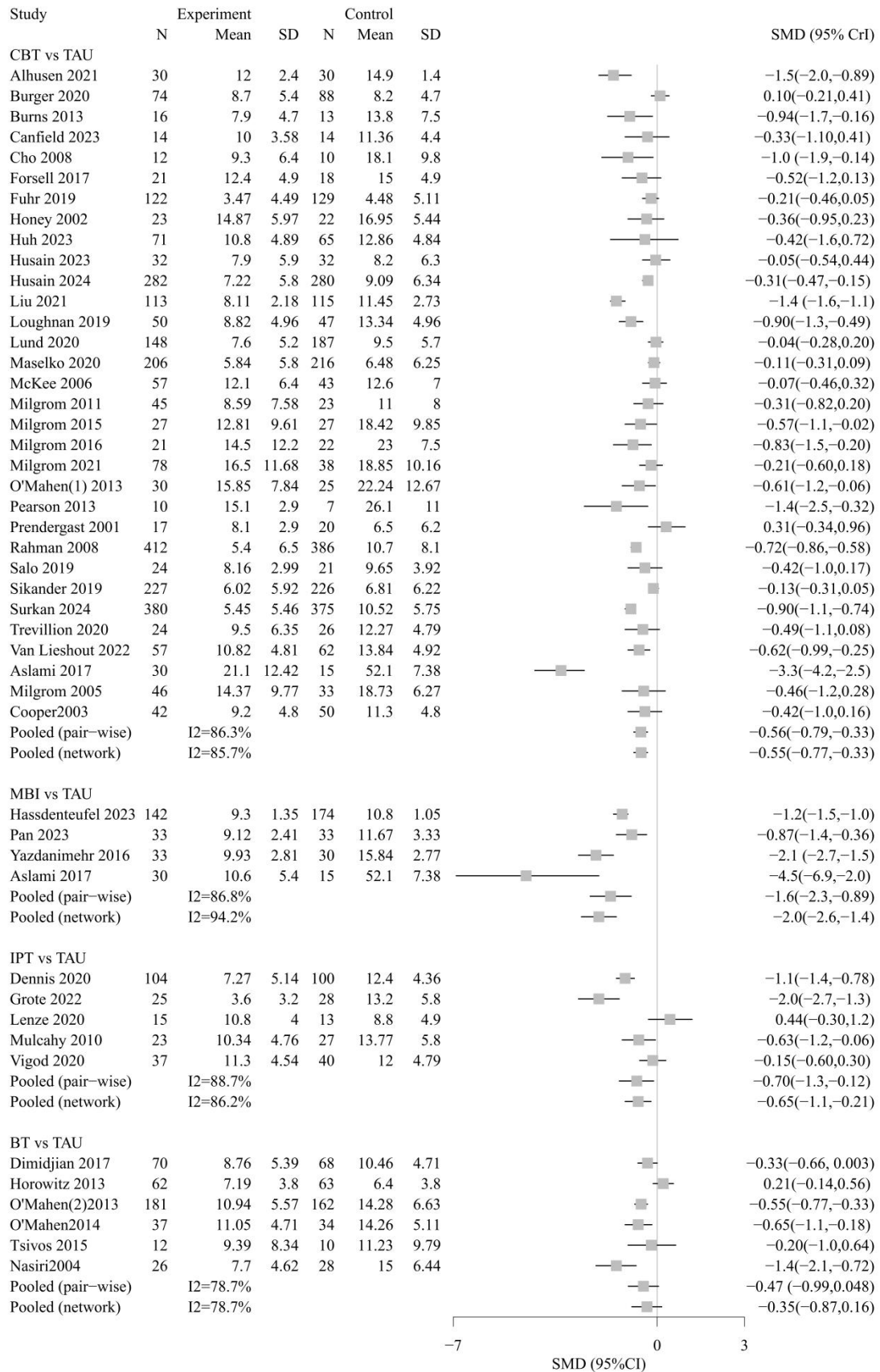
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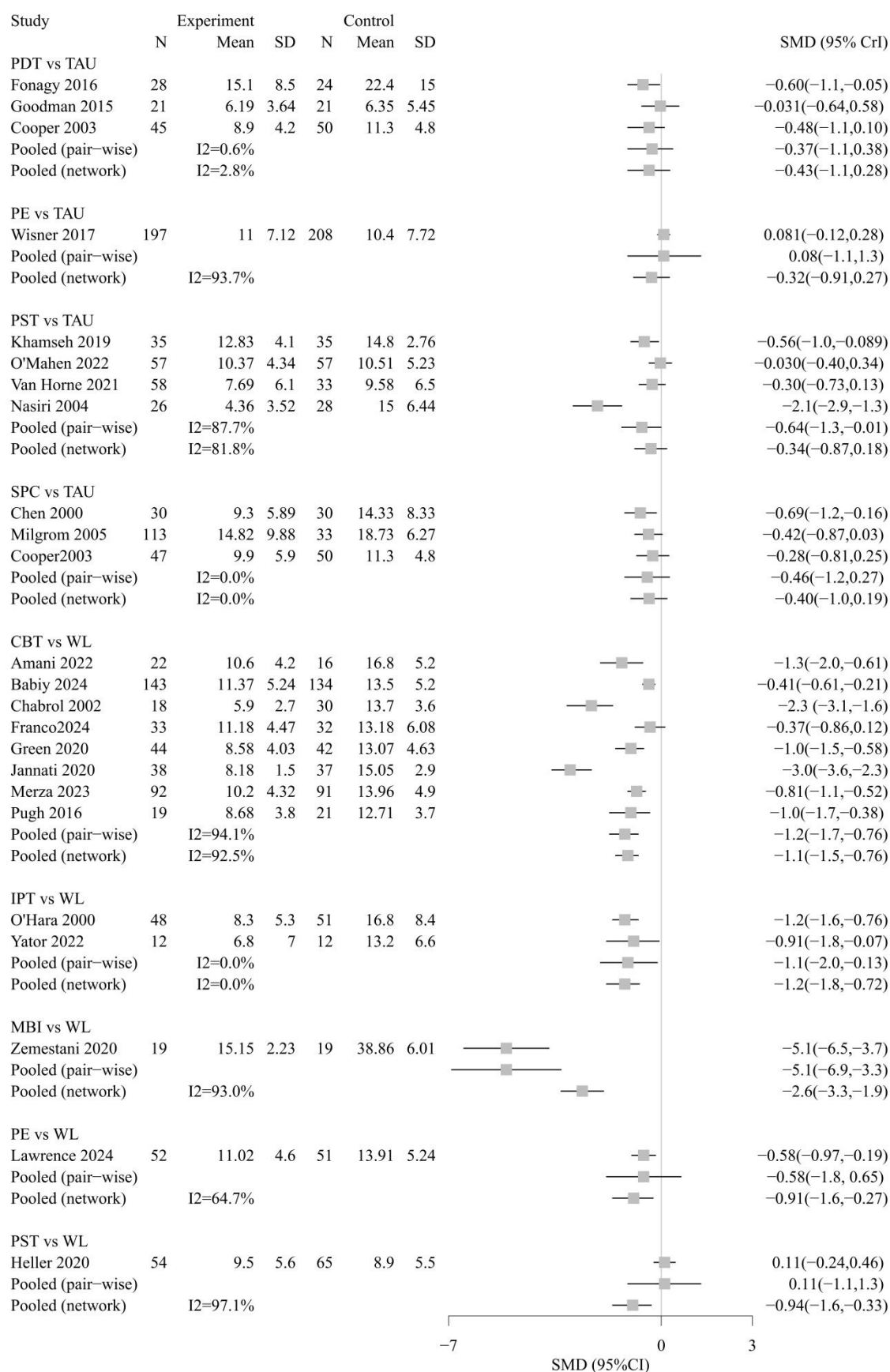


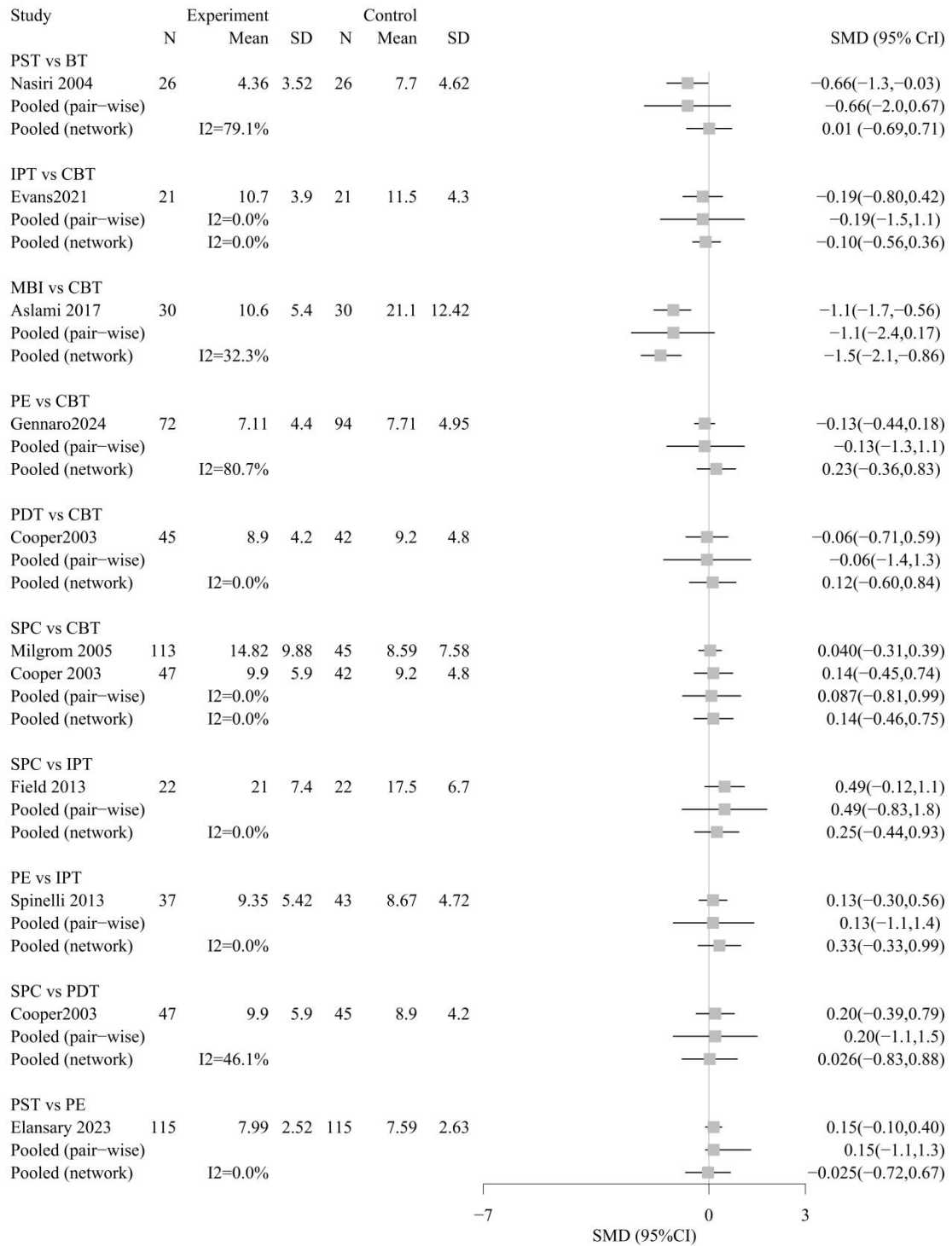
Note: Publication bias was assessed using funnel plots for comparisons with ≥ 10 studies.

Figure S8. Heterogeneity analysis

Perinatal depression:

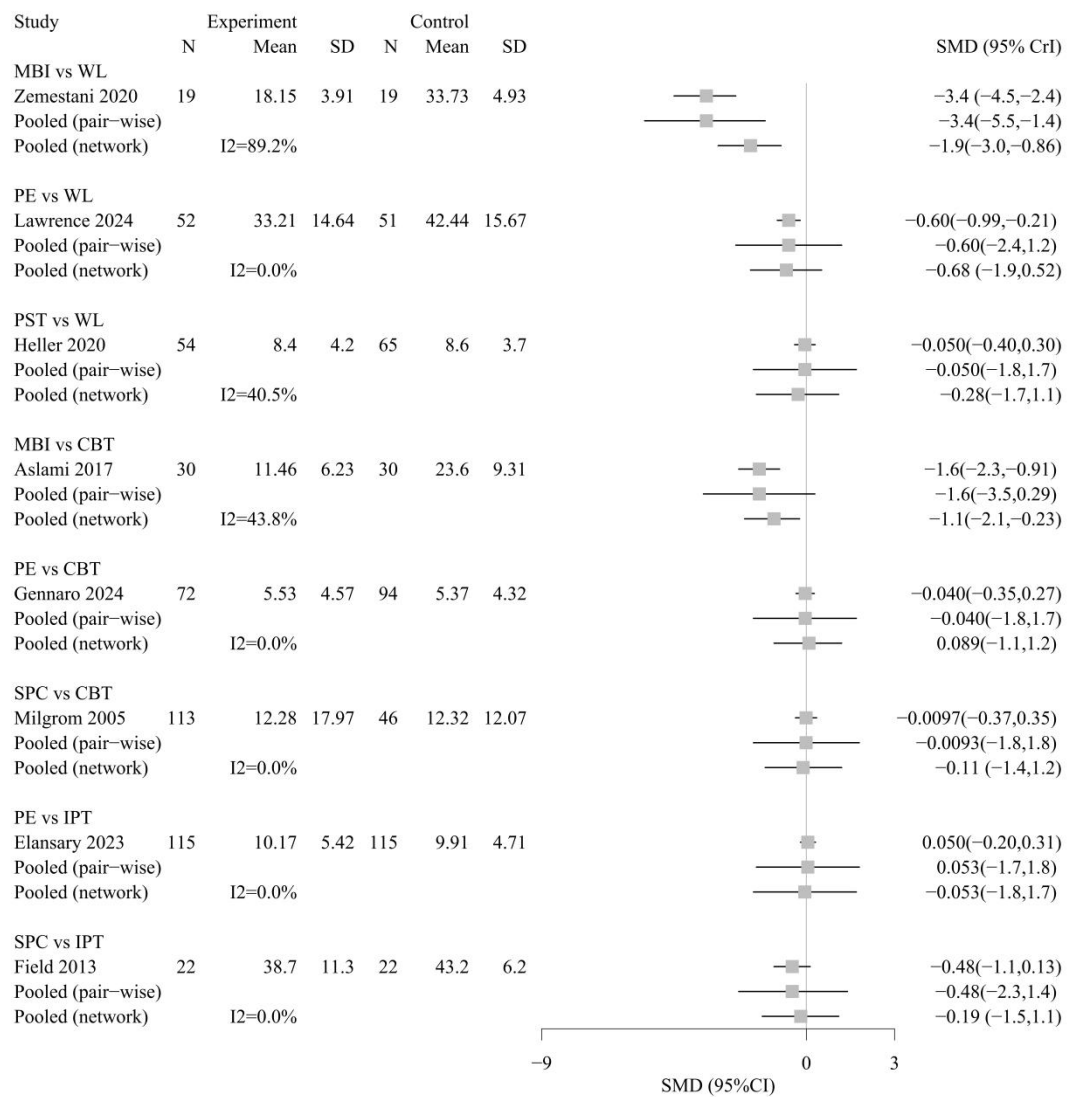






Perinatal anxiety:

Study	Experiment			Control			SMD (95% CrI)
	N	Mean	SD	N	Mean	SD	
BT vs TAU							
Bastani 2005	55	22.71	7.38	55	38.5	5.73	-2.4(-2.9,-1.9)
Dimidjian 2017	70	8.07	5.5	68	10.87	4.84	-0.54(-0.87,-0.21)
Montazeri 2022	18	81.8	41.5	23	105.7	27.3	-0.68(-1.3,-0.054)
O'Mahen2014	31	8.71	4.61	28	11.29	5.49	-0.50(-1.0,0.031)
Pooled (pair-wise)		I ² =92.9%					-1.0(-1.9,-0.11)
Pooled (network)		I ² =92.9%					-1.0(-2.0,-0.085)
CBT vs TAU							
Burger 2020	76	43.8	13.7	87	41.1	12.4	0.21(-0.10,0.52)
Canfield 2023	14	9	2.29	14	9.93	3.27	-0.32(-1.1,0.43)
Forsell 2017	21	7.2	4.1	18	10.1	5.3	-0.61(-1.3,0.036)
Huh2023	71	3.47	2.61	65	4.13	2.58	-0.25(-0.58,0.083)
Husain 2024	279	6.05	5.66	277	7.37	5.71	-0.23(-0.41,-0.054)
Liu 2021	113	15.55	2.76	115	15.55	2.76	-2.2(-2.5,-1.8)
Loughnan 2019	50	6.66	4.23	47	9.97	4.22	-0.78(-1.2,-0.37)
Milgrom 2015	27	10.4	7.59	27	17.4	7.94	-0.89(-1.5,-0.32)
Milgrom 2016	21	5	6.2	22	5.9	4.3	-0.17(-0.78,0.44)
Milgrom 2021	78	4.96	6.71	38	4.73	5.22	0.040(-0.35,0.43)
Surkan2024	380	3.4	3.96	375	7.19	4.69	-0.87(-1.0,-0.71)
Van Lieshout2022	57	3.97	2.7	62	4.2	2.76	-0.080(-0.43, 0.27)
Aslami 2017	30	23.6	9.31	15	49.86	6.32	-3.4(-4.3,-2.5)
Milgrom 2005	46	14.37	9.77	33	18.73	6.27	-0.34(-1.1,0.39)
Pooled (pair-wise)		I ² =93.8%					-0.67(-1.2,-0.19)
Pooled (network)		I ² =93.3%					-0.54(-1.0,-0.063)
IPT vs TAU							
Dennis 2020	104	40.77	14.47	100	50.1	13.36	-0.67(-0.95,-0.40)
Grote 2022	25	3.6	5.3	28	11.8	6.6	-1.4(-2,-0.75)
Lenze 2020	15	13.8	3.9	13	11.4	4.8	0.54(-0.23,1.3)
Pooled (pair-wise)		I ² =87.3%					-0.52(-1.6, 0.54)
Pooled (network)		I ² =83.0%					-0.45(-1.4,0.48)
MBI vs TAU							
Guardino2014	24	39.47	6.27	23	37.35	11.51	0.23 (-0.34,0.80)
Hassdenteufel2023	142	25.22	1.76	174	26	1.36	-0.50(-0.72,-0.28)
Aslami 2017	30	11.46	6.23	15	49.86	6.32	-1.7(-2.3,-1.1)
Yazdanimehr 2016	33	10.86	4.48	30	20.54	6.75	-5.0(-8.2,-1.8)
Zemestani 2020	19	18.15	3.91	19	33.73	4.93	-0.95(-2.0,0.028)
Pooled (pair-wise)		I ² =93.4%					-3.5(-5.1,-1.9)
Pooled (network)		I ² =97.6%					-1.7(-2.6,-0.83)
PDT vs TAU							
Goodman 2015	21	35.29	9.03	21	31.4	9.65	0.41(-0.20,1.0)
Pooled (pair-wise)							0.41(-1.4,2.3)
Pooled (network)		I ² =0.0%					0.41(-1.5,2.3)
PST vs TAU							
O'Mahen2022	57	6.4	3.75	57	7.58	4.72	-0.27(-0.64,0.10)
Pooled (pair-wise)							-0.27(-2.1,1.5)
Pooled (network)		I ² =33.1%					-0.046(-1.4,1.3)
SPC vs TAU							
Milgrom 2005	113	14.82	9.88	33	18.73	6.27	-0.35(-0.80,0.095)
Pooled (pair-wise)							-0.36(-2.2,1.4)
Pooled (network)		I ² =43.6%					-0.65

