

Table 1.
Summary of Characteristics

Author, year, country	Study design, sample	Participant characteristics/eligibility	Peer characteristics, training	Intervention description	Control/comparison group	Review outcomes: 1. depression 2. anxiety	Assessment time points
Peer-delivered psychotherapies							
Amani et al,⁴⁰ 2022, Canada	Single-site RCT, PS: 27; WLC: 27	54 PP women, <18 y old, have an infant <12 mo, EPDS ≥10	10 women with recovery from PPD and below clinical cutoffs of BDI and GAD-7; 2 d of in-class instruction, 9-wk observership of intervention delivery by 2 experienced therapists, practice delivery in pairs	In-person, peer-led group CBT-based intervention. Sessions were 2 h (1 h didactic teaching of CBT skills and 1 h of unstructured discussion) and held every week, 9 wk total	WLC, received intervention after 9-wk delay	1. Yes (EPDS) 2. Yes (GAD-7)	Baseline (upon enrollment; T1), 9 wk (T2), and 6 mo later (T3)
Babiy et al,⁴¹ 2024, Canada	Pre-post RCT, PS: 202; TAU: 203	405 PP women, living in Ontario, <18 y old, have an infant <12 mo, EPDS >10	5 mothers with experience of and recovery from PPD, below clinical cutoff for BDI-II and GAD-7; 2 d of classroom training and didactic teaching, mock workshop practice	Online peer-led group CBT-based intervention, 6 h workshop on 1 d	TAU	1. Yes (EPDS) 2. No	Baseline (upon enrollment; T1) and 9 wk later (T2)
Chibanda et al,⁴² 2014, Zimbabwe	Multisite pilot RCT, PS: 30; PT: 29	58 women, 6–7 wk PP, >18 y old, attending postnatal clinic, EPDS ≥11	6 women living with HIV/AIDS currently providing community education, previous participation in program and had disclosed their HIV-positive status to partner or family member; 2-d training conducted by 2 psychiatrists	6 weekly sessions of structured group problem-solving therapy	Pharmacotherapy (received amitriptyline for depression treatment)	1. Yes (EPDS) 2. No	Baseline (T1) and 6 wk posttreatment (T2)
Fuhr et al,⁴³ 2019, India	Single-blind multisite RCT, PS: 140; EUC: 140	280 women in second or third trimester, >18 y old, PHQ-9 ≥10	26 lay-peers, middle-aged with children, similar sociodemographic background to participants; 25–40 h of interactive classroom training (discussion and roleplay), 2-mo internship to determine competency	Individually delivered CBT-based program in participants' homes for 6 mo	EUC from a gynecologist and information sheets	1. Yes (PHQ-9) 2. No	6 mo after childbirth (T1) and 3 mo PP (T2)
Kaaya et al,⁴⁴ 2022, Tanzania	Single-site RCT, PS: 395; EUC: 347	742 pregnant women, <30 wk gestation, living with HIV and depression, already attending study clinics	22 women with prior HIV-related group counseling experience; refresher course, 2 wk intensive training, and weekly supervision	In-person group support sessions on physical health and relationship building (2–3 h) and CBT content (1–1.5 h), 8 weekly sessions	Enhanced usual care for depression (1-d training for screening, diagnosis, and treatment for depression)	1. Yes (PHQ-9) 2. No	Baseline (during pregnancy; T1), 6 wk (T2) and 9-mo PP (T3)
Maselko et al,⁴⁵ 2020, Pakistan	Cluster RCT, PS: 283; EUC: 287	570 pregnant women in third trimester, >18 y old, PHQ-9 ≥10	Volunteer LHWs with similar sociodemographic background as participants and lived in the same community; 3 total training sessions (2 d each) with refresher trainings at 6 and 18 mo after initial training	Peer-led group sessions based on behavioral activation and problem solving, 18 sessions from 7 to 36 mo postnatal; first 6 sessions delivered monthly, then bimonthly until 36 mo	EUC	1. Yes (PHQ-9) 2. No	Baseline (T1), 3 mo (T2), 6 mo (T3), 12 mo (T4), 24 mo (T5), 36 mo (T6)

