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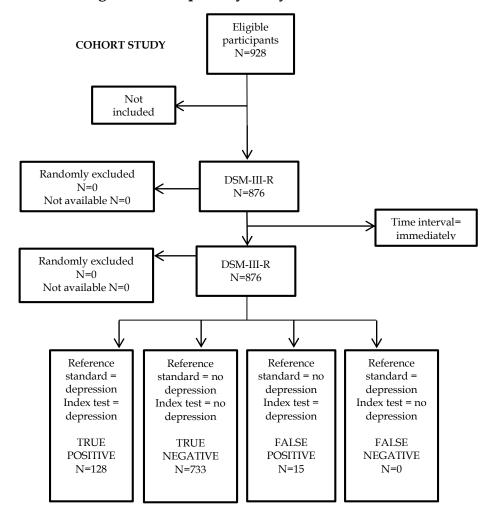
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1.1 STUDY ID

1.1.1 ADEWUYA2005

| Patients (setting, intended use of index test, presentation, prior testing) | What are the most appropriate methods/ instruments for the identification of mental health problems in women who are antenatal or postnatal? |
|---|--|
| Index test(s) | EPDS |
| Reference standard and target condition | Reference standard was the structured clinical interview for DSM-III-R (SCID) and the condition was depressive disorder |

Phase 2: draw a flow diagram for the primary study



| Phase 3: risk of bias and applicability judgments | | |
|--|--|--|
| DOMAIN 1: PATIENT SELECTION | | |
| | | |
| | | |
| A. Risk of bias | and the second s | |
| Describe methods of patient selection: Postpartum wor infant immunisation clinics at 6 weeks postpartum | - | |
| mant initialisation clinics at 6 weeks postpartuni | from the five health centres in fiesa, Nigeria. | |
| | | |
| Was a consecutive or random sample of patients | Yes | |
| enrolled? | | |
| | | |
| Was a case-control design avoided? | Yes | |
| was a case control design avoided. | 165 | |
| | | |
| Did the study avoid inappropriate exclusions? | Yes | |
| | | |
| Could the selection of patients have introduced | RISK: LOW | |
| bias? | | |
| | | |
| DOMAIN 1: PATIENT SELECTION | | |
| DOWAIN I. TATIENT SELECTION | | |
| | | |
| B. Concerns regarding applicability | | |
| Describe included patients (prior testing, presentation, | intended use of index test and setting): The sample | |
| consisted of post-partum women from west Nigeri | | |
| general UK population. | | |
| | | |
| Is there concern that the included patients do CONCERN: HIGH | | |
| not match the review question? | Corveinment | |
| • | | |
| DOMAIN 2. INDEX TECT/C) | | |
| DOMAIN 2: INDEX TEST(S) | | |
| | | |
| | | |
| If more than one index test was used, please complete for each test. | | |
| | | |
| A. Risk of bias | stammated a translated local language consists of the | |
| | nterpreted: a translated local language version of the | |
| EPDS, a 10-item self-report questionnaire in which women were asked to rate how they felt in the previous 7 days. It takes about 5 minutes to complete. It has been validated in several countries and | | |
| also in Nigeria with an optimal cut off score of 9 with sensitivity of 0.75 and specificity of 0.97. It was | | |

| translated into Yoruba by a psychiatrist and a linguist. | | |
|---|---------------|--|
| Were the index test results interpreted without knowledge of the results of the reference standard? | Unclear | |
| If a threshold was used, was it pre-specified? | Yes | |
| Could the conduct or interpretation of the index test have introduced bias? | RISK: UNCLEAR | |
| DOMAIN 2: INDEX TEST(S) | | |
| B. Concerns regarding applicability | | |
| Is there concern that the index test, its conduct, or interpretation differ from the review question? | CONCERN: LOW | |
| DOMAIN 3: REFERENCE STANDARD A. Risk of bias | | |
| Describe the reference standard and how it was conducted and interpreted: The reference standard was the SCID, a semi-structured interview which allows the interviewer to use additional questions to inquire about idioms of distress that are specific to local context. This ensures that the diagnostic interview is culturally informed. Because the participants were interviewed at 6 weeks postpartum, the SCID was modified to make a 6-week diagnosis instead of a 1-week diagnosis. The assessors (two psychiatrists) were not part of the study group and were unaware of the results of the index assessment. | | |
| Is the reference standard likely to correctly classify the target condition? | Yes | |
| Were the reference standard results interpreted without knowledge of the results of the index test? | Yes | |
| Could the reference standard, its conduct, or its interpretation have introduced bias? | RISK: LOW | |