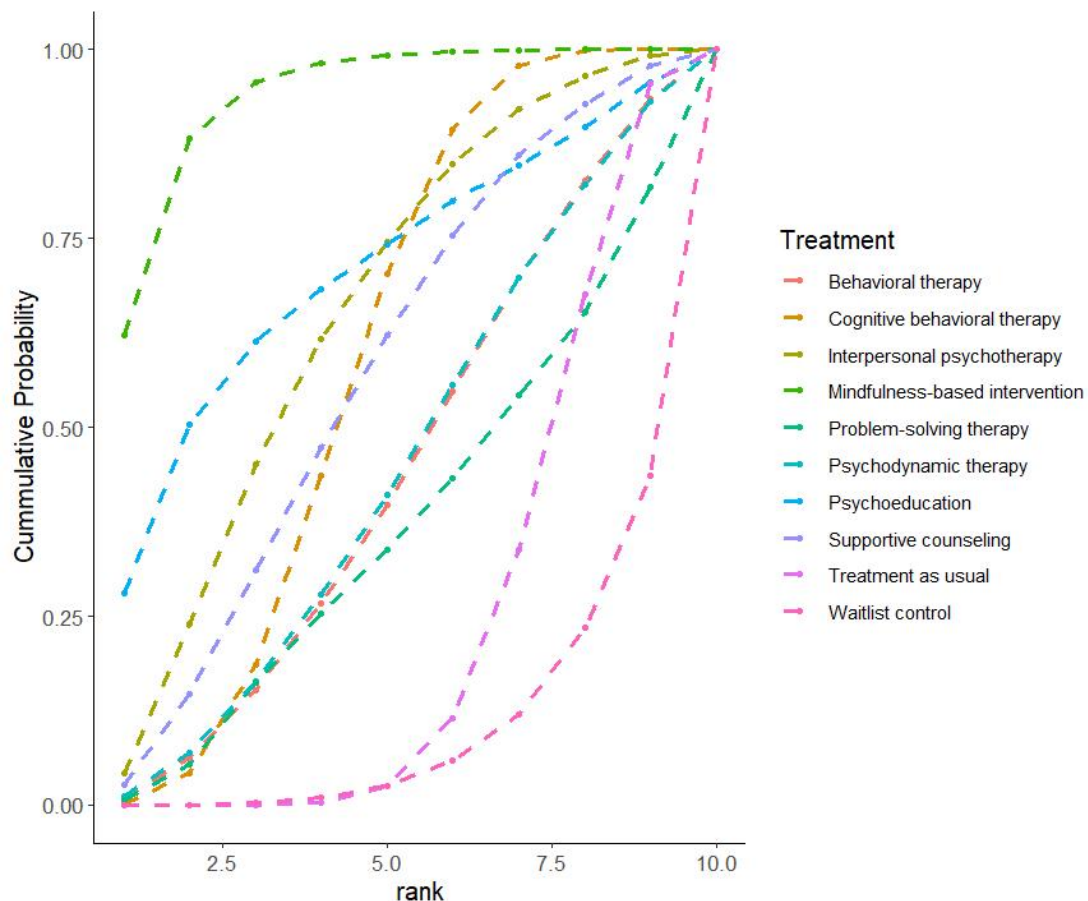


Note: SMD, standardized mean difference; 95% CrI, 95% credible intervals.

Appendix 6. Network meta-analysis of long-term outcomes

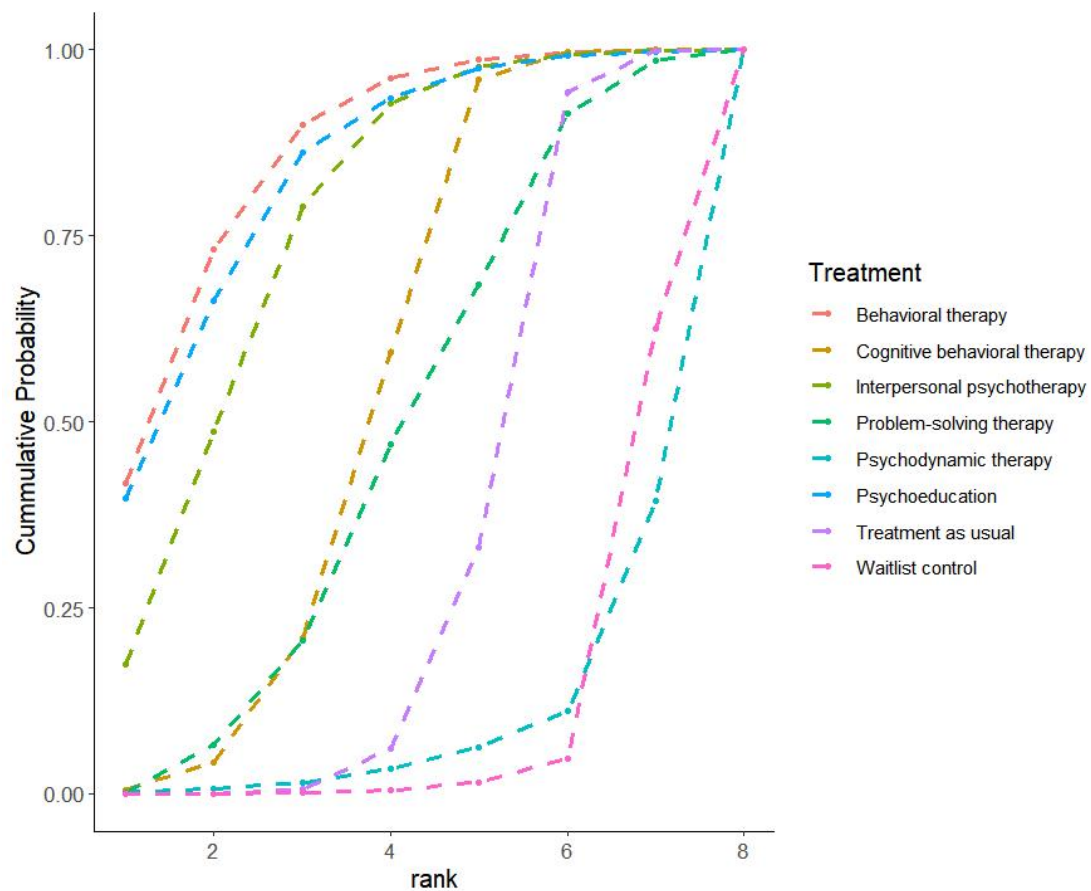
Figure S9. SUCRA for prioritizing interventions

Perinatal depression:



Note: SUCRA, Surface Under the Cumulative Ranking curve. Higher SUCRA values indicate better ranking performance across all possible treatment comparisons. SUCRA value: Mindfulness-based interventions: 93.66%; Psychoeducation: 70.22%; Interpersonal psychotherapy: 64.67%; Cognitive behavioral therapy: 58.21%; Supportive counseling: 56.67%; Psychodynamic therapy: 43.24%; Behavioral therapy: 43.23%; Problem-solving therapy: 36.22%; Treatment as usual: 23.45%; Waitlist control: 9.87%.

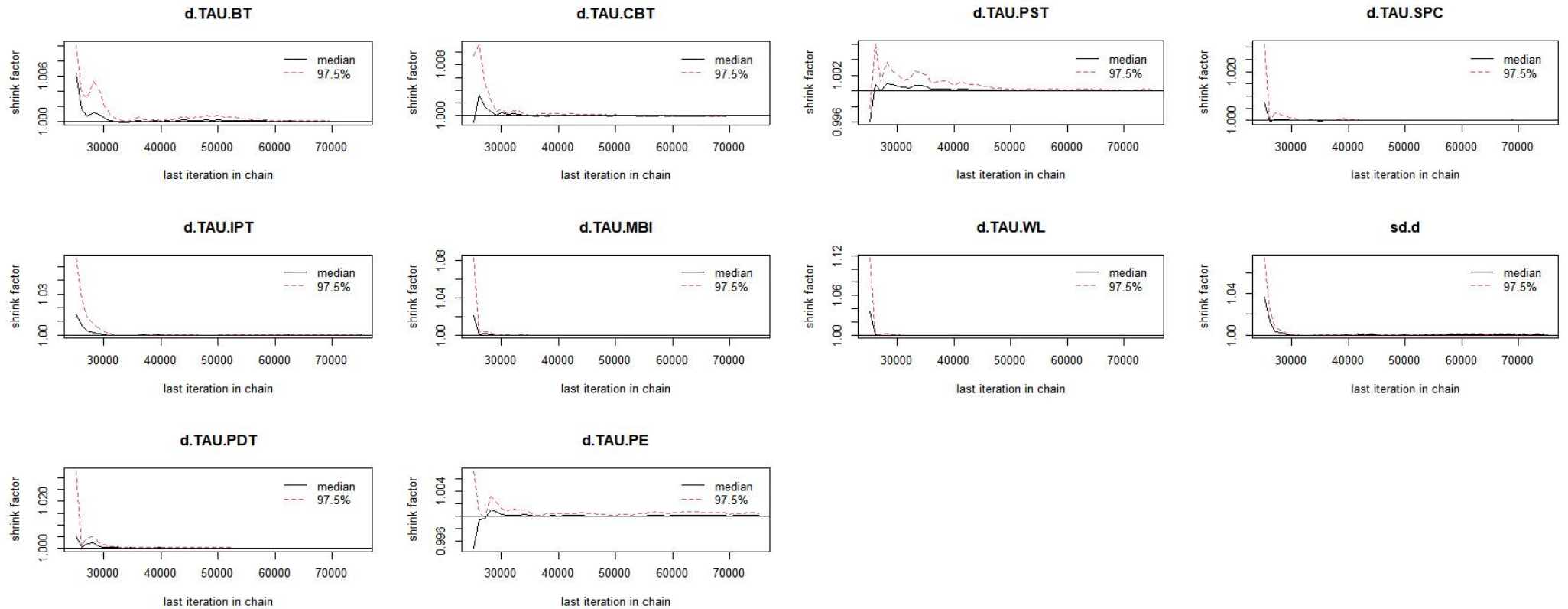
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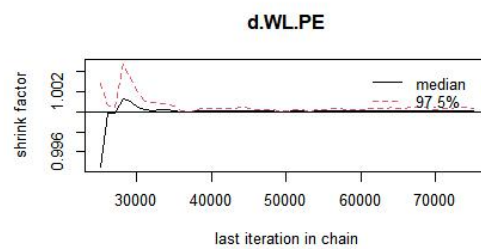
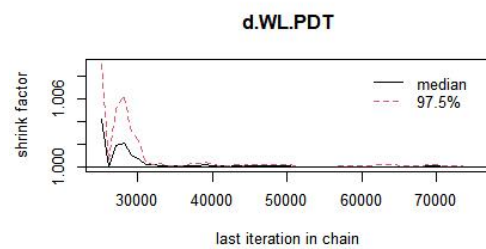
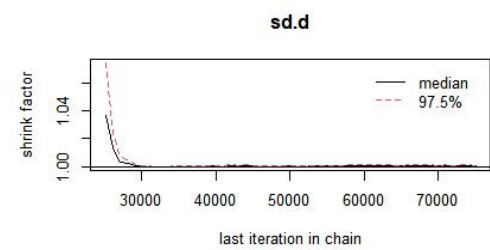
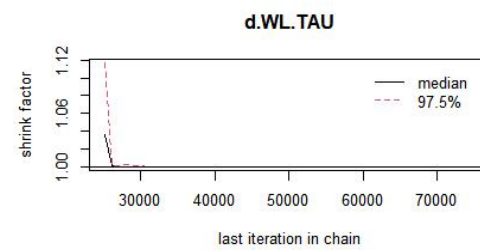
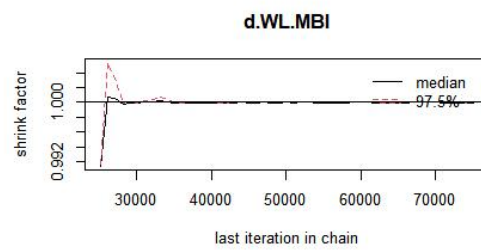
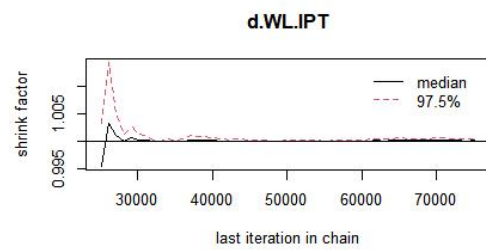
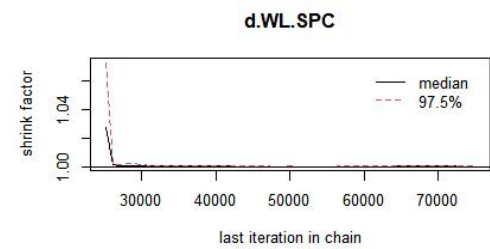
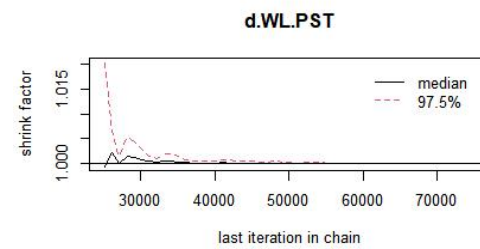
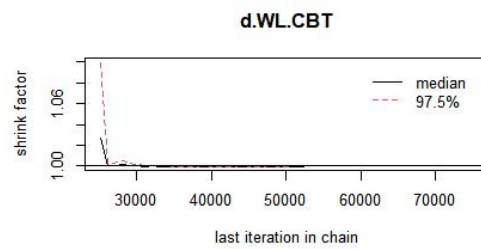
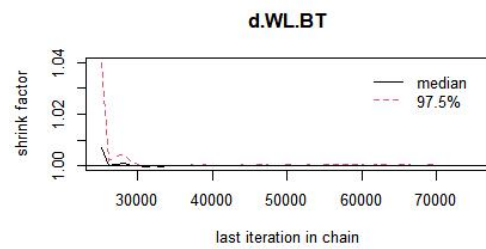


Note: SUCRA, Surface under the cumulative ranking curve. Higher SUCRA values indicate better ranking performance across all possible treatment comparisons. SUCRA value: Behavioral therapy: 85.62%; Psychoeducation: 83.49%; Interpersonal psychotherapy: 76.70%; Cognitive behavioral therapy: 54.36%; Problem-solving Therapy: 47.83%; Treatment as usual 33.45%; Waitlist Control: 9.93%; Psychodynamic therapy: 8.91%.