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Merza et al,⁴⁶ 2023, Canada	Single-site RCT, PS: 92; WLC: 91	183 PP women, >18 y old, have an infant <12 mo, EPDS ≥10	5 mothers with experience of and recovery from PPD, below clinical cutoff for BDI-II and GAD-7; 3-d training program with didactic teaching, practice, roleplay, and observership	In-person, peer-led group CBT-based intervention, sessions were 2 h and held every week, 9 wk total; half of each session for CBT skills, half for unstructured discussion	WLC, received same intervention as PS group after 9-wk delay	1. Yes (EPDS) 2. Yes (GAD-7)	Baseline (upon enrollment; T1), 9 wk later (T2), and 6 mo later (PS group only; T3)
Sikander et al,⁴⁷ 2019, Pakistan	Single-blind multisite cluster RCT, PS: 283; EUC: 287	570 women in third trimester, >18 y old, registered with local LHWs	66 mothers (3 per cluster) who were married with children, 30–35 y old, good communication skills, similar socioeconomic and education background as participants; attended brief classroom training with regular supervision	10 individual and 4 group therapy sessions, along with EUC from the third trimester to 6 mo PP	EUC	1. Yes (PHQ-9) 2. No	3 mo (T1) and 6 mo (T2) PP
Individually delivered peer support							
Dennis et al,⁴⁸ 2003, Canada	RCT, PS: 20; TAU: 22	42 women between 8 and 12 wk PP, >18 y old, single birth at <37 wk gestation, EPDS ≥9	19 mothers with lived experience of and subsequent recovery from PPD; 4 h training with handbook for use during trial	Unstructured online phone-based PS. Participants could contact peer-volunteers as needed, duration of calls averaged 34.4 min (SD=20)	TAU	1. Yes (EPDS) 2. No	Baseline (at randomization, between 8 and 12 wk PP (T1), 4 wk (T2), and 8 wk later (T3)
Dennis et al,⁴⁹ 2009, Canada	Multisite RCT, PS: 349; TAU: 352	701 women screened at 2 wk PP, <18 y old, EPDS ≥9	201 (12–66 per region) mothers with self-reported history and recovery from PPD	Unstructured telephone-based PS, minimum 4 contacts with more as needed, average total of 8.8 contacts (SD=6.0), duration of calls averaged 14.1 min (SD=18.5)	TAU	1. Yes (EPDS) 2. Yes (STAI)	Baseline (at randomization, around 2 wk PP; T1), 12 wk (T2), and 24 wk later (T3)
Gjerdingen et al,⁵⁰ 2013, US	Pilot RCT, PS: 25; TAU: 14	39 mothers PP >16 y old, infant <6 mo, PHQ-9 ≥10	Mothers with lived experience and recovery from PPD; training not reported	Access to doula or unstructured PS and TAU. Doula support spans 6 wk and PS for 3 mo, with the doula offering 24 h over 6 wk and 4 h weekly, and the PS adapting to the preferences of the moms	TAU	1. Yes (PHQ-9) 2. No	Baseline (T1) and 6 mo later (T2)
Kamalifard et al,⁵¹ 2013, Iran	Single-blind RCT, PS + TAU: 50; TAU: 50	100 primiparous pregnant women, between 18 and 35 y old, psychologist confirmed diagnosis for PPD risk, EPDS 11–23	17 mothers with birth experience (by cesarean section or natural) and breastfeeding, ability to read and write in Persian; two 4-h training sessions	Unstructured PS via phone calls in addition to TAU. Weekly calls from last 3 mo of pregnancy to 2 mo after delivery	TAU	1. Yes (EPDS) 2. No	Baseline (before intervention; T1), and 8 wk after delivery (T2)
Letourneau et al,⁵² 2011, Canada	RCT, PS: 27; WLC: 30	57 women PP, infant <9 mo, single birth, EPDS ≥12	Mothers with at least 2 y recovery from PPD; 8 h classroom training with regular follow-up debriefs with health care professionals	PS and maternal–infant interaction intervention. 12 wk of home visits and phone calls	WLC, received 2 wk of peer support after a 12-wk waiting period	1. Yes (EPDS) 2. No	Baseline (at randomization; T1), 6 wk (T2), and 12 wk later (T3)