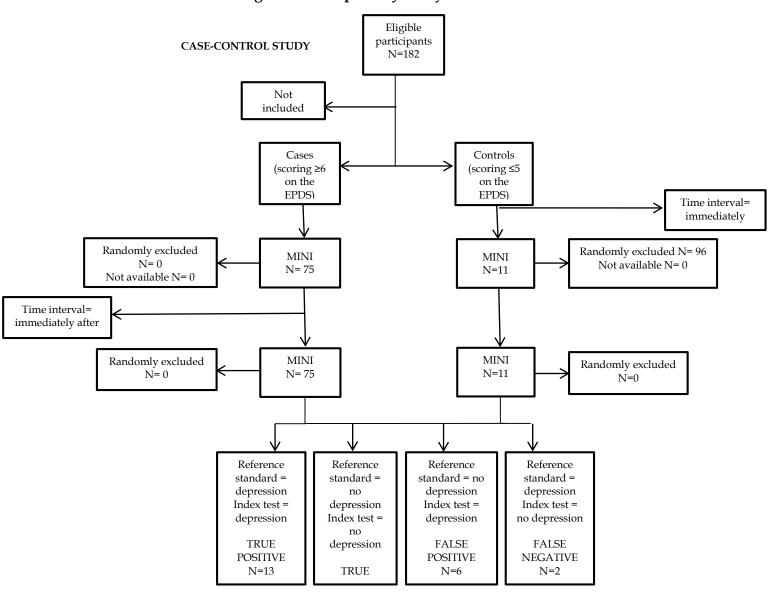
| DOMAIN 3: REFERENCE STANDARD | |
|---|---|
| | |
| | |
| R Concerns regarding applicability | |
| B. Concerns regarding applicability Is there concern that the target condition as | CONCERN: LOW |
| defined by the reference standard does not | CONCERN, EOW |
| match the review question? | |
| materi the review question: | |
| | |
| DOMAIN 4: FLOW AND TIMING | |
| | |
| | |
| | |
| A. Risk of bias | () 1/ (|
| | (s) and/or reference standard or who were excluded from |
| the 2×2 table (refer to flow diagram): The paper states | • |
| EPDS and 10 and above on the BDI plus an additio | <u>-</u> |
| reference standard. However the reported percentage | age of women with a diagnosis of depression adds |
| up to the full sample. | |
| | |
| | |
| Describe the time interval and any interventions betwee | m index tact(c) and reference ctandard; the reference |
| · · | • |
| standard was administered immediately after the i | ndex test had been completed. |
| | |
| | |
| | |
| Was there an appropriate interval between index | Yes |
| test(s) and reference standard? | |
| 、 | |
| | |
| Did all patients receive a reference standard? | Unclear |
| | |
| | |
| Did patients receive the same reference standard? | Yes |
| | |
| | |
| | |
| Were all patients included in the analysis? | Unclear |
| Were all patients included in the analysis? | Unclear |
| - | |
| Were all patients included in the analysis? Could the patient flow have introduced bias? | Unclear RISK: UNCLEAR |

1.1.2 ADEWUYA2006

Phase 1: state the review question:

| Patients (setting, intended use of index test, presentation, prior testing) | What are the most appropriate methods/ instruments for the identification of mental health problems in women who are antenatal or postnatal? |
|---|--|
| Index test(s) | EPDS |
| Reference standard and target condition | Reference standard was the Mini International Neuropsychiatric Interview (MINI) for the major Axis I psychiatric disorders in DSM-IV and ICD-10 and the condition was depressive disorder. |

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments **DOMAIN 1: PATIENT SELECTION** A. Risk of bias Describe methods of patient selection: Participants were recruited consecutively from the antenatal clinics of the five health centres in Ilesa, Nigeria. Was a consecutive or random sample of patients Yes enrolled? Was a case-control design avoided? No Did the study avoid inappropriate exclusions? No RISK: HIGH Could the selection of patients have introduced bias? **DOMAIN 1: PATIENT SELECTION** B. Concerns regarding applicability Describe included patients (prior testing, presentation, intended use of index test and setting): Participants consisted of 182 women in late pregnancy (32 weeks and above). The EPDS was to be used as a screening tool for depression during late pregnancy in local health centres. The sample consisted of women from west Nigeria; this population may not be representative of the general UK population. Is there concern that the included patients do **CONCERN: HIGH** not match the review question? **DOMAIN 2: INDEX TEST(S)** If more than one index test was used, please complete for each test. A. Risk of bias Describe the index test and how it was conducted and interpreted: a translated local language version of the EPDS, a 10-item self-report questionnaire in which women were asked to rate how they felt in the