Figure S10. Model fit assessment for depression: Brooks-Gelman-Rubin plots

Perinatal depression:





Perinatal anxiety:

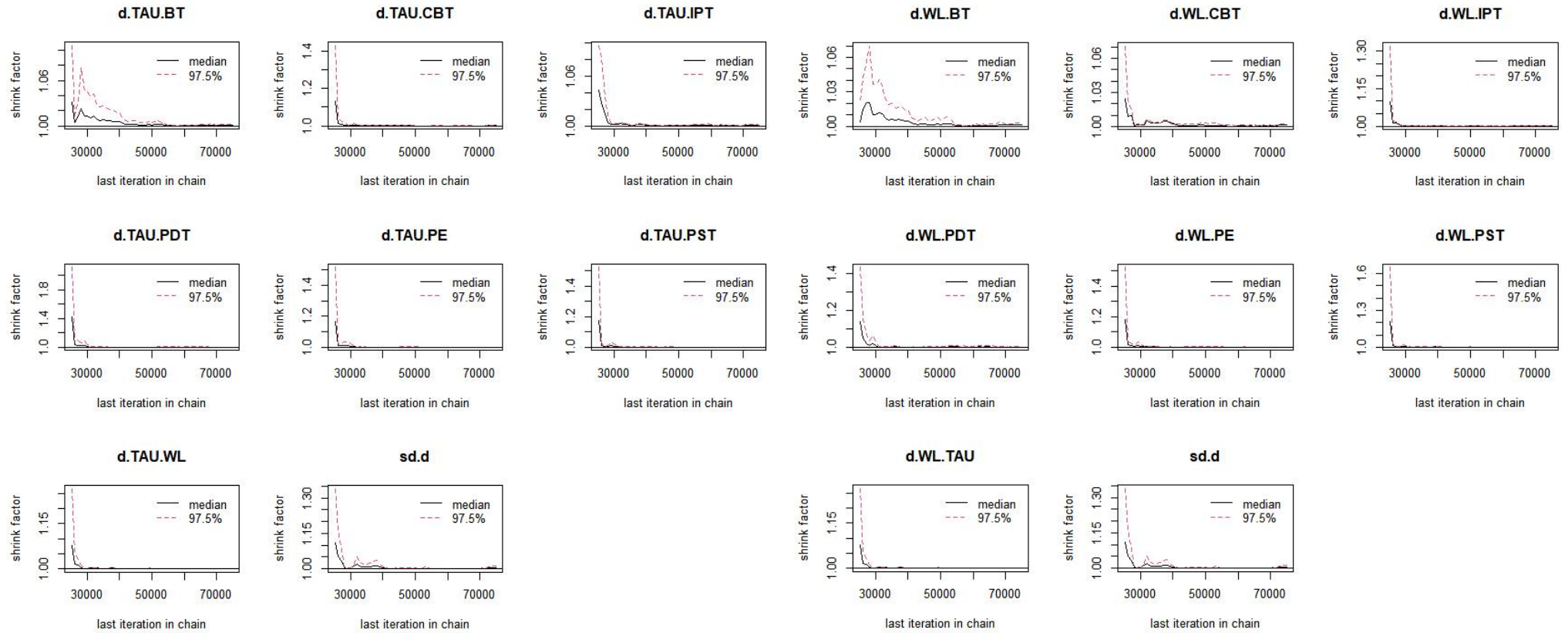
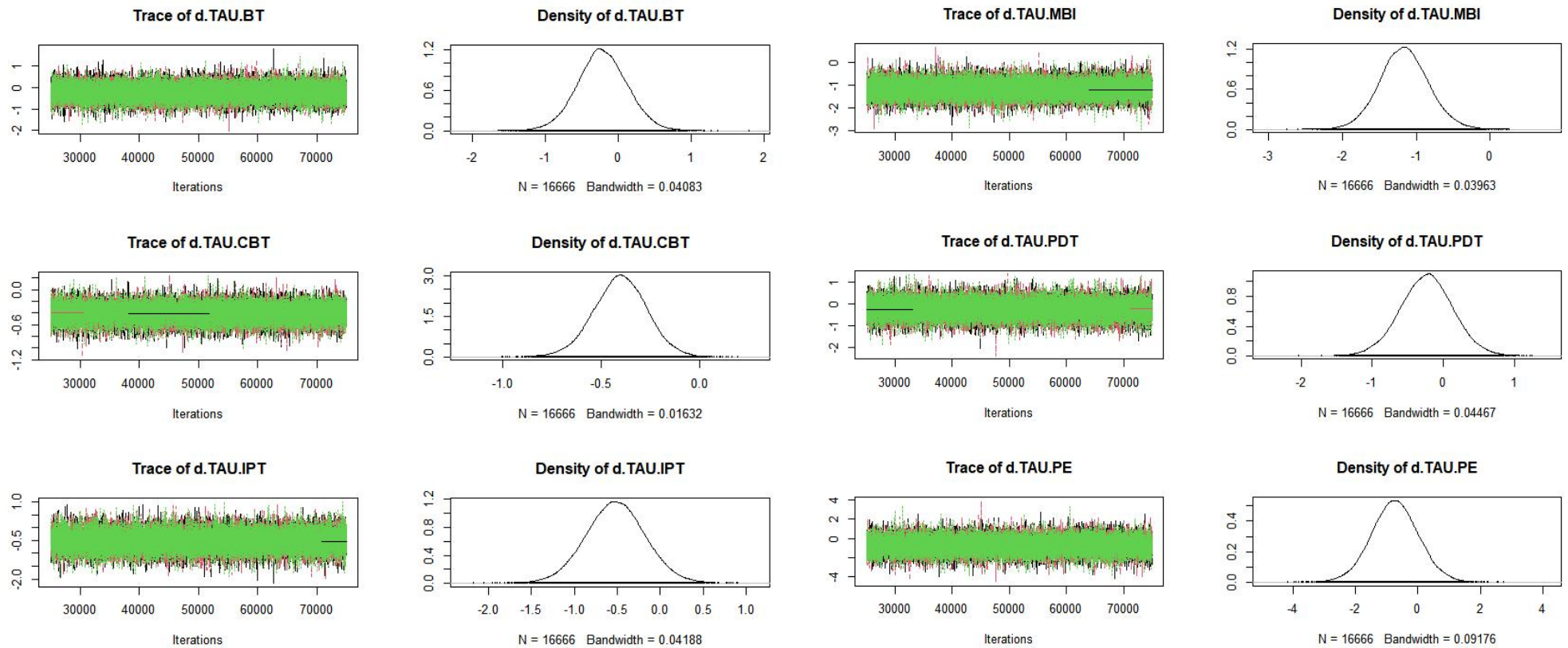
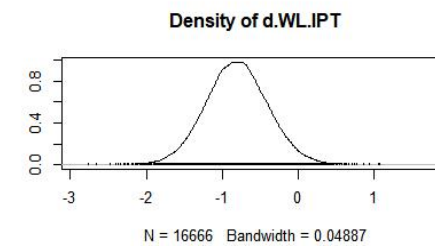
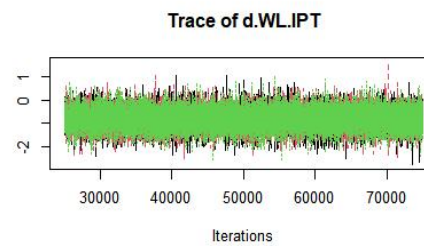
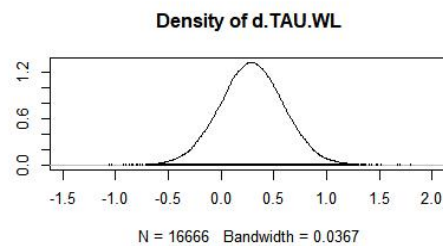
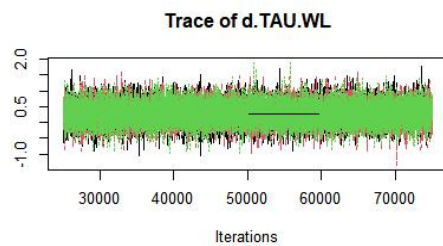
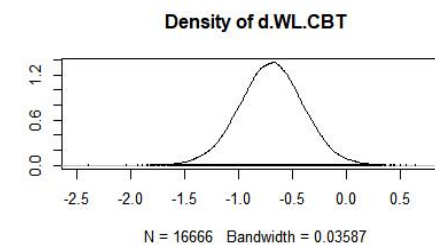
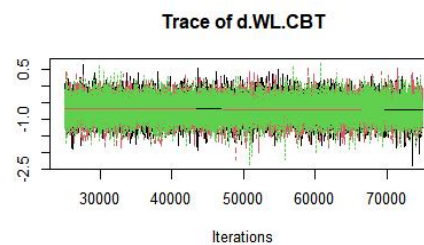
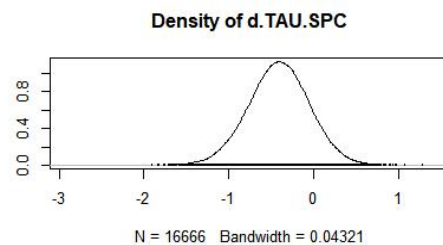
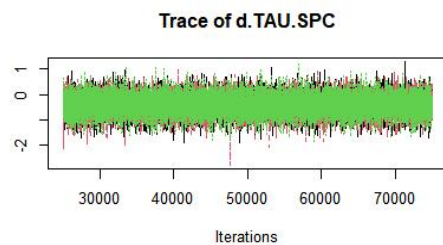
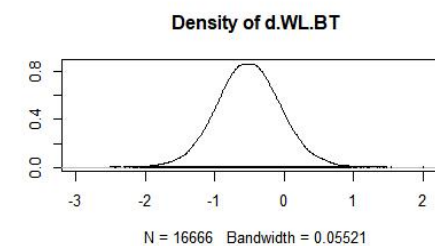
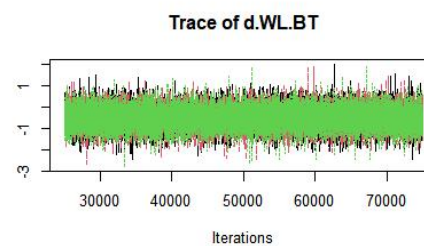
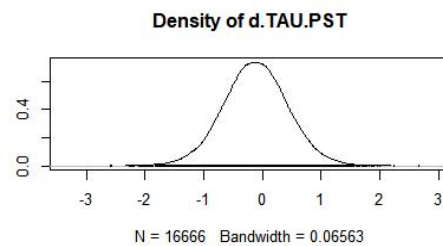
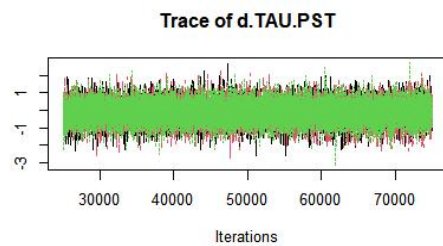
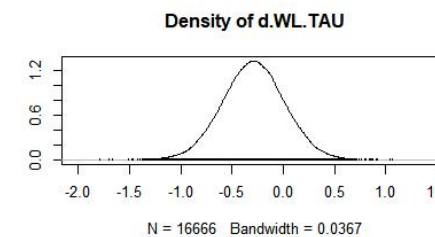
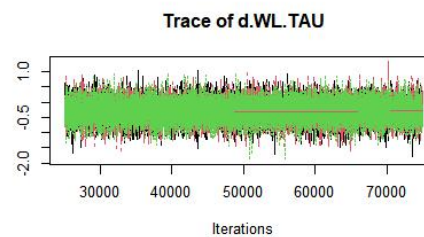
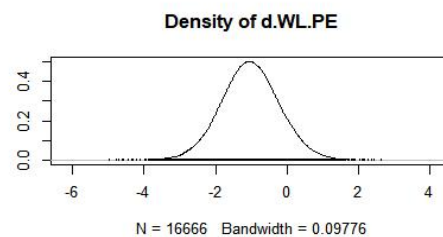
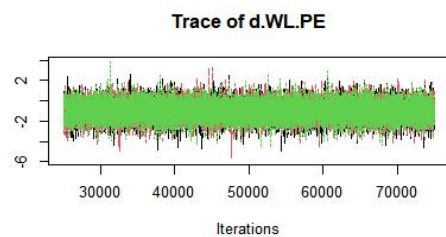
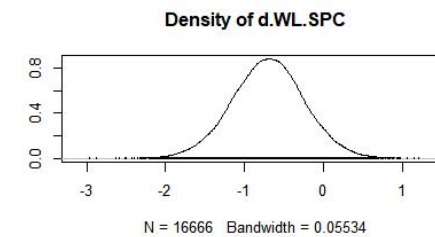
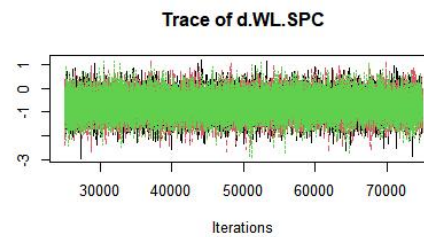
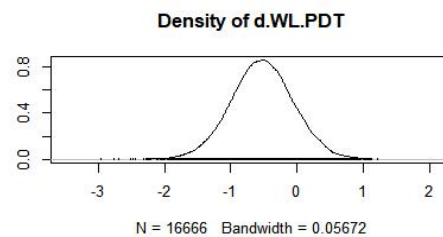
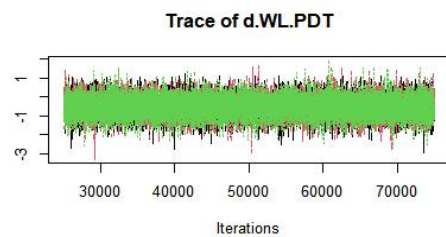
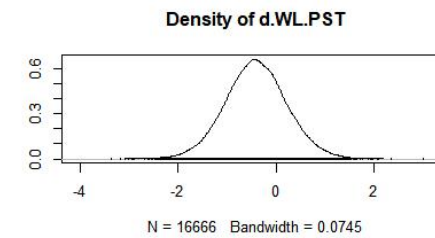
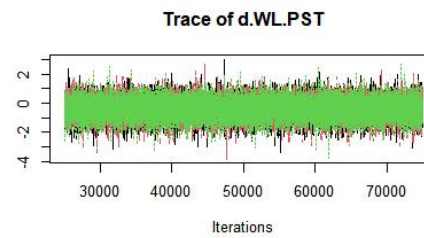
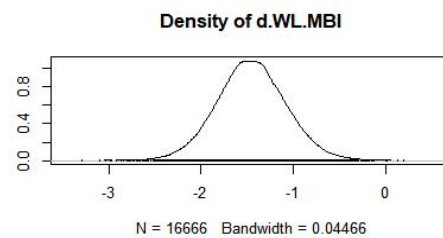
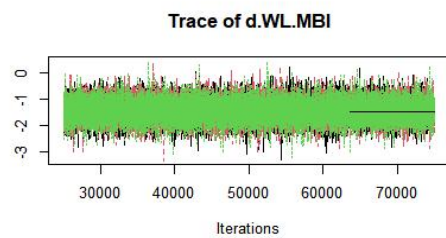


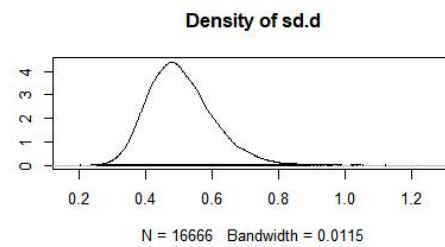
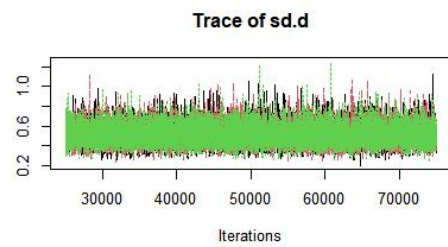
Figure S11. Model fit assessment for depression: trace and density plots

Perinatal depression:

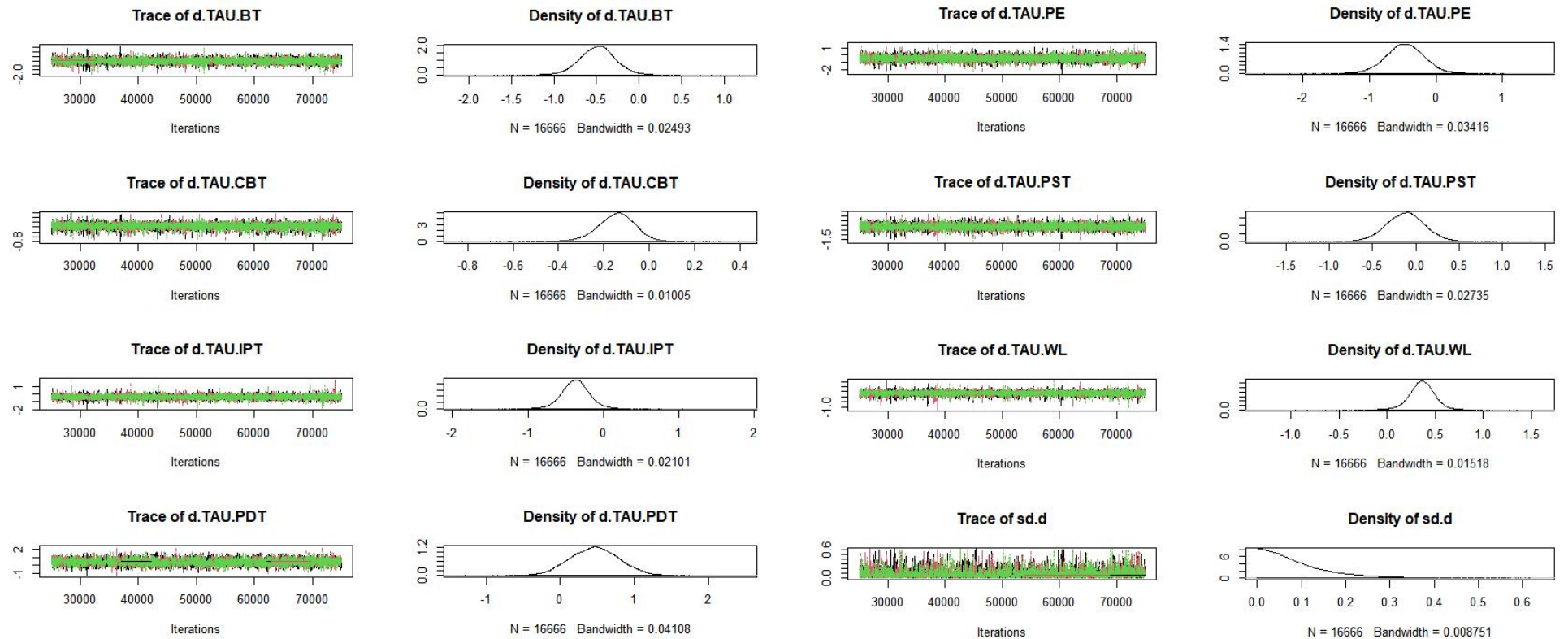








Perinatal anxiety:



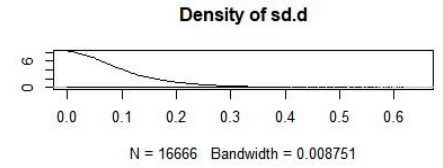
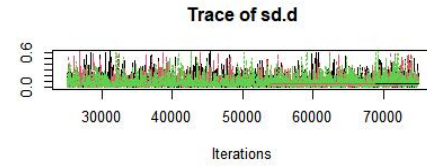
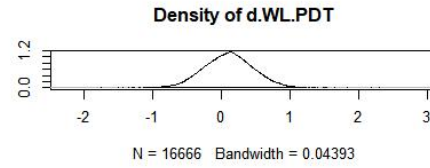
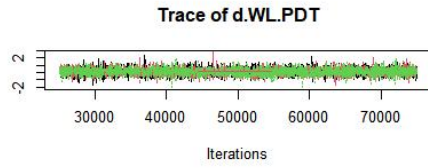
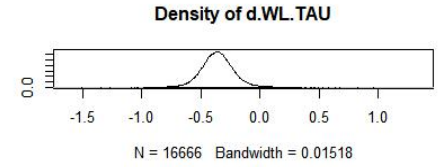
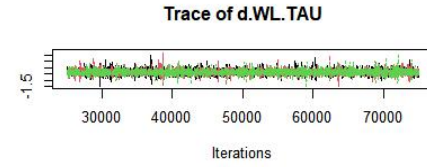
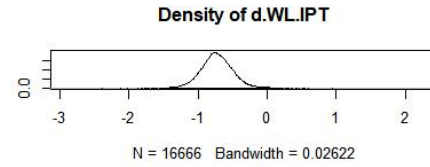
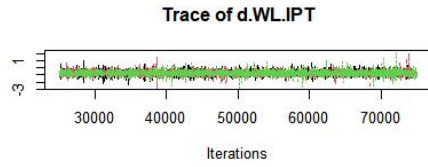
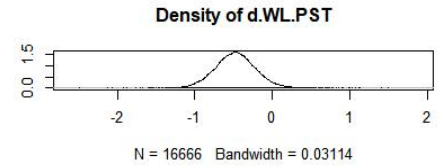
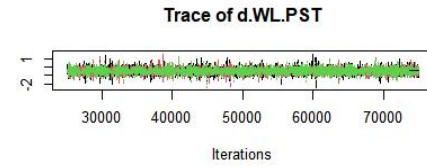
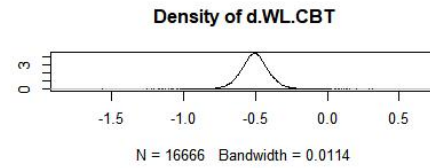
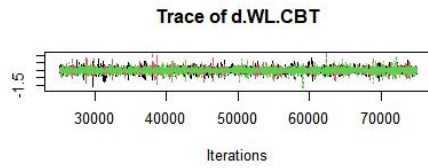
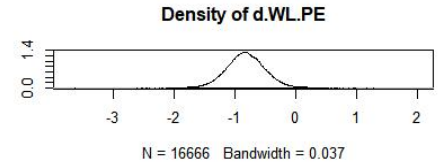
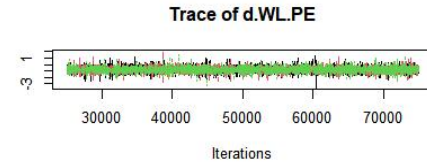
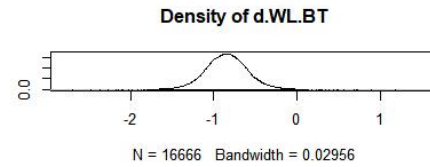
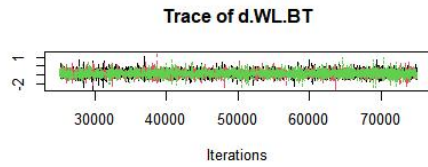
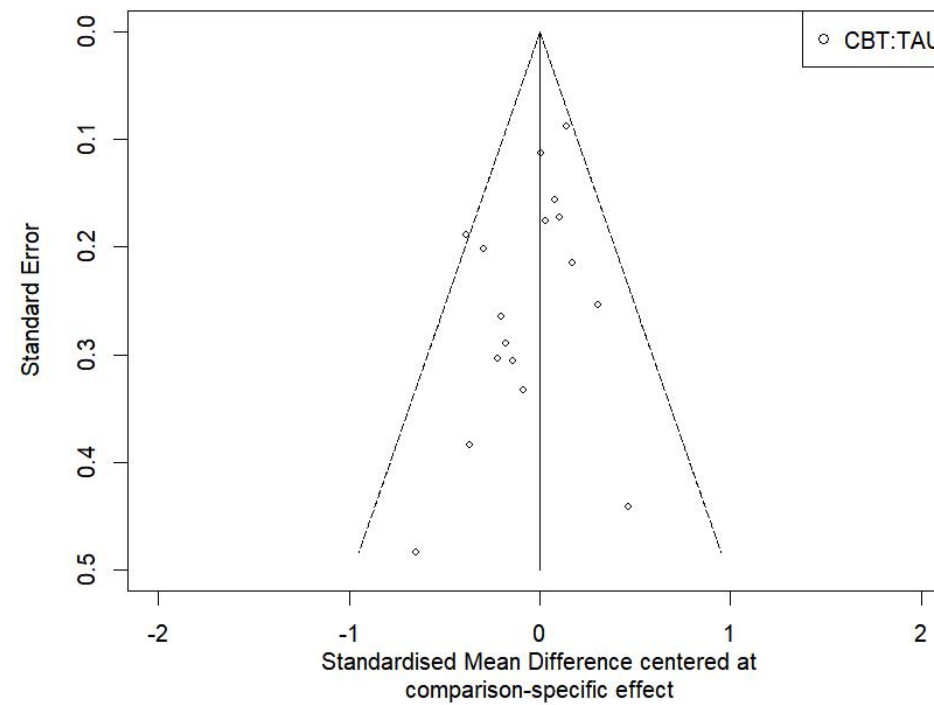


Figure S12. The funnel plots from pairwise meta-analyses

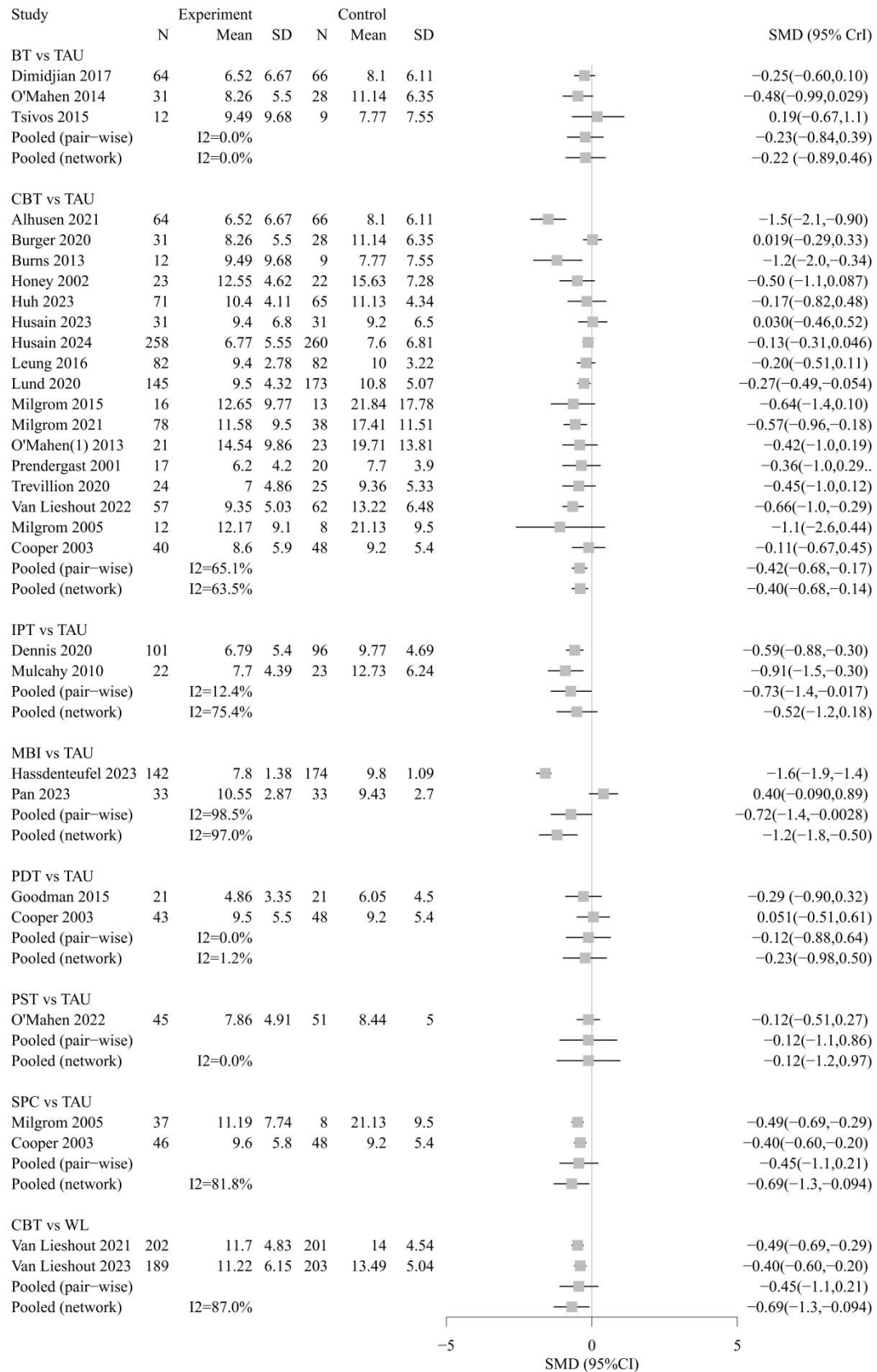
Perinatal depression:

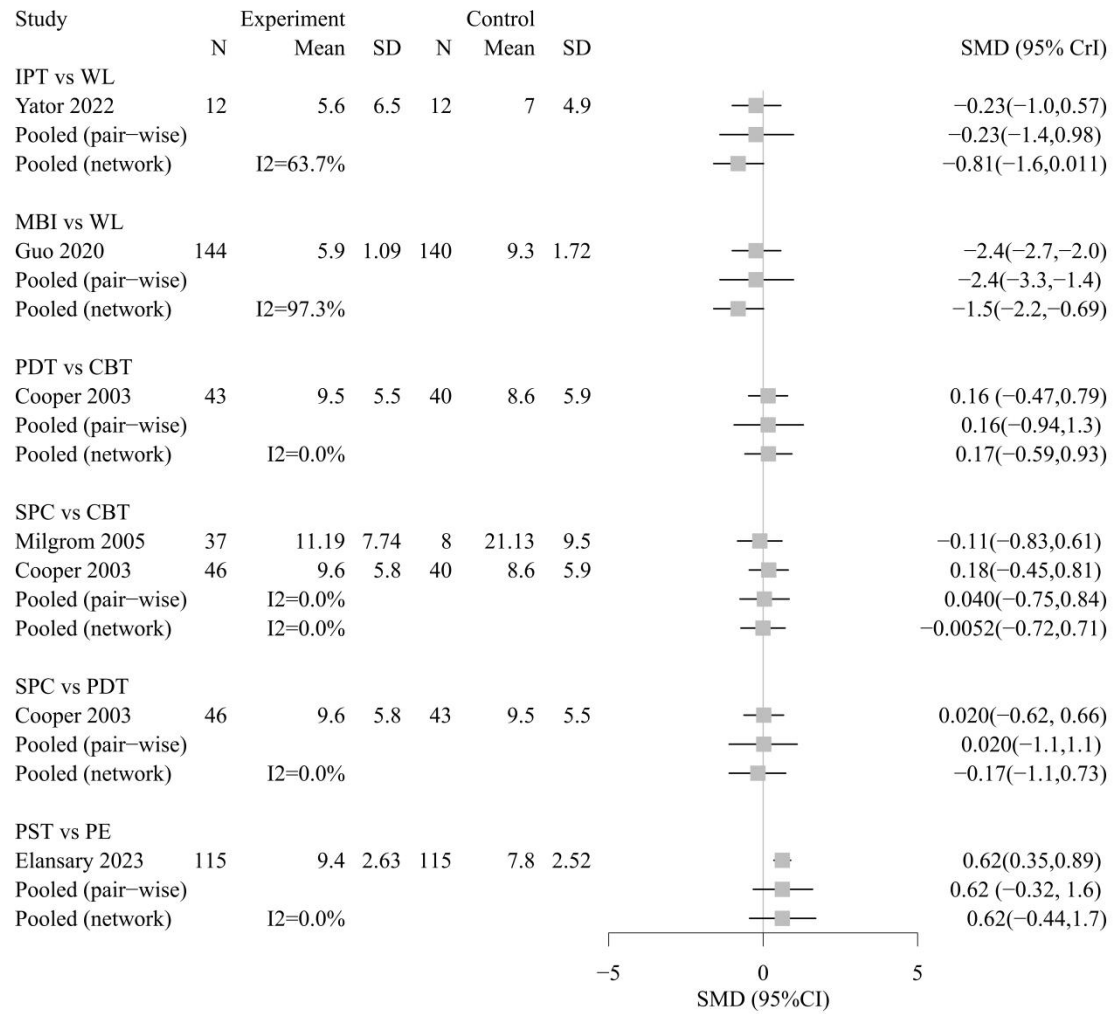


Note: Publication bias was assessed using funnel plots for comparisons with ≥ 10 studies.

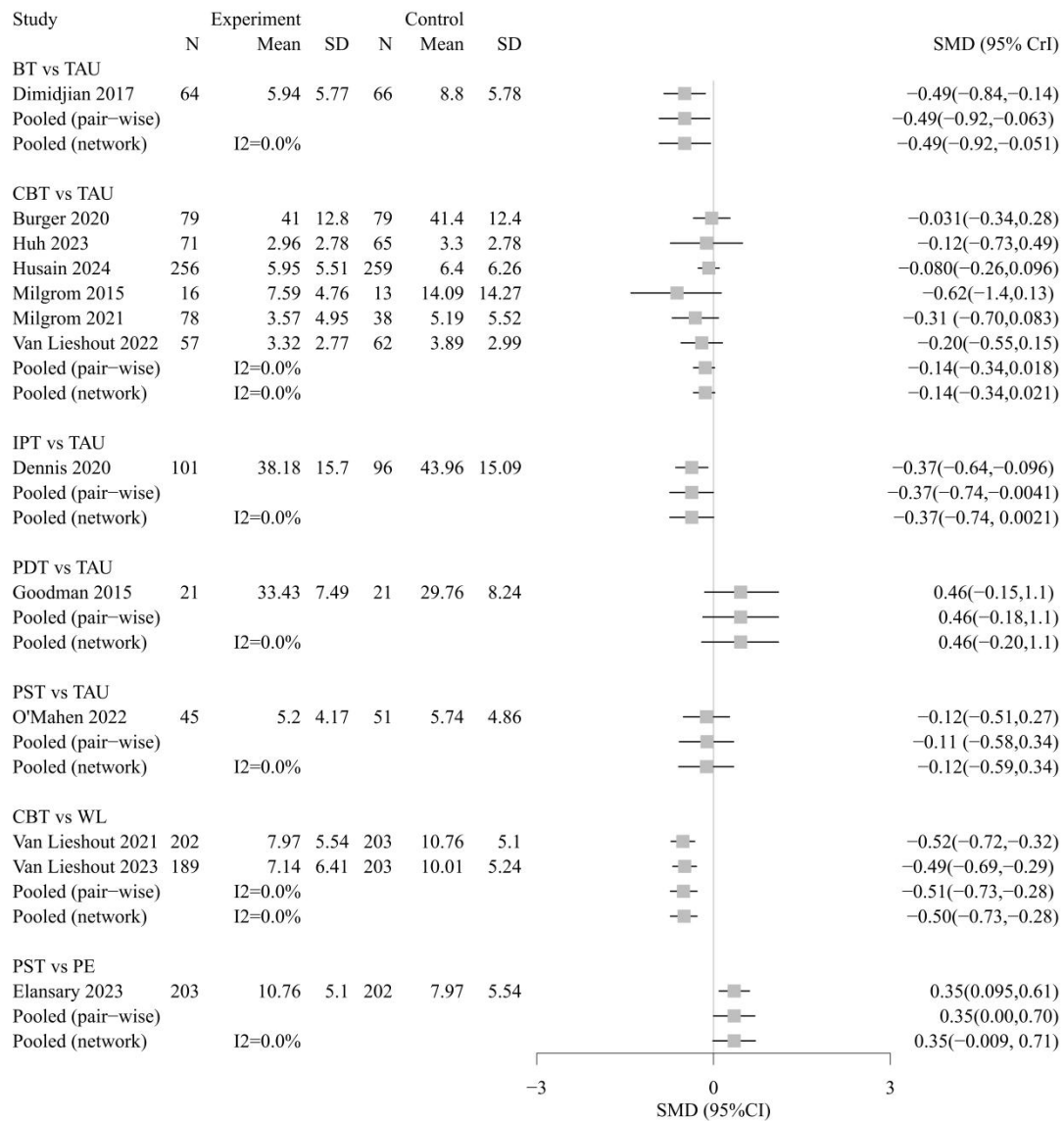
Figure S13. Heterogeneity analyses

Perinatal depression:





Perinatal anxiety:



Note: SMD, standardized mean difference; 95% CrI, 95% credible intervals.