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Author, year, country	Study design, sample	Participant characteristics/eligibility	Peer characteristics, training	Intervention description	Control/comparison group	Review outcomes: 1. depression 2. anxiety	Assessment time points
Lutenbacher et al, ⁵³ 2018, US	Single-site RCT, PS: 94; EUC: 94	188 Hispanic pregnant women, <26 wk gestation, <18 y old	Women from target communities with shared race, culture, and language, with strong problem-solving and communication skills and familiarity with resources; 40 h of training on intervention	Individual PS visits in participant homes, focused on listening and educating on healthy pregnancies and PP. Visits were 1 h and took place once per month, starting at <26 wk gestation until 6 mo PP	Minimal education intervention that received the same printed educational material as the intervention group, but no peer visits	1. Yes (EPDS) 2. No	Baseline (at enrollment, ≤26 wk pregnant; T1), 35 wk pregnant (T2), 2 wk (T3), 2 mo (T4), and 6 mo PP (T5)
Shorey et al, ⁵⁴ 2019, Singapore	Single-blind single-site RCT, PS: 69; TAU: 69	138 mothers at least 21 y old, ability to read/speak English, own a mobile phone, planned to stay in Singapore for 3 mo PP, delivery of healthy baby, EPDS score ≥9	20 mothers, 21 y or older, ability to speak/write in English, healthy infant at delivery, self-reported history and recovery from PPD, living in Singapore for 6 mo; half-day training with a psychiatrist + access to training booklet	Individually delivered technology-based PS for 4 wk	TAU	1. Yes (EPDS) 2. Yes (STAI)	1 mo (T1) and 3 mo PP (T2)
Peer discussion groups							
Chen et al, ⁵⁵ 2000, Taiwan	Single-site RCT, PS: 30; Control: 30	PP women, 18 y or older, infant survived, minimum junior high school education, BDI ≥10	Support groups led by study participants, content of discussion determined by participants; a research coordinator was present to monitor/facilitate, but did not actively participate	4-wk unstructured support group, 1 session per week (1.5–2 h each), led by participants between 6 and 10 wk PP	Received no treatment	1. Yes (BDI) 2. No	Immediately before first session (T1) and immediately after final session (T2)
Field et al, ⁵⁶ 2013, US	RCT, PS: 22; IPT: 22	44 pregnant women with only 1 child, 18–40 y old, SCID depression diagnosis, no obstetrical complications	Training not reported	12-wk unstructured support group, 1 session per week (20 min each), content of discussion was determined by participants	12-wk therapist-guided IPT group, 1 session per week (1 h each)	1. Yes (CES-D) 2. Yes (STAI)	
Mazzoni et al, ⁵⁷ 2018, US	Multisite RCT, PS + IPC: 42; IPC: 42	84 pregnant women with type 2 or gestational diabetes (diagnosed with 2-step method at <32 wk gestation), English- or Spanish-speaking, ability to attend group visits at specified times	Pregnant women with gestational or type 2 diabetes; did not report training, intervention delivered with 1 peer and monitored by 1 obstetric provider	Group or IPC, every 2 wk or more until 37 wk gestation, then weekly until delivery, 10–20 minute sessions	IPC	1. Yes (EPDS) 2. No	Baseline (at randomization; T1), 38 wk gestation (T2), and 6–12 wk PP (T3)
Weis et al, ⁵⁸ 2017, US	Repeated measures RCT, PS: 180; TAU: 187	367 mothers in first trimester, 18 y or older, and an active duty member or wife of a member of AAS	Mothers who are married to or were active members of AAS; formal training on rationale of intervention	Mentors Offering Maternal Support (MOMS): 16 wk of structured intervention, 8 biweekly sessions	TAU	1. Yes (EPDS) 2. Yes (PSEQ-SF)	First (upon enrollment; T1), second (21 wk at session 5; T2), and third trimester (30 wk at session 8; T3)

Abbreviations: AAS = American Armed Services, BDI-II = Beck Depression Inventory Second Edition, CES-D = Center for Epidemiological Studies Depression Scale, CIS-R = Clinical Interview Schedule-Revised, EUC = enhanced usual care, CBT = cognitive behavioral therapy, EPDS = Edinburgh Postnatal Depression Scale, GAD-7 = Generalized Anxiety Disorder Scale 7-item, IPC = individual prenatal care, IPT = Interpersonal Psychotherapy, K10 = Kessler-10 Item Scale, LHW = Lady Health Worker, MDD = major depressive disorder, PHQ-9 = Patient Health Questionnaire-9 Item, PP = postpartum, PPD = postpartum depression, PSEQ-SF = Prenatal Self-Evaluation Questionnaire-Short Form, PS = peer support, PT = pharmacotherapy, RCT = randomized controlled trial, SCID = Structured Clinical Interview for Depression, STAI = State-Trait Anxiety Inventory, TAU = treatment as usual, WLC = waitlist control.