previous 7 days. It takes about 5 minutes to complete. It has been validated in several countries and also in Nigeria with an optimal cut off score of 9 with sensitivity of 0.75 and specificity of 0.97. It was

| translated into Yoruba by a psychiatrist and a linguist. The back translation, which was performed | | |
|--|--|--|
| independently by another psychiatrist and linguist | , was compared and found to be satisfactory. | |
| | · · | |
| | | |
| Were the index test results interpreted without | Unclear | |
| knowledge of the results of the reference | | |
| standard? | | |
| Startatia: | | |
| | | |
| If a threshold was used, was it pre-specified? | No | |
| if a threshold was asea, was it pre specified: | | |
| | | |
| Could the conduct or interpretation of the index | RISK: HIGH | |
| test have introduced bias? | Mon. mon | |
| test have introduced blas: | | |
| | | |
| DOMAIN 2: INDEX TEST(S) | | |
| DOMAIN 2. INDEX 1251(5) | | |
| | | |
| | | |
| B. Concerns regarding applicability | | |
| | | |
| Is there concern that the index test, its conduct, | CONCERN: HIGH | |
| or interpretation differ from the review | | |
| question? | | |
| | | |
| | | |
| DOMAINA DEPENDICE CTANDARD | | |
| DOMAIN 3: REFERENCE STANDARD | | |
| | | |
| | | |
| A. Risk of bias | | |
| Describe the reference standard and how it was conducted and interpreted: Clinical diagnoses were | | |
| established by two trained psychiatrists blind to the EPDS scores using the MINI. | | |
| Is the reference standard likely to correctly | Yes | |
| classify the target condition? | | |
| | | |
| | | |
| Were the reference standard results interpreted | Yes | |
| without knowledge of the results of the index | | |
| test? | | |
| test: | | |
| | | |
| Could the reference standard, its conduct, or its | RISK: LOW | |
| | MOR LOW | |
| interpretation have introduced bias? | | |
| | | |
| DOMAIN 2. DEFEDENCE CTANDARD | | |
| DOMAIN 3: REFERENCE STANDARD | | |

| B. Concerns regarding applicability | | |
|--|---|--|
| Is there concern that the target condition as | CONCERN: LOW | |
| defined by the reference standard does not | CONCERN, LOW | |
| • | | |
| match the review question? | | |
| | | |
| DOMAIN 4: FLOW AND TIMING | | |
| | | |
| | | |
| A. Risk of bias | | |
| Describe any patients who did not receive the index test(| (s) and/or reference standard or who were excluded from | |
| | | |
| the 2×2 table (refer to flow diagram): The sample was s | | |
| EPDS and those who scored below 6. Only those w | - | |
| those who scored below 6 received the reference sta | andard, excluding 96/182 participants. | |
| | | |
| | | |
| Describe the time interval and any interventions between index test(s) and reference standard: the reference | | |
| standard was administered immediately after the in | • | |
| Surface was administrated infilteductry after the in | nuex test huu been completeu. | |
| | | |
| Was there an appropriate interval between index | Yes | |
| test(s) and reference standard? | | |
| test(s) and reference standard. | | |
| | | |
| Did all patients receive a reference standard? | No | |
| 1 | | |
| | | |
| Did patients receive the same reference standard? | Yes | |
| - | | |
| | | |
| Were all patients included in the analysis? | No | |
| | | |
| | | |
| Could the patient flow have introduced bias? | RISK: HIGH | |
| | | |
| | | |