Appendix 7. Additional analyses to investigate consistency, robustness, and heterogeneity

Table S10. Node-splitting results for primary and secondary outcomes

Comparison dyads	n	Direct effect	Indirect effect	NMA effect	P-value for differences
<i>Short-term perinatal depression</i>					
BT vs. PST	1	-0.66 (-1.8, 0.49)	0.27 (-0.50, 1.0)	0.013 (-0.68, 0.71)	0.183
CBT vs. IPT	1	-0.18 (-1.5, 1.2)	-0.091 (-0.58, 0.41)	-0.10 (-0.56, 0.36)	0.897
CBT vs. MBI	1	-1.1 (-2.2, -0.080)	-1.3 (-1.9, -0.64)	-1.5 (-2.1, -0.86)	0.818
CBT vs. PDT	1	-0.059 (-1.3, 1.2)	0.23 (-0.76, 1.2)	0.11 (-0.61, 0.84)	0.713
CBT vs. PE	1	-0.12 (-1.4, 1.1)	0.34 (-0.34, 1.0)	0.23 (-0.36, 0.83)	0.512
CBT vs. SPC	2	0.091 (-0.80, 0.98)	0.12 (-0.88, 1.1)	0.15 (-0.46, 0.76)	0.961
CBT vs. TAU	32	0.56 (0.33, 0.80)	0.54 (-0.20, 1.3)	0.55 (0.33, 0.77)	0.961
CBT vs. WL	8	1.2 (0.75, 1.7)	0.96 (0.26, 1.7)	1.1 (0.76, 1.5)	0.556
IPT vs. PE	1	0.13 (-1.1, 1.4)	0.41 (-0.38, 1.2)	0.33 (-0.32, 0.99)	0.711
IPT vs. SPC	1	0.49 (-0.86, 1.9)	0.16 (-0.64, 0.97)	0.25 (-0.43, 0.93)	0.677
IPT vs. TAU	5	0.69 (0.10, 1.3)	0.59 (-0.086, 1.3)	0.65 (0.20, 1.1)	0.818
IPT vs. WL	2	1.1 (0.094, 2.0)	1.3 (0.69, 2.0)	1.2 (0.72, 1.8)	0.665
MBI vs. TAU	4	1.9 (1.3, 2.6)	4.6 (2.8, 6.4)	2.0 (1.4, 2.6)	0.006
MBI vs. WL	1	5.1 (3.3, 6.9)	2.2 (1.5, 2.9)	2.6 (1.9, 3.3)	0.003
PDT vs. SPC	1	0.20 (-1.0, 1.4)	-0.13 (-1.3, 1.1)	0.033 (-0.83, 0.89)	0.704
PE vs. PST	1	0.15 (-1.1, 1.4)	-0.11 (-0.96, 0.74)	-0.026 (-0.72, 0.67)	0.724
PE vs. TAU	1	-0.083 (-1.3, 1.1)	0.44 (-0.24, 1.1)	0.31 (-0.28, 0.90)	0.458
PE vs. WL	1	0.58 (-0.69, 1.8)	1.0 (0.28, 1.8)	0.91 (0.28, 1.6)	0.546
PST vs. TAU	1	0.70 (0.064, 1.3)	-0.41 (-1.4, 0.55)	0.34 (-0.18, 0.87)	0.058
PST vs. WL	1	-0.11 (-1.3, 1.1)	1.3 (0.58, 2.0)	0.94 (0.34, 1.6)	0.054

Comparison dyads	n	Direct effect	Indirect effect	NMA effect	P-value for differences
SPC vs. TAU	1	0.46 (-0.30, 1.2)	0.13 (-1.3, 1.6)	0.40 (-0.20, 0.99)	0.693
Short-term perinatal anxiety					
CBT vs. MBI	1	-1.6 (-3.0, -0.15)	-0.67 (-1.5, 0.15)	-1.1 (-2.1, -0.23)	0.277
CBT vs. PE	1	-0.036 (-1.9, 1.8)	0.17 (-1.3, 1.7)	0.087 (-1.1, 1.2)	0.860
CBT vs. SPC	1	-0.015 (-1.9, 1.9)	-0.46 (-2.8, 1.8)	-0.11 (-1.4, 1.2)	0.758
CBT vs. TAU	14	0.68 (0.20, 1.2)	-0.36 (-1.9, 1.1)	0.54 (0.063, 1.0)	0.186
CBT vs. WL	5	0.59 (-0.26, 1.4)	1.3 (-0.14, 2.7)	0.77 (0.056, 1.5)	0.400
IPT vs. PE	1	0.045 (-1.8, 1.9)	-0.036 (-1.8, 1.8)	-0.0017 (-1.3, 1.3)	0.947
IPT vs. SPC	1	-0.48 (-2.4, 1.4)	0.088 (-1.8, 2.0)	-0.19 (-1.6, 1.2)	0.673
IPT vs. TAU	3	0.52 (-0.60, 1.6)	0.26 (-1.5, 2.0)	0.45 (-0.48, 1.4)	0.799
MBI vs. TAU	4	1.5 (0.63, 2.5)	3.4 (1.2, 5.6)	1.7 (0.83, 2.6)	0.126
MBI vs. WL	1	3.4 (1.4, 5.4)	1.4 (0.20, 2.6)	1.9 (0.86, 3.0)	0.084
PE vs. WL	1	0.59 (-1.3, 2.5)	0.73 (-0.88, 2.3)	0.68 (-0.52, 1.9)	0.912
PST vs. TAU	1	0.27 (-1.6, 2.1)	-0.23 (-2.3, 1.8)	0.041 (-1.3, 1.4)	0.714
PST vs. WL	1	0.046 (-1.8, 1.9)	0.55 (-1.5, 2.6)	0.28 (-1.1, 1.6)	0.715
SPC vs. TAU	1	0.35 (-1.6, 2.3)	1.0 (-1.2, 3.2)	0.64 (-0.65, 1.9)	0.646
Long-term perinatal depression					
CBT vs. PDT	1	0.16 (-0.95, 1.3)	0.11 (-1.2, 1.4)	0.17 (-0.58, 0.93)	0.954
CBT vs. TAU	17	0.44 (0.16, 0.73)	-0.31 (-1.5, 0.96)	0.40 (0.13, 0.68)	0.239
CBT vs. WL	2	0.44 (-0.27, 1.2)	1.2 (0.17, 2.2)	0.69 (0.094, 1.3)	0.222
IPT vs. TAU	2	0.73 (-0.049, 1.5)	-0.21 (-1.7, 1.3)	0.52 (-0.18, 1.2)	0.253
IPT vs. WL	1	0.23 (-1.1, 1.5)	1.2 (0.12, 2.2)	0.81 (-0.0047, 1.6)	0.256
MBI vs. TAU	2	0.73 (0.019, 1.4)	2.4 (1.3, 3.6)	1.2 (0.50, 1.8)	0.012

Comparison dyads	n	Direct effect	Indirect effect	NMA effect	<i>P</i> -value for differences
MBI vs. WL	1	2.4 (1.4, 3.3)	0.64 (-0.31, 1.5)	1.5 (0.69, 2.2)	0.010
PDT vs. SPC	1	0.022 (-1.1, 1.1)	-0.52 (-2.2, 1.1)	-0.18 (-1.1, 0.73)	0.570

Note: P-values from node-splitting analyses testing consistency between direct and indirect evidence. Node-splitting could not be performed for long-term anxiety outcomes due to insufficient closed loops in the network.

Table S11. Severity cutoffs and references for perinatal depression and anxiety scales

Scale	Severity	Cut-offs	Reference
EPDS	Mild	9-13	McCabe-Beane, J. E., Segre, L. S., Perkhounkova, Y., Stuart, S., & O'Hara, M. W. (2016). The identification of severity ranges for the Edinburgh Postnatal Depression Scale. <i>Journal of Reproductive and Infant Psychology</i> , 34(3), 293-303.
	Moderate	14-19	
	Severe	≥ 20	
PHQ-9	Mild	10-14	Arroll, B., Goodyear-Smith, F., Crengle, S., Gunn, J., Kerse, N., Fishman, T., ... & Hatcher, S. (2010). Validation of PHQ-2 and PHQ-9 to screen for major depression in the primary care population. <i>The annals of family medicine</i> , 8(4), 348-353.
	Moderate	15-19	
	Severe	≥ 20	
BDI-II	Mild	14-19	Beck, A.T., Steer, R.A., & Brown, G.K. (1996). Manual for the Beck Depression Inventory-II. San Antonio, TX: Psychological Corporation.
	Moderate	20-28	
	Severe	≥ 29	
BDI	Mild	9-15	Bumberry, W., Oliver, J. M., & McClure, J. N. (1978). Validation of the Beck Depression Inventory in a university population using psychiatric estimate as the criterion. <i>Journal of consulting and clinical psychology</i> , 46(1), 150.
	Moderate	16-23	
	Severe	≥24	
CES-D	Mild	16-26	Kim, G., DeCoster, J., Huang, C. H., & Chiriboga, D. A. (2011). Race/ethnicity and the factor structure of the Center for Epidemiologic Studies Depression Scale: a meta-analysis. <i>Cultural Diversity & Ethnic Minority Psychology</i> , 17(4), 381.
	Moderate to severe	≥ 27	
HAMD	Mild	8-16	Zimmerman, M., Martinez, J. H., Young, D., Chelminski, I., & Dalrymple, K. (2013). Severity classification on the Hamilton depression rating scale. <i>Journal of affective disorders</i> , 150(2), 384-388.
	Moderate	17-23	
	Severe	≥ 24	
QIDS	Mild	6-10	Cameron, I. M., Crawford, J. R., Cardy, A. H., du Toit, S. W., Lawton, K., Hay, S., ... & Reid, I. C. (2013). Psychometric properties of the Quick Inventory of Depressive Symptomatology (QIDS-SR) in UK primary care. <i>Journal of psychiatric research</i> , 47(5), 592-598.
	Moderate	11-15	
	Severe	≥ 24	
GAD-7	Mild	5-9	Spitzer, R.L., Kroenke, K., Williams, J.B., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder. <i>Archives of Internal Medicine</i> , 166(10), 1092-1097.
	Moderate	10-14	

Scale	Severity	Cut-offs	Reference
	Severe	15-21	
STAI	Mild	36-46	Wathelet, M., Duhem, S., Vaiva, G., Baubet, T., Habran, E., Veerapa, E., ... & D'hondt, F. (2020). Factors associated with mental health disorders among university students in France confined during the COVID-19 pandemic. <i>JAMA network open</i> , 3(10), e2025591.
	Moderate	46-55	
	Severe	≥ 56	
BAI	Mild	8-15	Cochrane Central Editorial Service, Eck, S., Dümmler, D., Aktürk, Z., Korman, M., Dawson, S., ... & Fomenko, A. (1996). Beck Anxiety Inventory (BAI) for detecting anxiety disorders in adults. <i>Cochrane Database of Systematic Reviews</i> , 2025(12).
	Moderate	16-25	
	Severe	≥ 26	
HADS-A	Mild	8-10	Crawford, J. R., Henry, J. D., Crombie, C., & Taylor, E. P. (2001). Normative data for the HADS from a large non-clinical sample. <i>British Journal of Clinical Psychology</i> , 40(4), 429-434.
	Moderate	11-15	
	Severe	≥ 16	
HAMA	Mild	8-14	Matza, L. S., Morlock, R., Sexton, C., Malley, K., & Feltner, D. (2010). Identifying HAM-A cutoffs for mild, moderate, and severe generalized anxiety disorder. <i>International journal of methods in psychiatric research</i> , 19(4), 223-232.
	Moderate	15-23	
	Severe	≥ 24	
PASS	Mild-moderate	22-41	Somerville, S., Byrne, S. L., Dedman, K., Hagan, R., Coe, S., Oxman, E., ... & Page, A. C. (2015). Detecting the severity of perinatal anxiety with the Perinatal Anxiety Screening Scale (PASS). <i>Journal of affective disorders</i> , 186, 18-25.
	Severe	≥ 42	
PSAS	Mild	74-100	Duran, S. (2020). Postpartum Specific Anxiety Scale (PSAS): reliability and validity of the Turkish version. <i>Perspectives in Psychiatric Care</i> , 56(1), 95-101.
	Moderate to severe	≥ 101	
DASS, anxiety	Mild	8-9	Dunstan, D. A., Scott, N., & Todd, A. K. (2017). Screening for anxiety and depression: reassessing the utility of the Zung scales. <i>BMC psychiatry</i> , 17(1), 329.
	Moderate	10-14	
	Severe	≥ 15	

Note: EPDS, Edinburgh Postnatal Depression Scale; PHQ-9, Patient Health Questionnaire-9; BDI, Beck Depression Inventory; CES-D, Center for Epidemiologic Studies Depression Scale; HAMD, Hamilton Depression Rating Scale; QIDS, Quick Inventory of Depressive Symptomatology; GAD-7, Generalized Anxiety Disorder 7-item; STAI, State-Trait Anxiety Inventory; BAI, Beck Anxiety Inventory; HADS-A, Hospital Anxiety and Depression Scale-Anxiety; HAMA, Hamilton Anxiety Rating Scale; PASS, Perinatal Anxiety Screening Scale; PSAS, Postpartum Specific Anxiety Scale; DASS, Depression Anxiety Stress Scales. Baseline mean symptom scores were categorized into “mild” and “moderate-to-severe” based on the distribution of included studies. Scales without validated clinical severity thresholds were excluded from this meta-regression. Although the PASS scale utilizes a “mild-to-moderate” vs. “severe” classification, the only included study using this instrument (Lawrence, 2024) reported a baseline score within the “severe” range, thus aligning with the “moderate-to-severe” category. Additionally, 6-item STAI scores were converted to 20-item equivalents following Marteau & Bekker (1992) (doi: 10.1111/j.2044-8260.1992.tb00892.x).

Table S12. Meta-regression for long-term perinatal depression and anxiety

Covariate	Perinatal Depression					Perinatal Anxiety			
	n	Coefficient	95% CrI	τ^2		n	Coefficient	95% CrI	τ^2
Study Characteristics									
Country income level	31	0.15	-0.21 to 0.50	0.17		/	/	/	/
Sample size	31	-0.39	0.11 to 0.61	0.27		13	-0.18	0.10 to 0.40	0.01
Year of publication	31	-0.30	0.16 to 0.63	0.26		13	-0.24	0.18 to 0.64	0.01
Risk of bias	31	-0.50	-0.03 to 0.44	0.27		13	-0.27	0.14 to 0.53	0.01
Post-intervention follow-up duration	31	-0.20	0.17 to 0.54	0.26		13	-0.25	-0.11 to 0.45	0.01
Intervention Characteristics									
Intervention intensity	31	-0.29	0.22 to 0.73	0.26		13	-0.24	-0.20 to 0.66	0.01
Providers/facilitators	31	-0.65	-0.19 to 0.28	0.26		13	-0.42	-0.07 to 0.29	0.01
Delivery mode	31	-0.66	-0.17 to 0.32	0.26		13	-0.59	-0.12 to 0.35	0.01
Intervention format	31	-0.57	-0.07 to 0.43	0.27		13	-0.45	-0.08 to 0.27	0.01
Participant Characteristics									
Mean age	29	-0.14	0.40 to 0.96	0.26		13	-0.79	-0.04 to 0.93	0.01
Baseline perinatal stage	31	-0.32	0.20 to 0.72	0.26		13	-0.44	-0.01 to 0.47	0.01
Diagnostic methods	31	-0.38	0.12 to 0.63	0.27		13	-0.26	-0.05 to 0.43	0.01
Baseline symptom severity	30	-0.61	-1.21 to 0.00	0.23		13	0.13	-0.28 to 0.54	0.01

Note: n, number of studies. 95% CrI, 95% credible intervals. Moderators tested: Country income level (High-income countries vs. Low- and middle-income countries based on World Bank classification); risk of bias (low vs. some concerns vs. high); Intervention intensity (hour $\times$ sessions); providers/facilitators (professionals vs. trained professionals vs. peers/self-help); delivery mode (in-person vs. remote); intervention format (group vs. individual vs. mixed); age (continuous); baseline perinatal stage (prenatal vs. postpartum vs. perinatal); diagnostic methods (diagnostic criteria vs. scale cut-offs); baseline symptom severity (mild vs. moderate-to-severe, determined by comparing mean baseline scores against validated scale thresholds, see Table S11).

Table S13. Summary of excluded outliers for sensitivity analyses

Comparison	Outcome	Before Exclusion		After Exclusion		Excluded Studies
		I^2	P-value	I^2	P-value	
CBT vs. TAU	Perinatal depression	85.7%	<0.001	51.9%	0.001	“Alhusen 2021”, “Aslami 2017”, “Burger 2020”, “Liu 2021”, “Lund 2020”, “Maselko 2001”, “Sikander 2019”, “Surkan 2024”
CBT vs. WL		92.5%	<0.001	71.1%	0.001	“Babiy 2024”, “Jannati 2020”
IPT vs. TAU		88.7%	<0.001	86.9%	<0.001	“Mulcahy 2010”
CBT vs. TAU	Perinatal anxiety	93.3%	<0.001	83.5%	<0.001	“Aslami 2017”, “Liu 2021”, “Burger 2020”,

Note: Outliers were identified as their 95% confidence interval did not overlap with the confidence interval of the pooled effect. I^2 , heterogeneity for pair-wise comparison.

Table S14. Results of Sensitivity analysis

Reference group	Treatments	S1: Excluding high risk-of-bias studies						S2: Excluding studies as outliers						S3: Limited to high-income countries					
		n	SMD (95% CrI)	<i>I</i> ²	<i>n</i>	SMD (95% CrI)	<i>I</i> ²	n	SMD (95% CrI)	<i>I</i> ²	n	SMD (95% CrI)	<i>I</i> ²	n	SMD (95% CrI)	<i>I</i> ²	n	SMD (95% CrI)	<i>I</i> ²
		<i>Perinatal depression</i>			<i>Perinatal anxiety</i>			<i>Perinatal depression</i>			<i>Perinatal anxiety</i>			<i>Perinatal depression</i>			<i>Perinatal anxiety</i>		
Relative to TAU	BT	4	-0.24 (-0.81, 0.33)	68.1%	4	-1.03 (-1.82, -0.23)	92.8%	6	-0.35 (-0.75, 0.05)	78.8%	4	-1.02 (-1.68, -0.37)	92.8%	5	-0.31 (-0.78, 0.16)	73.6%	2	-0.53 (-1.06, 0.01)	0.0%
	CBT	28	-0.46 (-0.67, -0.26)	83.6%	12	-0.43 (-0.87, 0.01)	93.5%	24	-0.47 (-0.67, -0.27)	51.9%	11	-0.34 (-0.71, 0.03)	83.5%	25	-0.54 (-0.75, -0.33)	75.8%	11	-0.31 (-0.54, -0.10)	59.0%
	IPT	5	-0.62 (-1.02, -0.22)	86.6%	3	-0.50 (-1.35, 0.34)	81.7%	4	-0.66 (-1.00, -0.28)	88.9%	3	-0.42 (-1.06, 0.23)	84.1%	5	-0.70 (-1.09, -0.32)	85.8%	3	-0.47 (-0.85, -0.07)	82.6%
	MBI	1	-1.96 (-2.95, -1.02)	96.8%	1	-1.16 (-2.46, 0.09)	96.7%	3	-1.70 (-2.30, -1.20)	92.5%	3	-1.05 (-1.76, -0.40)	96.2%	2	-1.83 (-2.59, -1.14)	96.4%	2	-0.25 (-0.74, 0.30)	87.4%
	PE	/	-0.30 (-0.89, 0.30)	/	/	-0.37 (-1.38, 0.66)	/	1	-0.31 (-0.77, 0.15)	93.7%	1	-0.32 (-1.12, 0.49)	90.9%	1	-0.30 (-0.79, 0.19)	93.0%	/	-0.39 (-0.86, 0.08)	/
	PST	3	-0.04 (-0.56, 0.48)	60.3%	1	0.56 (-1.11, 1.22)	69.4%	4	-0.33 (-0.74, 0.08)	83.2%	1	-0.04 (-0.89, 0.98)	67.5%	2	-0.00 (-0.55, 0.55)	0.7%	1	-0.05 (-0.59, 0.50)	33.7%
	PDT	3	-0.41 (-1.03, 0.21)	1.2%	1	0.41 (-1.22, 2.07)	0.0%	3	-0.42 (-0.98, 0.14)	2.2%	1	-0.41 (-1.74, 0.93)	0.0%	3	-0.43 (-1.01, 0.16)	2.2%	1	0.41 (-0.46, 1.28)	0.0%
	SPC	2	-0.35 (-0.98, 0.28)	0.0%	/	-0.99 (-2.83, 0.85)	/	3	-0.38 (-0.85, 0.09)	0.0%	1	-0.56 (-1.46, 0.33)	2.6%	2	-0.34 (-0.90, 0.21)	0.0%	1	-0.53 (-1.06, -0.01)	0.0%

Reference group	Treatments	S1: Excluding high risk-of-bias studies						S2: Excluding studies as outliers						S3: Limited to high-income countries					
		n	SMD (95% CrI)	I^2	n	SMD (95% CrI)	I^2	n	SMD (95% CrI)	I^2	n	SMD (95% CrI)	I^2	n	SMD (95% CrI)	I^2	n	SMD (95% CrI)	I^2
		<i>Perinatal depression</i>			<i>Perinatal anxiety</i>			<i>Perinatal depression</i>			<i>Perinatal anxiety</i>			<i>Perinatal depression</i>			<i>Perinatal anxiety</i>		
Relative to WL	BT	/	-0.89 (-0.60, -0.22)	/	/	-1.45 (-2.56, -0.37)	/	7	-0.37 (-0.63, -0.13)	88.0%	/	-1.42 (-2.30, -0.56)	/	/	-0.67 (-1.29, -0.05)	/	/	-0.73 (-1.37, -0.08)	/
	CBT	7	-1.12 (-1.50, -0.77)	93.3%	4	-0.86 (-1.56, -0.20)	84.1%	6	-0.99 (-0.65, -1.30)	71.1%	5	-0.74 (-1.25, -0.25)	70.4%	7	-0.90 (-1.26, -0.54)	84.0%	5	-0.52 (-0.83, -0.22)	14.1%
	IPT	2	-1.28 (-1.77, -0.81)	0.0%	/	-0.93 (-2.01, 0.13)	/	2	-1.20 (-1.60, -0.74)	0.0%	/	-0.81 (-1.63, -0.02)	/	1	-1.06 (-1.55, -0.57)	0.0%	/	-0.68 (-1.16, -0.17)	/
	MBI	1	-2.62 (-3.67, -1.64)	94.3%	1	-1.58 (-2.92, -0.30)	94.2%	1	-2.2 (-1.6, -2.9)	80.2%	1	-1.45 (-2.32, -0.66)	94.0%	/	-2.19 (-3.03, -1.41)	/	/	-0.45 (-1.06, 0.21)	/
	PE	1	-0.96 (-1.57, -0.36)	74.2%	1	-0.79 (-1.84, 0.23)	0.7%	1	-0.83 (-1.40, -0.34)	42.9%	1	-0.72 (-1.54, 0.09)	0.0%	1	-0.65 (-1.20, -0.11)	0.0%	1	-0.60 (-1.07, 0.21)	0.0%
	PST	1	-0.70 (-1.28, -0.14)	95.4%	1	-0.37 (-1.55, 0.78)	72.0%	1	-0.85 (-1.4, -0.36)	96.7%	1	-0.35 (-1.30, 0.56)	70.1%	2	-0.36 (-0.95, 0.22)	85.7%	1	-0.26 (-0.80, 0.28)	37.1%
	PDT	/	-1.07 (-1.81, -0.35)	/	/	-0.02 (-1.83, 1.79)	/	3	-0.43 (-0.86, -0.01)	3.6%	/	0.01 (-1.45, 1.45)	/	/	-0.78 (-1.48, -0.09)	/	/	0.20 (-0.74, 1.14)	/
	SPC	/	-1.01 (-1.74, -0.30)	/	/	-1.42 (-3.38, 0.53)	/	3	-0.52 (-0.85, -0.20)	0.0%	/	-0.95 (-1.99, 0.04)	/	/	-0.69 (-1.35, -0.05)	/	/	-0.73 (-1.34, -0.14)	/

Note: n, number of studies; SMD, standardized mean difference; 95% CrI, 95% credible intervals; TAU, treatment as usual; WL, waitlist control; I^2 , heterogeneity for network comparison.

Table S15. Perinatal depression subgroup analysis by participants' mean age

(1) < 30 years old

BT								
0.25 (-0.67, 1.17)	CBT							
0.05 (-1.03, 1.12)	-0.20 (-0.90, 0.49)	IPT						
2.28 (1.03, 3.58)	2.03 (1.08, 3.00)	2.22 (1.14, 3.36)	MBI					
0.14 (-1.34, 1.64)	-0.10 (-1.35, 1.14)	0.09 (-1.27, 1.46)	-2.13 (-3.68, -0.62)	PDT				
0.07 (-1.05, 1.2)	-0.18 (-0.98, 0.63)	0.02 (-0.87, 0.92)	-2.20 (-3.42, -1.03)	-0.07 (-1.52, 1.36)	PE			
0.41 (-0.69, 1.50)	0.15 (-0.76, 1.07)	0.35 (-0.68, 1.42)	-1.87 (-3.15, -0.61)	0.26 (-1.24, 1.75)	0.33 (-0.65, 1.32)	PST		
-0.04 (-1.15, 1.07)	-0.29 (-1.03, 0.45)	-0.09 (-0.95, 0.77)	-2.32 (-3.49, -1.18)	-0.18 (-1.47, 1.09)	-0.11 (-1.13, 0.90)	-0.44 (-1.56, 0.66)	SPC	
-0.50 (-1.35, 0.36)	-0.75 (-1.09, -0.41)	-0.55 (-1.19, 0.11)	-2.78 (-3.74, -1.85)	-0.64 (-1.89, 0.58)	-0.56 (-1.36, 0.21)	-0.90 (-1.78, -0.04)	-0.45 (-1.17, 0.25)	TAU
-1.85 (-3.05, -0.66)	-2.10 (-2.92, -1.30)	-1.90 (-2.73, -1.07)	-4.12 (-5.27, -3.04)	-1.99 (-3.46, -0.54)	-1.92 (-2.99, -0.85)	-2.26 (-3.45, -1.08)	-1.81 (-2.84, -0.78)	-1.35 (-2.18, -0.53)

(2) ≥ 30 years old

BT								
0.17 (-0.36, 0.72)	CBT							
0.22 (-0.46, 0.92)	0.05 (-0.45, 0.56)	IPT						
0.89 (0.18, 1.61)	0.73 (0.14, 1.28)	0.68 (-0.05, 1.37)	MBI					
0.12 (-0.64, 0.90)	-0.05 (-0.69, 0.59)	-0.09 (-0.87, 0.67)	-0.77 (-1.56, 0.02)	PDT				
0.10 (-0.87, 1.07)	-0.07 (-0.88, 0.74)	-0.11 (-1.07, 0.82)	-0.79 (-1.76, 0.20)	-0.02 (-1.05, 1.01)	PE			
-0.24 (-0.90, 0.44)	-0.41 (-0.88, 0.06)	-0.45 (-1.11, 0.19)	-1.13 (-1.80, -0.43)	-0.36 (-1.10, 0.40)	-0.34 (-1.22, 0.56)	PST		
-0.21 (-0.70, 0.29)	-0.38 (-0.60, -0.16)	-0.42 (-0.91, 0.05)	-1.10 (-1.61, -0.57)	-0.33 (-0.93, 0.28)	-0.31 (-1.14, 0.53)	0.03 (-0.42, 0.47)	TAU	
-0.48 (-1.09, 0.14)	-0.65 (-0.98, -0.33)	-0.69 (-1.30, -0.12)	-1.37 (-2.01, -0.73)	-0.60 (-1.31, 0.10)	-0.58 (-1.33, 0.17)	-0.24 (-0.74, 0.24)	-0.27 (-0.65, 0.09)	WL

Heterogeneity of treatment effects compared to TAU/WL:

< 30 years old	BT vs. TAU	CBT vs. TAU	CBT vs. WL	IPT vs. TAU	IPT vs. WL	MBI vs. TAU	MBI vs. WL	PDT vs. TAU	PE vs. TAU	PST vs. TAU	SPC vs. TAU
	75.2% (n=3)	91.8% (n=18)	74.8% (n=2)	92.0% (n=3)	89.4% (n=2)	68.4% (n=2)	60.0% (n=1)	0.0% (n=1)	97.6% (n=1)	80.7% (n=2)	0.0% (n=3)
≥ 30 years old	BT vs. TAU	CBT vs. TAU	CBT vs. WL	IPT vs. TAU	MBI vs. TAU	PDT vs. TAU	PST vs. TAU	PST vs. WL			
	93.3% (n=2)	56.3% (n=12)	67.4% (n=5)	1.3% (n=2)	56.4% (n=2)	46.5% (n=2)	42.8% (n=2)	77.5% (n=1)			

Note: The table shows the network I^2 of each comparison pair; n, number of studies.

Node-splitting analysis of inconsistency:

Comparison dyads	n	Direct effect	Indirect effect	NMA effect	P-value for differences
< 30 years old					
BT vs. PST	1	-0.66 (-2.1, 0.73)	-0.15 (-1.6, 1.4)	-0.40 (-1.5, 0.67)	0.606
CBT vs. MBI	1	-1.1 (-2.3, 0.069)	-2.0 (-3.2, -0.90)	-2.0 (-3.0, -1.1)	0.276
CBT vs. PE	1	-0.13 (-1.6, 1.3)	0.32 (-0.66, 1.3)	0.18 (-0.62, 0.99)	0.603
CBT vs. SPC	2	0.089 (-0.98, 1.2)	0.41 (-0.81, 1.6)	0.30 (-0.44, 1.0)	0.688
CBT vs. TAU	18	0.72 (0.35, 1.1)	1.2 (-0.14, 2.4)	0.75 (0.42, 1.1)	0.522
CBT vs. WL	2	2.7 (1.6, 3.7)	1.5 (0.37, 2.6)	2.1 (1.3, 2.9)	0.143
IPT vs. PE	1	0.13 (-1.4, 1.6)	-0.10 (-1.3, 1.0)	-0.013 (-0.92, 0.87)	0.804

Comparison dyads	n	Direct effect	Indirect effect	NMA effect	P-value for differences
IPT vs. SPC	1	0.49 (-1.1, 2.1)	-0.087 (-1.1, 0.96)	0.100 (-0.77, 0.95)	0.536
IPT vs. TAU	3	0.91 (0.026, 1.8)	0.13 (-0.82, 1.1)	0.55 (-0.10, 1.2)	0.231
IPT vs. WL	2	1.1 (0.059, 2.1)	3.0 (1.8, 4.2)	1.9 (1.1, 2.7)	0.017
MBI vs. TAU	2	3.1 (2.1, 4.2)	3.9 (1.9, 5.9)	2.8 (1.9, 3.7)	0.507
MBI vs. WL	1	5.1 (3.2, 7.1)	3.7 (2.4, 5.0)	4.1 (3.0, 5.3)	0.228
PE vs. PST	1	0.15 (-1.3, 1.6)	-0.78 (-2.1, 0.56)	-0.34 (-1.3, 0.64)	0.341
PE vs. TAU	1	-0.082 (-1.5, 1.3)	0.85 (-0.087, 1.8)	0.57 (-0.21, 1.4)	0.270
PST vs. TAU	2	1.3 (0.21, 2.4)	0.23 (-1.5, 1.9)	0.90 (0.050, 1.8)	0.283
SPC vs. TAU	3	0.46 (-0.45, 1.4)	-0.015 (-1.8, 1.8)	0.45 (-0.26, 1.2)	0.629
<i>≥ 30 years old</i>					
CBT vs. IPT	1	-0.19 (-1.1, 0.70)	0.021 (-0.61, 0.64)	-0.045 (-0.55, 0.46)	0.696
CBT vs. TAU	12	0.35 (0.12, 0.59)	0.63 (-0.087, 1.3)	0.38 (0.16, 0.60)	0.451
CBT vs. WL	5	0.72 (0.40, 1.1)	0.072 (-0.83, 0.98)	0.65 (0.34, 0.98)	0.170
IPT vs. TAU	2	0.37 (-0.21, 0.95)	0.57 (-0.34, 1.5)	0.42 (-0.060, 0.91)	0.698
PST vs. TAU	2	0.16 (-0.36, 0.68)	-0.49 (-1.3, 0.32)	-0.030 (-0.47, 0.42)	0.174
PST vs. WL	1	-0.11 (-0.81, 0.60)	0.54 (-0.11, 1.2)	0.24 (-0.24, 0.74)	0.174

Table S16. Perinatal anxiety subgroup analysis by participants' mean age

(1) < 30 years old

BT							
0.10 (-1.39, 1.64)	CBT						
-0.45 (-2.10, 1.21)	-0.55 (-1.96, 0.84)	IPT					
2.02 (0.18, 3.98)	1.92 (0.39, 3.50)	2.47 (0.63, 4.38)	MBI				
-0.18 (-2.33, 1.99)	-0.28 (-2.06, 1.47)	0.27 (-1.51, 2.05)	-2.20 (-4.50, -0.01)	PE			
-0.15 (-2.17, 1.88)	-0.26 (-1.99, 1.47)	0.30 (-1.40, 2.00)	-2.17 (-4.37, -0.06)	0.03 (-2.25, 2.28)	SPC		
-1.03 (-2.19, 0.15)	-1.13 (-2.12, -0.17)	-0.58 (-1.75, 0.60)	-3.05 (-4.58, -1.59)	-0.84 (-2.67, 0.98)	-0.88 (-2.54, 0.78)	TAU	
-0.73 (-3.02, 1.59)	-0.83 (-2.70, 1.07)	-0.27 (-2.51, 2.00)	-2.74 (-4.70, -0.85)	-0.55 (-3.09, 2.00)	-0.57 (-3.08, 1.92)	0.30 (-1.67, 2.29)	WL

(2) ≥ 30 years old

BT							
-0.21 (-1.07, 0.65)	CBT						
-0.25 (-1.27, 0.71)	-0.04 (-0.68, 0.50)	MBI					
-0.91 (-2.11, 0.29)	-0.70 (-1.62, 0.21)	-0.66 (-1.66, 0.39)	PDT				
-0.12 (-1.32, 1.03)	0.09 (-0.73, 0.89)	0.12 (-0.84, 1.15)	0.78 (-0.44, 2.00)	PE			
-0.46 (-1.46, 0.53)	-0.24 (-0.80, 0.30)	-0.21 (-0.94, 0.60)	0.45 (-0.58, 1.48)	-0.33 (-1.25, 0.61)	PST		
-0.50 (-1.34, 0.32)	-0.29 (-0.55, -0.05)	-0.25 (-0.74, 0.32)	0.41 (-0.47, 1.28)	-0.38 (-1.21, 0.46)	-0.04 (-0.59, 0.51)	TAU	
-0.72 (-1.65, 0.19)	-0.51 (-0.85, -0.19)	-0.48 (-1.09, 0.23)	0.19 (-0.78, 1.15)	-0.60 (-1.33, 0.15)	-0.27 (-0.82, 0.28)	-0.22 (-0.62, 0.18)	WL

Heterogeneity of treatment effects compared to TAU/WL:

< 30 years old	BT vs. TAU	CBT vs. TAU	CBT vs. TAU	IPT vs. TAU	MBI vs. TAU	MBI vs. WL	SPC vs. TAU	
	92.9% (n=4)	93.9% (n=5)	72.1% (n=1)	80.0% (n=3)	91.0% (n=2)	45.6% (n=1)	81.6% (n=1)	
≥ 30 years old	BT vs. TAU	CBT vs. TAU	IPT vs. TAU	MBI vs. TAU	PDT vs. TAU	PE vs. WL	SPC vs. TAU	SPC vs. WL
	0.0% (n=1)	65.0% (n=9)	20.9% (n=5)	87.3% (n=2)	0.0% (n=1)	0.0% (n=1)	46.3% (n=1)	49.1% (n=1)

Note: The table shows the network I^2 of each comparison pair; n, number of studies.