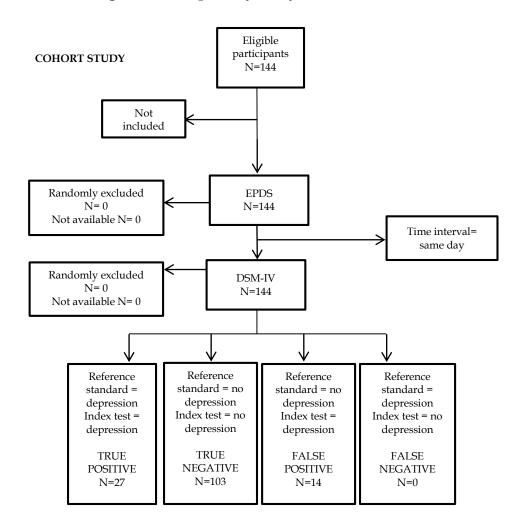
1.1.3 AGOUB2005

| Patients (setting, intended use of index test, | What are the most appropriate methods/ |
|--|--|
| | instruments for the identification of mental |

Clinical evidence – completed methodology checklists

| presentation, prior testing) | health problems in women who are antenatal or postnatal? |
|---|---|
| Index test(s) | EPDS |
| Reference standard and target condition | Reference standard was the Mini International Neuropsychiatric Interview for DSM-IV (MINI) and the condition was postnatal depression |

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

DOMAIN 1: PATIENT SELECTION

| A. Risk of bias | | |
|---|--------------|--|
| Describe methods of patient selection: The sample consisted of all women who had given birth during a two month period and who were residing in the metropolitan area of Casablanca, Morocco, at the time of delivery. The recruitment of subjects for the study was done in the maternal and infantile | | |
| health unit in a primary healthcare setting. | | |
| Was a consecutive or random sample of patients enrolled? | Yes | |
| Was a case-control design avoided? | Yes | |
| Did the study avoid inappropriate exclusions? | Yes | |
| Could the selection of patients have introduced bias? | RISK: LOW | |
| DOMAIN 1: PATIENT SELECTION | | |
| P. Consours researching applicability | | |
| Describe included patients (prior testing, presentation, intended use of index test and setting): The sample consisted of all women who had given birth during two months. Participants were recruited at their first postnatal visit 15 to 20 days after delivery. The index test was used as a screening tool for postnatal depression. | | |
| Is there concern that the included patients do not match the review question? | CONCERN: LOW | |
| DOMAIN 2: INDEX TEST(S) If more than one index test was used, please complete for each test. | | |
| A. Risk of bias | | |
| Describe the index test and how it was conducted and interpreted: The index test was the Arabic version of the EPDS, a 10-item self-report scale. When the subjects were unable to read, the questions were read by the interviewer. | | |
| Were the index test results interpreted without knowledge of the results of the reference standard? | Unclear | |

| | • |
|--|---|
| | |
| If a threshold was used, was it pre-specified? | Yes |
| | |
| | |
| Could the conduct or interpretation of the index | RISK: UNCLEAR |
| test have introduced bias? | Mon or Calain |
| test have introduced blas: | |
| | |
| DOMAIN 2. INDEX TECT/C) | |
| DOMAIN 2: INDEX TEST(S) | |
| | |
| | |
| B. Concerns regarding applicability | |
| 2. Concerns regurating appreciating | |
| Is there concern that the index test, its conduct, | CONCERN: LOW |
| or interpretation differ from the review | |
| question? | |
| question | |
| | |
| | |
| DOMAIN 3: REFERENCE STANDARD | |
| | |
| | |
| | |
| A. Risk of bias | |
| Describe the reference standard and how it was conduct | • |
| | DSM-IV which was administered by the lead study |
| author. | T |
| Is the reference standard likely to correctly | Unclear |
| classify the target condition? | |
| | |
| | |
| Were the reference standard results interpreted | Unclear |
| without knowledge of the results of the index | |
| test? | |
| test. | |
| | |
| Could the reference standard, its conduct, or its | RISK: UNCLEAR |
| | MSK. ONCLEAR |
| interpretation have introduced bias? | |
| | |
| DOMAIN A REFERENCE CTANDARD | |
| DOMAIN 3: REFERENCE STANDARD | |
| | |
| | |
| R Concerns regarding applicability | |
| B. Concerns regarding applicability Is there concern that the target condition as | CONCERN: LOW |
| Is there concern that the target condition as | CONCERN, LOW |
| defined by the reference standard does not | |
| match the review question? | |
| | |
| | |

Clinical evidence - completed methodology checklists **DOMAIN 4: FLOW AND TIMING** A. Risk of bias Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): 144 women were recruited and received the index test and the reference standard. It is unclear whether any women were excluded, lost to follow-up or refused to participate. Describe the time interval and any interventions between index test(s) and reference standard: The index test and reference standard were administered during the same visit. Was there an appropriate interval between index Yes test(s) and reference standard? Did all patients receive a reference standard? Yes Did patients receive the same reference standard? Yes Were all patients included in the analysis? Unclear

1.1.4 ALVARADO-ESQUIVEL2006

Phase 1: state the review question:

Could the patient flow have introduced bias?