Node-splitting analysis of inconsistency:

Comparison dyads	n	Direct effect	Indirect effect	NMA effect	P-value for differences
< 30 years old					
CBT vs. MBI	1	-1.6 (-3.5, 0.37)	-1.6 (-3.4, 0.14)	-1.9 (-3.5, -0.41)	0.975
CBT vs. PE	1	-0.040 (-2.5, 2.4)	0.75 (-2.2, 3.7)	0.28 (-1.5, 2.1)	0.651
CBT vs. SPC	1	-0.0055 (-2.5, 2.5)	0.17 (-2.9, 3.3)	0.26 (-1.5, 2.0)	0.926
CBT vs. TAU	5	1.4 (0.26, 2.5)	-0.38 (-3.3, 2.5)	1.1 (0.15, 2.1)	0.232
CBT vs. WL	1	0.24 (-2.2, 2.6)	1.8 (-1.3, 4.9)	0.82 (-1.1, 2.7)	0.396
IPT vs. PE	1	0.045 (-2.4, 2.5)	-0.75 (-3.7, 2.2)	-0.27 (-2.1, 1.5)	0.652
IPT vs. SPC	1	-0.48 (-3.0, 2.0)	-0.13 (-2.6, 2.4)	-0.30 (-2.0, 1.4)	0.822

Comparison dyads	n	Direct effect	Indirect effect	NMA effect	P-value for differences
IPT vs. TAU	3	0.52 (-0.93, 2.0)	0.75 (-1.8, 3.3)	0.57 (-0.62, 1.8)	0.867
MBI vs. TAU	2	3.2 (1.5, 5.0)	4.1 (0.53, 7.7)	3.0 (1.6, 4.6)	0.626
MBI vs. WL	1	3.4 (0.90, 6.0)	1.8 (-1.1, 4.8)	2.7 (0.85, 4.7)	0.390
SPC vs. TAU	1	0.34 (-2.2, 2.9)	1.1 (-1.8, 4.1)	0.87 (-0.78, 2.5)	0.658
<i>≥ 30 years old</i>					
CBT vs. TAU	9	0.26 (0.019, 0.53)	0.78 (-0.30, 1.9)	0.29 (0.054, 0.55)	0.324
CBT vs. WL	5	0.56 (0.22, 0.92)	0.042 (-1.0, 1.1)	0.51 (0.19, 0.85)	0.332
PST vs. TAU	1	0.27 (-0.47, 1.0)	-0.25 (-1.1, 0.60)	0.045 (-0.51, 0.60)	0.325
PST vs. WL	1	0.049 (-0.68, 0.79)	0.57 (-0.29, 1.4)	0.27 (-0.28, 0.82)	0.322

Table S18. Original SMD effect sizes and converted MD in the EPDS scale

1. Short-term perinatal depression outcomes

Comparison	SMD (95% CrI)	Converted mean difference from difference Source of SD				
	Current meta-analysis	Screen-positive sample (EPDS ≥ 10) ¹	DSM-5 major postpartum depression, Denmark ²	ICD-10 moderate depression ²	ICD-10 mild depression ²	ICD-10 severe depression ²
Assumed SD	/	4.78	4.50	4.20	4.00	3.80
CBT vs. TAU	-0.55 (-0.77, -0.33)	-2.63 (-3.68, -1.58)	-2.48 (-3.46, -1.49)	-2.31 (-3.23, -1.39)	-2.20 (-3.08, -1.32)	-2.09 (-2.93, -1.25)
IPT vs. TAU	-0.65 (-1.09, -0.20)	-3.11 (-5.21, -0.96)	-2.93 (-4.91, -0.90)	-2.73 (-4.58, -0.84)	-2.60 (-4.36, -0.80)	-2.47 (-4.14, -0.76)
PE vs. TAU	-0.32 (-0.91, 0.27)	-1.53 (-4.35, 1.29)	-1.44 (-4.09, 1.22)	-1.34 (-3.82, 1.13)	-1.28 (-3.64, 1.08)	-1.22 (-3.46, 1.03)
SPC vs. TAU	-0.40 (-0.99, 0.20)	-1.91 (-4.73, 0.96)	-1.80 (-4.46, 0.90)	-1.68 (-4.16, 0.84)	-1.60 (-3.96, 0.80)	-1.52 (-3.76, 0.76)
PST vs. TAU	-0.34 (-0.86, 0.18)	-1.63 (-4.11, 0.86)	-1.53 (-3.87, 0.81)	-1.43 (-3.61, 0.76)	-1.36 (-3.44, 0.72)	-1.29 (-3.27, 0.68)
BT vs. TAU	-0.36 (-0.87, 0.16)	-1.72 (-4.16, 0.76)	-1.62 (-3.92, 0.72)	-1.51 (-3.65, 0.67)	-1.44 (-3.48, 0.64)	-1.37 (-3.31, 0.61)
MBI vs. TAU	-2.02 (-2.65, -1.42)	-9.66 (-12.67, -6.79)	-9.09 (-11.92, -6.39)	-8.48 (-11.13, -5.96)	-8.08 (-10.60, -5.68)	-7.68 (-10.07, -5.40)
PDT vs. TAU	-0.43 (-1.13, 0.27)	-2.06 (-5.40, 1.29)	-1.94 (-5.08, 1.22)	-1.81 (-4.75, 1.13)	-1.72 (-4.52, 1.08)	-1.63 (-4.29, 1.03)
CBT vs. WL	-1.14 (-1.54, -0.76)	-5.45 (-7.36, -3.63)	-5.13 (-6.93, -3.42)	-4.79 (-6.47, -3.19)	-4.56 (-6.16, -3.04)	-4.33 (-5.85, -2.89)
IPT vs. WL	-1.24 (-1.77, -0.71)	-5.93 (-8.46, -3.39)	-5.58 (-7.96, -3.19)	-5.21 (-7.43, -2.98)	-4.96 (-7.08, -2.84)	-4.71 (-6.73, -2.70)
PE vs. WL	-0.91 (-1.56, -0.28)	-4.35 (-7.46, -1.34)	-4.09 (-7.02, -1.26)	-3.82 (-6.55, -1.18)	-3.64 (-6.24, -1.12)	-3.46 (-5.93, -1.06)
PST vs. WL	-0.94 (-1.55, -0.34)	-4.49 (-7.41, -1.63)	-4.23 (-6.98, -1.53)	-3.95 (-6.51, -1.43)	-3.76 (-6.20, -1.36)	-3.57 (-5.89, -1.29)
MBI vs. WL	-2.61 (-3.35, -1.92)	-12.48 (-16.01, -9.18)	-11.74 (-15.08, -8.64)	-10.96 (-14.07, -8.06)	-10.44 (-13.40, -7.68)	-9.92 (-12.73, -7.30)
CBT vs. IPT	0.10 (-0.36, 0.56)	0.48 (-1.72, 2.68)	0.45 (-1.62, 2.52)	0.42 (-1.51, 2.35)	0.40 (-1.44, 2.24)	0.38 (-1.37, 2.13)
CBT vs. SPC	-0.15 (-0.75, 0.46)	-0.72 (-3.58, 2.20)	-0.67 (-3.38, 2.07)	-0.63 (-3.15, 1.93)	-0.60 (-3.00, 1.84)	-0.57 (-2.85, 1.75)
CBT vs. PE	-0.23 (-0.82, 0.36)	-1.10 (-3.92, 1.72)	-1.04 (-3.69, 1.62)	-0.97 (-3.44, 1.51)	-0.92 (-3.28, 1.44)	-0.87 (-3.12, 1.37)
CBT vs. MBI	1.47 (0.86, 2.12)	7.03 (4.11, 10.13)	6.62 (3.87, 9.54)	6.17 (3.61, 8.90)	5.88 (3.44, 8.48)	5.59 (3.27, 8.06)

CBT vs. PDT	-0.12	-0.57	-0.54	-0.50	-0.48	-0.46
	(-0.84, 0.61)	(-4.02, 2.92)	(-3.78, 2.75)	(-3.53, 2.56)	(-3.36, 2.44)	(-3.19, 2.32)
BT vs. PST	-0.01	-0.05	-0.04	-0.04	-0.04	-0.04
	(-0.71, 0.68)	(-3.39, 3.25)	(-3.19, 3.06)	(-2.98, 2.86)	(-2.84, 2.72)	(-2.70, 2.58)
IPT vs. PE	-0.33	-1.58	-1.49	-1.39	-1.32	-1.25
	(-0.99, 0.33)	(-4.73, 1.58)	(-4.46, 1.49)	(-4.16, 1.39)	(-3.96, 1.32)	(-3.76, 1.25)
IPT vs. SPC	-0.25	-1.20	-1.12	-1.05	-1.00	-0.95
	(-0.92, 0.44)	(-4.40, 2.10)	(-4.14, 1.98)	(-3.86, 1.85)	(-3.68, 1.76)	(-3.50, 1.67)
PDT vs. SPC	-0.03	-0.14	-0.14	-0.13	-0.12	-0.11
	(-0.88, 0.84)	(-4.21, 4.02)	(-3.96, 3.78)	(-3.70, 3.53)	(-3.52, 3.36)	(-3.34, 3.19)
PE vs. PST	0.03	0.14	0.14	0.13	0.12	0.11
	(-0.67, 0.72)	(-3.20, 3.44)	(-3.02, 3.24)	(-2.81, 3.02)	(-2.68, 2.88)	(-2.55, 2.74)

Note: SMD, standardized mean difference; CrI, credible intervals; MD, mean difference; SD, standard deviation; EPDS, Edinburgh Postnatal Depression Scale. To convert the SMDs obtained from the network meta-analysis to EPDS units, we applied the formula: MD = SMD × SD.

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2. Smith-Nielsen J, et al. Validation of the Edinburgh Postnatal Depression Scale against both DSM-5 and ICD-10 diagnostic criteria for depression. *BMC Psychiatry*. 2018;18(1):393. doi:10.1186/s12888-018-1965-7.

2. Short-term perinatal anxiety outcomes

Comparison	SMD (95% CrI)	Converted mean difference from difference Source of SD				
	Current meta-analysis	Screen-positive sample (GAD-7 ≥ 10) ¹	DSM-4 general anxiety disorder ²	DSM-4 general anxiety disorder in pregnant women ³	DSM-4 social anxiety disorder ⁴	DSM-4 panic disorder ⁴
Assumed SD	/	3.24	4.80	5.70	4.51	5.09
CBT vs. TAU	-0.54 (-1.00, -0.06)	-1.75 (-3.24, -0.19)	-2.59 (-4.80, -0.29)	-3.08 (-5.70, -0.34)	-2.44 (-4.51, -0.27)	-2.75 (-5.09, -0.31)
IPT vs. TAU	-0.45 (-1.37, 0.48)	-1.46 (-4.44, 1.56)	-2.16 (-6.58, 2.30)	-2.56 (-7.81, 2.74)	-2.03 (-6.18, 2.16)	-2.29 (-6.97, 2.44)
SPC vs. TAU	-0.64 (-1.96, 0.65)	-2.07 (-6.35, 2.11)	-3.07 (-9.41, 3.12)	-3.65 (-11.17, 3.71)	-2.89 (-8.84, 2.93)	-3.26 (-9.98, 3.31)
PST vs. TAU	-0.04 (-1.42, 1.33)	-0.13 (-4.60, 4.31)	-0.19 (-6.82, 6.38)	-0.23 (-8.09, 7.58)	-0.18 (-6.40, 6.00)	-0.20 (-7.23, 6.77)
BT vs. TAU	-1.02 (-1.96, -0.07)	-3.30 (-6.35, -0.23)	-4.90 (-9.41, -0.34)	-5.81 (-11.17, -0.40)	-4.60 (-8.84, -0.32)	-5.19 (-9.98, -0.36)
MBI vs. TAU	-1.67 (-2.55, -0.84)	-5.41 (-8.26, -2.72)	-8.02 (-12.24, -4.03)	-9.52 (-14.54, -4.79)	-7.53 (-11.50, -3.79)	-8.50 (-12.98, -4.28)
PDT vs. TAU	0.41 (-1.50, 2.29)	1.33 (-4.86, 7.42)	1.97 (-7.20, 10.99)	2.34 (-8.55, 13.05)	1.85 (-6.76, 10.33)	2.09 (-7.63, 11.66)
CBT vs. WL	-0.77 (-1.50, -0.05)	-2.49 (-4.86, -0.16)	-3.70 (-7.20, -0.24)	-4.39 (-8.55, -0.29)	-3.47 (-6.76, -0.23)	-3.92 (-7.63, -0.25)
MBI vs. WL	-1.90 (-3.00, -0.85)	-6.16 (-9.72, -2.75)	-9.12 (-14.40, -4.08)	-10.83 (-17.10, -4.84)	-8.57 (-13.53, -3.83)	-9.67 (-15.27, -4.33)
PE vs. WL	-0.68 (-1.88, 0.53)	-2.20 (-6.09, 1.72)	-3.26 (-9.02, 2.54)	-3.88 (-10.72, 3.02)	-3.07 (-8.48, 2.39)	-3.46 (-9.57, 2.70)
PST vs. WL	-0.28 (-1.66, 1.10)	-0.91 (-5.38, 3.56)	-1.34 (-7.97, 5.28)	-1.60 (-9.46, 6.27)	-1.26 (-7.49, 4.96)	-1.43 (-8.45, 5.60)
CBT vs. MBI	1.13 (0.25, 2.08)	3.66 (0.81, 6.74)	5.42 (1.20, 9.98)	6.44 (1.43, 11.86)	5.10 (1.13, 9.38)	5.75 (1.27, 10.59)
CBT vs. PE	-0.09 (-1.24, 1.05)	-0.29 (-4.02, 3.40)	-0.43 (-5.95, 5.04)	-0.51 (-7.07, 5.99)	-0.41 (-5.59, 4.74)	-0.46 (-6.31, 5.34)
CBT vs. SPC	0.11 (-1.19, 1.44)	0.36 (-3.86, 4.67)	0.53 (-5.71, 6.91)	0.63 (-6.78, 8.21)	0.50 (-5.37, 6.49)	0.56 (-6.06, 7.33)
IPT vs. PE	0.00 (-1.27, 1.26)	0.00 (-4.11, 4.08)	0.00 (-6.10, 6.05)	0.00 (-7.24, 7.18)	0.00 (-5.73, 5.68)	0.00 (-6.46, 6.41)
IPT vs. SPC	0.20 (-1.13, 1.55)	0.65 (-3.66, 5.02)	0.96 (-5.42, 7.44)	1.14 (-6.44, 8.84)	0.90 (-5.10, 6.99)	1.02 (-5.75, 7.89)

Note: SMD, standardized mean difference; CrI, credible intervals; MD, mean difference; SD, standard deviation; EPDS, Edinburgh Postnatal Depression Scale. To convert the SMDs obtained from the network meta-analysis to EPDS units, we applied the formula: MD = SMD $\times$ SD.

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3. Long-term perinatal depression outcomes

Comparison dyads	SMD (95% CrI)	Converted mean difference from difference Source of SD				
	Current meta-analysis	Screen-positive sample (EPDS ≥ 10) ¹	DSM-5 major postpartum depression, Denmark ³	ICD-10 moderate depression ³	ICD-10 mild depression ³	ICD-10 severe depression ³
Assumed SD /		4.78	4.50	4.20	4.00	3.80
CBT vs. TAU	-0.39 (-0.66, -0.14)	-1.86 (-3.15, -0.67)	-1.76 (-2.97, -0.63)	-1.64 (-2.77, -0.59)	-1.56 (-2.64, -0.56)	-1.48 (-2.51, -0.53)
IPT vs. TAU	-0.52 (-1.20, 0.16)	-2.49 (-5.74, 0.76)	-2.34 (-5.40, 0.72)	-2.18 (-5.04, 0.67)	-2.08 (-4.80, 0.64)	-1.98 (-4.56, 0.61)
MBI vs. TAU	-1.17 (-1.80, -0.52)	-5.59 (-8.60, -2.49)	-5.26 (-8.10, -2.34)	-4.91 (-7.56, -2.18)	-4.68 (-7.20, -2.08)	-4.45 (-6.84, -1.98)
BT vs. TAU	-0.22 (-0.87, 0.44)	-1.05 (-4.16, 2.10)	-0.99 (-3.92, 1.98)	-0.92 (-3.65, 1.85)	-0.88 (-3.48, 1.76)	-0.84 (-3.31, 1.67)
PST vs. TAU	-0.12 (-1.18, 0.95)	-0.57 (-5.64, 4.54)	-0.54 (-5.31, 4.28)	-0.50 (-4.96, 3.99)	-0.48 (-4.72, 3.80)	-0.46 (-4.48, 3.61)
SPC vs. TAU	-0.40 (-1.10, 0.28)	-1.91 (-5.26, -1.34)	-1.80 (-4.95, -1.26)	-1.68 (-4.62, -1.18)	-1.60 (-4.40, -1.12)	-1.52 (-4.18, -1.06)
PDT vs. TAU	-0.23 (-0.96, 0.47)	-1.10 (-4.59, 2.25)	-1.03 (-4.32, 2.12)	-0.97 (-4.03, 1.97)	-0.92 (-3.84, 1.88)	-0.87 (-3.65, 1.79)
CBT vs. WL	-0.69 (-1.27, -0.10)	-3.30 (-6.09, -0.48)	-3.10 (-5.71, -0.45)	-2.90 (-5.33, -0.42)	-2.76 (-5.08, -0.40)	-2.62 (-4.83, -0.38)
IPT vs. WL	-0.82 (-1.60, -0.02)	-3.92 (-7.65, -0.10)	-3.69 (-7.20, -0.09)	-3.44 (-6.72, -0.08)	-3.28 (-6.40, -0.08)	-3.12 (-6.08, -0.08)
MBI vs. WL	-1.47 (-2.18, -0.72)	-7.03 (-10.42, -3.44)	-6.62 (-9.81, -3.24)	-6.17 (-9.16, -3.02)	-5.88 (-8.72, -2.88)	-5.59 (-8.28, -2.74)
CBT vs. SPC	0.00 (-0.68, 0.70)	0.00 (-3.25, 3.35)	0.00 (-3.06, 3.15)	0.00 (-2.86, 2.94)	0.00 (-2.72, 2.80)	0.00 (-2.58, 2.66)
CBT vs. PDT	-0.16 (-0.90, 0.57)	-0.76 (-4.30, 2.72)	-0.72 (-4.05, 2.56)	-0.67 (-3.78, 2.39)	-0.64 (-3.60, 2.28)	-0.61 (-3.42, 2.17)
PE vs. PST	-0.62 (-1.64, 0.39)	-2.96 (-7.84, 1.86)	-2.79 (-7.38, 1.75)	-2.60 (-6.89, 1.64)	-2.48 (-6.56, 1.56)	-2.36 (-6.23, 1.48)
PDT vs. SPC	0.16 (-0.71, 1.06)	0.76 (-3.40, 5.07)	0.72 (-3.19, 4.77)	0.67 (-2.98, 4.45)	0.64 (-2.84, 4.24)	0.61 (-2.70, 4.03)