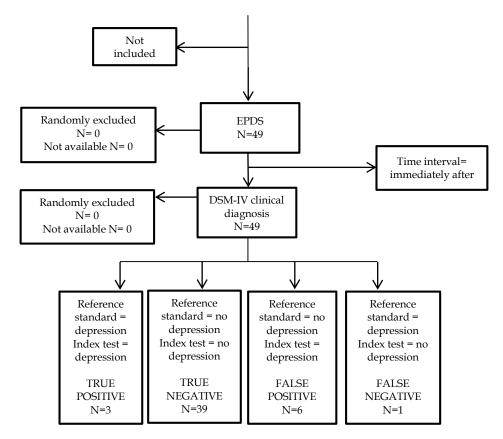
| Patients (setting, intended use of index test, presentation, prior testing) | What are the most appropriate methods/ instruments for the identification of mental health problems in women who are antenatal or postnatal? |
|---|--|
| Index test(s) | EPDS |
| Reference standard and target condition | Reference standard was the structured clinical interview for DSM-IV (SCID) and the condition was depressive disorder |

RISK: UNCLEAR

Phase 2: draw a flow diagram for the primary study

Eligible participants N= 49

COHORT STUDY*



^{*}This study also included another group of mothers who were 4-13 weeks post-partum who are not reflected in this flow diagram.

| Phase 3: risk of bias and applicability judg | | |
|--|--|--|
| DOMAIN I; PATIENT SELECTION | | |
| | | |
| | | |
| A D'-1C1 | | |
| A. Risk of bias | | |
| Describe methods of patient selection: Women were in | vited to participate when they attended their | |
| postnatal appointments as a regular clinical practic | postnatal appointments as a regular clinical practice for check-up after childbirth. Participants were | |
| enrolled consecutively. | | |
| | | |
| Was a consecutive or random sample of patients | Yes | |
| enrolled? | | |
| chonea. | | |
| | | |
| TA7 | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | |
| Was a case-control design avoided? | Yes | |
| | | |
| | | |
| Did the study avoid inappropriate exclusions? | Yes | |
| | | |
| | | |
| Could the selection of patients have introduced | RISK: LOW | |
| • | | |

| bias? | |
|---|--|
| DOMAIN 1: PATIENT SELECTION | |
| | |
| B. Concerns regarding applicability | |
| Describe included patients (prior testing, presentation, intended use of index test and setting): Participants were one hundred puerperal women attending routine postnatal consultations in a public hospital in | |
| Durango City, Mexico. Women belonged to a low s | socioeconomic status. The EPDS was to be used as |
| | |
| a screening tool for depression. This population ma | ly not be representative of the general UK |
| population. | |
| | |
| Is there concern that the included patients do | CONCERN: HIGH |
| not match the review question? | |
| 1 | |
| | |
| DOMAIN A INDEVERGE (C) | |
| DOMAIN 2: INDEX TEST(S) | |
| | |
| | |
| | |
| If more than one index test was used, please comp | olete for each test. |
| | |
| | |
| A. Risk of bias | |
| Describe the index test and how it was conducted and in | terpreted: The Mexican version of the EPDS was |
| constructed from the original English version and a | • |
| | - |
| professors performed reverse translations of the Mo | |
| accuracy was confirmed. The EPDS was self-admin | istered before the clinical interview. EPDS scores |
| were not provided to the psychiatrist, and analysis | of the data was performed by persons other than |
| | |
| the psychiatrist who performed the interview and t | |
| authors presented specificity and sensitivity results | s for a range of thresholds. |
| | |
| | |
| Were the index test results interpreted without | Yes |
| knowledge of the results of the reference | |
| | |
| standard? | |
| | |
| | |
| If a threshold was used, was it pre-specified? | Yes |
| | |
| | |
| Could the conduct or intermedation of the index | RISK: LOW |
| Could the conduct or interpretation of the index | RIOR, LOW |
| test have introduced bias? | |
| | |
| | |
| DOMAIN 2: INDEX TEST(S) | |
| | |