4. Long-term perinatal anxiety outcomes

Comparison dyads	SMD (95% CrI)	Converted mean difference from difference Source of SD				
	Current meta-analysis	Screen-positive sample (GAD-7 ≥ 10) ¹	DSM-4 general anxiety disorder ²	DSM-4 general anxiety disorder in pregnant women ³	DSM-4 social anxiety disorder ⁴	DSM-4 panic disorder ⁴
Assumed SD	/	3.24	4.80	5.70	4.51	5.09
CBT vs. TAU	-0.14 (-0.34, 0.02)	-0.45 (-1.10, 0.06)	-0.67 (-1.63, 0.10)	-0.80 (-1.94, 0.11)	-0.63 (-1.53, 0.09)	-0.71 (-1.73, 0.10)
IPT vs. TAU	-0.37 (-0.73, 0.00)	-1.20 (-2.37, 0.00)	-1.78 (-3.50, 0.00)	-2.11 (-4.16, 0.00)	-1.67 (-3.29, 0.00)	-1.88 (-3.72, 0.00)
BT vs. TAU	-0.49 (-0.91, -0.07)	-1.59 (-2.95, -0.23)	-2.35 (-4.37, -0.34)	-2.79 (-5.19, -0.40)	-2.21 (-4.10, -0.32)	-2.49 (-4.63, -0.36)
PDT vs. TAU	0.47 (-0.19, 1.10)	1.52 (-0.62, 3.56)	2.26 (-0.91, 5.28)	2.68 (-1.08, 6.27)	2.12 (-0.86, 4.96)	2.39 (-0.97, 5.60)
PST vs. TAU	-0.11 (-0.57, 0.34)	-0.36 (-1.85, 1.10)	-0.53 (-2.74, 1.63)	-0.63 (-3.25, 1.94)	-0.50 (-2.57, 1.53)	-0.56 (-2.90, 1.73)
CBT vs. WL	-0.51 (-0.73, -0.28)	-1.65 (-2.37, -0.91)	-2.45 (-3.50, -1.34)	-2.91 (-4.16, -1.60)	-2.30 (-3.29, -1.26)	-2.60 (-3.72, -1.43)
PE vs. PST	-0.35 (-0.70, 0.00)	-1.13 (-2.27, 0.00)	-1.68 (-3.36, 0.00)	-1.99 (-3.99, 0.00)	-1.58 (-3.16, 0.00)	-1.78 (-3.56, 0.00)

Appendix 8. Confidence in evidence

Confidence in Network Meta-analysis (CINeMA) assesses confidence in NMA estimates across 6 domains: within-study bias (individual study risk of bias), reporting bias (publication bias and selective reporting), indirectness (applicability to the research question), imprecision (confidence interval width and sample size), heterogeneity (variability in treatment effects), and incoherence (discrepancies between direct and indirect evidence), via its web-based application (<https://cinema.ispm.unibe.ch/>).

1. Within-study bias: rated according to the average risk-of-bias rule.

2. Reporting bias: assessed using Egger's test for comparisons with ≥ 10 studies; remaining comparisons were assigned “some concerns” for potential reporting bias.

3. Indirectness: No indirectness arises because inclusion criteria ensure studies are directly aligned with the research question.

The minimal clinically important difference (MCID) for the primary outcome measures, the EPDS and GAD-7, was defined as a reduction of 4 points, based on established validation studies by Mao et al. (2021) and Toussaint et al. (2021).

4. Heterogeneity: A single-level downgrade was applied when the 95% prediction interval crossed one MCID (benefit or harm) threshold, or unexplained moderate heterogeneity ($I^2 = 40\text{--}60\%$) was present; double downgrade was applied when the 95% prediction interval crossed both MCID thresholds (benefit and harm) or for substantial unexplained heterogeneity ($I^2 > 60\%$).

5. Incoherence: evaluated via the node-splitting method to statistically compare direct vs indirect effect estimates.

6. Imprecision: A single-level downgrade was applied when the prediction interval crossed either the MCID for benefit or harm; double downgrade was applied when the 95% prediction interval crossed both the MCID for benefit and harm thresholds.

7. Since the six evaluation domains are interconnected and downgrading should be considered jointly, we applied the rules referenced from the WHO guideline¹:

- (1) Two or three interconnected judgements of “some concerns” do not warrant downgrading by more than one level.
- (2) One judgement of “major concerns” with up to two interconnected “some concerns”, or one additional “major concerns”, does not justify downgrading by more than two levels.
- (3) Two judgements of “major concerns”, along with any additional “some” or “major” concerns, or more than four “some concerns”, result in downgrading by three levels.

¹ World Health Organization. Mental Health Gap Action Programme (mhGAP) Guideline for Mental, Neurological and Substance Use Disorders. Geneva: World Health Organization; 2023. Available at: <https://www.who.int/publications/i/item/9789240084278>

Table S19. Confidence in short-term perinatal depression

Comparison	Number of studies	Within-study bias	Reporting bias	Indirectness	Imprecision	Heterogeneity	Incoherence	Confidence rating	Reason(s) for downgrading
CBT vs. TAU	32	Some concerns	No concerns	No concerns	Some concerns	Some concerns	No concerns	Moderate	["Within-study bias", "Imprecision", "Heterogeneity"]
IPT vs. TAU	5	Some concerns	Some concerns	No concerns	Some concerns	Some concerns	No concerns	Low	["Within-study bias", "Reporting bias", "Imprecision", "Heterogeneity"]
MBI vs. TAU	4	Major concerns	Some concerns	No concerns	No concerns	Some concerns	No concerns	Low	["Within-study bias", "Reporting bias", "Heterogeneity"]
PST vs. TAU	4	Some concerns	Some concerns	No concerns	Some concerns	Some concerns	No concerns	Low	["Within-study bias", "Reporting bias", "Imprecision", "Heterogeneity"]
PDT vs. TAU	3	Some concerns	Some concerns	No concerns	Some concerns	Some concerns	No concerns	Low	["Within-study bias", "Reporting bias", "Imprecision", "Heterogeneity"]
PE vs. TAU	1	Major concerns	Some concerns	No concerns	Some concerns	Major concerns	No concerns	Very low	["Within-study bias", "Reporting bias", "Imprecision", "Heterogeneity"]
SPC vs. TAU	3	Some concerns	Some concerns	No concerns	Some concerns	Some concerns	No concerns	Very low	["Within-study bias", "Reporting bias", "Imprecision", "Heterogeneity"]
BT vs. TAU	6	Some concerns	Some concerns	No concerns	Some concerns	Major concerns	No concerns	Very low	["Within-study bias", "Reporting bias", "Imprecision", "Heterogeneity"]
CBT vs. WL	8	Some concerns	Some concerns	No concerns	Some concerns	Major concerns	No concerns	Very low	["Within-study bias", "Reporting bias", "Imprecision", "Heterogeneity"]
IPT vs. WL	2	Some concerns	Some concerns	No concerns	Some concerns	Some concerns	No concerns	Low	["Within-study bias", "Reporting bias", "Imprecision", "Heterogeneity"]

Comparison	Number of studies	Within-study bias	Reporting bias	Indirectness	Imprecision	Heterogeneity	Incoherence	Confidence rating	Reason(s) for downgrading
PE vs. WL	1	Some concerns	Some concerns	No concerns	Some concerns	Major concerns	No concerns	Very low	["Within-study bias", "Reporting bias", "Imprecision", "Heterogeneity"]
PST vs. WL	1	Some concerns	Some concerns	No concerns	Some concerns	Major concerns	No concerns	Very low	["Within-study bias", "Reporting bias", "Imprecision", "Heterogeneity"]
MBI vs. WL	1	Some concerns	Some concerns	No concerns	No concerns	Major concerns	No concerns	Very low	["Within-study bias", "Reporting bias", "Heterogeneity"]
CBT vs. IPT	1	No concerns	Some concerns	No concerns	Some concerns	Some concerns	No concerns	Moderate	["Reporting bias", "Imprecision", "Heterogeneity"]
CBT vs. MBI	1	Some concerns	Some concerns	No concerns	No concerns	Some concerns	No concerns	Moderate	["Within-study bias", "Reporting bias", "Heterogeneity"]
PE vs. PST	1	No concerns	Some concerns	No concerns	Some concerns	Some concerns	No concerns	Moderate	["Reporting bias", "Imprecision", "Heterogeneity"]
CBT vs. PDT	1	Some concerns	Some concerns	No concerns	Some concerns	Some concerns	No concerns	Low	["Within-study bias", "Reporting bias", "Imprecision", "Heterogeneity"]
IPT vs. SPC	1	Some concerns	Some concerns	No concerns	Some concerns	Some concerns	No concerns	Low	["Within-study bias", "Reporting bias", "Imprecision", "Heterogeneity"]
IPT vs. PE	1	Some concerns	Some concerns	No concerns	Some concerns	Some concerns	No concerns	Low	["Within-study bias", "Reporting bias", "Imprecision", "Heterogeneity"]
CBT vs. SPC	2	Major concerns	Some concerns	No concerns	Some concerns	Some concerns	No concerns	Very low	["Within-study bias", "Reporting bias", "Heterogeneity"]
CBT vs. PE	1	Some concerns	Some concerns	No concerns	Some concerns	Major concerns	No concerns	Very low	["Within-study bias", "Reporting bias", "Imprecision", "Heterogeneity"]

Comparison	Number of studies	Within-study bias	Reporting bias	Indirectness	Imprecision	Heterogeneity	Incoherence	Confidence rating	Reason(s) for downgrading
BT vs. PST	1	Major concerns	Some concerns	No concerns	Some concerns	Major concerns	No concerns	Very low	["Within-study bias","Reporting bias","Imprecision","Heterogeneity"]
PDT vs. SPC	1	Some concerns	Some concerns	No concerns	Major concerns	Major concerns	No concerns	Very low	["Within-study bias","Reporting bias","Imprecision","Heterogeneity"]

Table S20. Confidence in short-term perinatal anxiety

Comparison	Number of studies	Within-study bias	Reporting bias	Indirectness	Imprecision	Heterogeneity	Incoherence	Confidence rating	Reason(s) for downgrading
CBT vs. TAU	14	Some concerns	No concerns	No concerns	Some concerns	Some concerns	No concerns	Moderate	["Within-study bias", "Imprecision", "Heterogeneity"]
IPT vs. TAU	3	Some concerns	Some concerns	No concerns	Some concerns	Some concerns	No concerns	Low	["Within-study bias", "Reporting bias", "Imprecision", "Heterogeneity"]
BT vs. TAU	4	Some concerns	Some concerns	No concerns	Some concerns	Some concerns	No concerns	Low	["Within-study bias", "Reporting bias", "Imprecision", "Heterogeneity"]
SPC vs. TAU	1	Major concerns	Some concerns	No concerns	Some concerns	Some concerns	No concerns	Very Low	["Within-study bias", "Reporting bias", "Imprecision", "Heterogeneity"]
PST vs. TAU	1	Some concerns	Some concerns	No concerns	Major concerns	Major concerns	No concerns	Very Low	["Within-study bias", "Reporting bias", "Imprecision", "Heterogeneity"]
MBI vs. TAU	4	Major concerns	Some concerns	No concerns	No concerns	Major concerns	No concerns	Very Low	["Within-study bias", "Reporting bias", "Heterogeneity"]
PDT vs. TAU	1	Some concerns	Some concerns	No concerns	Major concerns	Major concerns	No concerns	Very Low	["Within-study bias", "Reporting bias", "Imprecision", "Heterogeneity"]
MBI vs. WL	1	Some concerns	Some concerns	No concerns	No concerns	Some concerns	No concerns	Moderate	["Within-study bias", "Reporting bias", "Heterogeneity"]
CBT vs. WL	5	Some concerns	Some concerns	No concerns	Some concerns	Some concerns	No concerns	Low	["Within-study bias", "Reporting bias", "Imprecision", "Heterogeneity"]
PE vs. WL	1	Some concerns	Some concerns	No concerns	Some concerns	Some concerns	No concerns	Low	["Within-study bias", "Reporting bias", "Imprecision", "Heterogeneity"]

PST vs. WL	1	Some concerns	Some concerns	No concerns	Major concerns	Major concerns	No concerns	Very Low	["Within-study bias", "Reporting bias", "Imprecision", "Heterogeneity"]
CBT vs.MBI	1	Major concerns	Some concerns	No concerns	Some concerns	Some concerns	No concerns	Very Low	["Within-study bias", "Reporting bias", "Imprecision", "Heterogeneity"]
CBT vs. PE	1	Some concerns	Some concerns	No concerns	Major concerns	Major concerns	No concerns	Very Low	["Within-study bias", "Reporting bias", "Imprecision", "Heterogeneity"]
CBT vs. SPC	1	Major concerns	Some concerns	No concerns	Major concerns	Major concerns	No concerns	Very Low	["Within-study bias", "Reporting bias", "Imprecision", "Heterogeneity"]
IPT vs. PE	1	No concerns	Some concerns	No concerns	Major concerns	Major concerns	No concerns	Very Low	["Reporting bias", "Imprecision", "Heterogeneity"]
IPT vs.SPC	1	Some concerns	Some concerns	No concerns	Major concerns	Major concerns	No concerns	Very Low	["Within-study bias", "Reporting bias", "Imprecision", "Heterogeneity"]

Table S21. Confidence in long-term perinatal depression

Comparison	Number of studies	Within-study bias	Reporting bias	Indirectness	Imprecision	Heterogeneity	Incoherence	Confidence rating	Reason(s) for downgrading
CBT vs. TAU	17	Some concerns	No concerns	No concerns	Some concerns	Major concerns	No concerns	Low	["Within-study bias", "Imprecision", "Heterogeneity"]
PDT vs. TAU	2	Some concerns	Some concerns	No concerns	Some concerns	Some concerns	No concerns	Low	["Within-study bias", "Reporting bias", "Imprecision", "Heterogeneity"]
IPT vs. TAU	2	Some concerns	Some concerns	No concerns	Some concerns	Major concerns	No concerns	Very low	["Within-study bias", "Reporting bias", "Imprecision", "Heterogeneity"]
MBI vs. TAU	2	Major concerns	Some concerns	No concerns	Some concerns	Major concerns	No concerns	Very low	["Within-study bias", "Reporting bias", "Imprecision", "Heterogeneity"]
BT vs. TAU	3	Some concerns	Some concerns	No concerns	Some concerns	Some concerns	No concerns	Very low	["Within-study bias", "Reporting bias", "Imprecision", "Heterogeneity"]
PST vs. TAU	1	Some concerns	Some concerns	No concerns	Major concerns	Major concerns	No concerns	Very low	["Within-study bias", "Reporting bias", "Imprecision", "Heterogeneity"]
SPC vs. TAU	2	Some concerns	Some concerns	No concerns	Some concerns	Major concerns	No concerns	Very low	["Within-study bias", "Reporting bias", "Imprecision", "Heterogeneity"]
CBT vs. WL	2	Some concerns	Some concerns	No concerns	Some concerns	Major concerns	No concerns	Very low	["Within-study bias", "Reporting bias", "Imprecision", "Heterogeneity"]
IPT vs. WL	1	Some concerns	Some concerns	No concerns	Some concerns	Major concerns	No concerns	Very low	["Within-study bias", "Reporting bias", "Imprecision", "Heterogeneity"]
MBI vs. WL	1	Some concerns	Some concerns	No concerns	Some concerns	Major concerns	No concerns	Very low	["Within-study bias", "Reporting bias", "Imprecision", "Heterogeneity"]

CBT vs. SPC	2	Some concerns	Some concerns	No concerns	Some concerns	Some concerns	No concerns	Low	["Reporting bias","Imprecision","Heterogeneity"]
CBT vs. PDT	1	Some concerns	Some concerns	No concerns	Some concerns	Some concerns	No concerns	Low	["Within-study bias","Reporting bias","Imprecision","Heterogeneity"]
PE vs. PST	1	No concerns	Some concerns	No concerns	Some concerns	Some concerns	No concerns	Low	["Reporting bias","Imprecision","Heterogeneity"]
PDT vs. SPC	1	Some concerns	Some concerns	No concerns	Some concerns	Some concerns	No concerns	Low	["Within-study bias","Reporting bias","Imprecision","Heterogeneity"]

Table S22. Confidence in long-term perinatal anxiety

Comparison	Number of studies	Within-study bias	Reporting bias	Indirectness	Imprecision	Heterogeneity	Incoherence	Confidence rating	Reason(s) for downgrading
CBT vs. TAU	6	Some concerns	Some concerns	No concerns	Some concerns	Some concerns	No concerns	Low	["Within-study bias", "Reporting bias", "Imprecision", "Heterogeneity"]
IPT vs. TAU	1	No concerns	Some concerns	No concerns	Some concerns	Some concerns	No concerns	Moderate	["Reporting bias", "Imprecision", "Heterogeneity"]
BT vs. TAU	1	Some concerns	Some concerns	No concerns	Some concerns	Some concerns	No concerns	Low	["Within-study bias", "Reporting bias", "Imprecision", "Heterogeneity"]
PDT vs. TAU	1	Some concerns	Some concerns	No concerns	Some concerns	Some concerns	No concerns	Low	["Within-study bias", "Reporting bias", "Imprecision", "Heterogeneity"]
PST vs. TAU	1	Some concerns	Some concerns	No concerns	Some concerns	Some concerns	No concerns	Low	["Within-study bias", "Reporting bias", "Imprecision", "Heterogeneity"]
CBT vs. WL	2	Some concerns	Some concerns	No concerns	Some concerns	Some concerns	No concerns	Low	["Within-study bias", "Reporting bias", "Imprecision"]
PE vs. PST	1	No concerns	Some concerns	No concerns	Some concerns	Some concerns	No concerns	Low	["Within-study bias", "Reporting bias", "Imprecision", "Heterogeneity"]