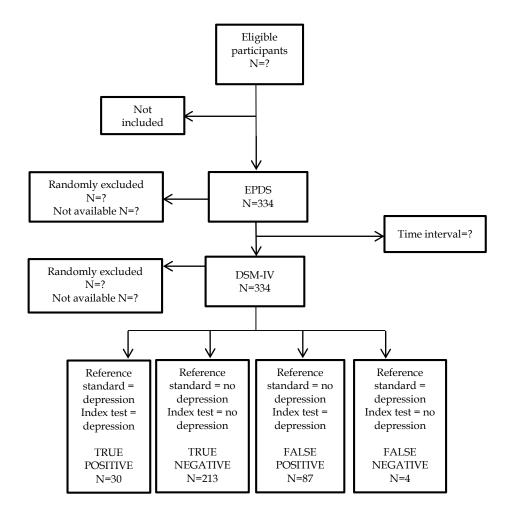
| B. Concerns regarding applicability | |
|---|---|
| Is there concern that the index test, its conduct, or interpretation differ from the review | CONCERN: LOW |
| question? | |
| DOMAIN 3: REFERENCE STANDARD | |
| A. Risk of bias | |
| Describe the reference standard and how it was conducted diagnosing depression the DSM-IV criteria for major were interviewed by a psychiatrist on the same day was performed by one psychiatrist (CSM). EPDS so analysis of the data was performed by persons (CA performed the interview and the gynaecologist (AS) | or and minor depression were used. Participants wafter completing the EPDS. Psychiatric interview cores were not provided to the psychiatrist, and (E, SMG) other than the psychiatrist (CSM) who |
| Is the reference standard likely to correctly classify the target condition? | Yes |
| Were the reference standard results interpreted without knowledge of the results of the index test? | Yes |
| Could the reference standard, its conduct, or its interpretation have introduced bias? | RISK: LOW |
| DOMAIN 3: REFERENCE STANDARD B. Concerns regarding applicability | |
| Is there concern that the target condition as | CONCERN: LOW |
| defined by the reference standard does not | |
| match the review question? | |
| DOMAIN 4: FLOW AND TIMING | |
| A. Risk of bias | |
| , | (s) and/or reference standard or who were excluded from |
| the 2×2 table (refer to flow diagram). The authors did | not mention any exclusions or drop-outs |

| Describe the time interval and any interventions between index test(s) and reference standard: The EPDS and | |
|---|-----------|
| the DSM-IV clinical interview were conducted on the same day with no intervention between the | |
| two. | |
| | |
| Was there an appropriate interval between index | Yes |
| test(s) and reference standard? | |
| | |
| | |
| Did all patients receive a reference standard? | Yes |
| | |
| Did patients receive the same reference standard? | Yes |
| Did patients receive the same reference standard: | ies |
| | |
| Were all patients included in the analysis? | Yes |
| , | |
| | |
| Could the patient flow have introduced bias? | RISK: LOW |
| | |
| | |

1.1.5 ASCASO2003

| 1 · · · · · · · · · · · · · · · · · · · | |
|---|--|
| Patients (setting, intended use of index test, presentation, prior testing) | What are the most appropriate methods/ instruments for the identification of mental health problems in women who are antenatal or postnatal? |
| Index test(s) | EPDS |
| Reference standard and target condition | Reference standard was the Structured Clinical Interview for DSM-IV and the condition was postnatal depression |

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments $N/A^{\rm 1}$

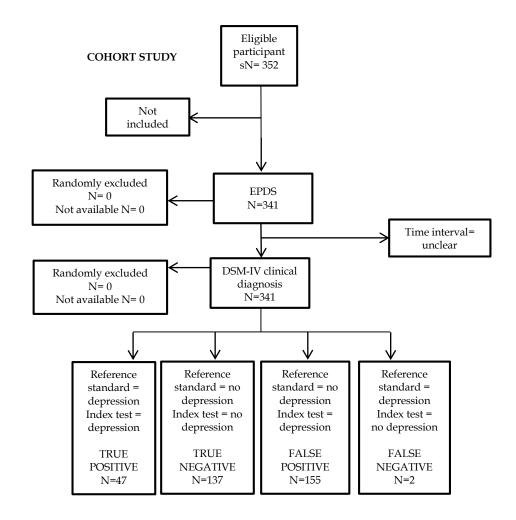
¹ It was not possible to assess risk of bias because full text was not available. Results were taken from Gibson et al., (2009).

1.1.6 AYDIN2004

Phase 1: state the review question:

| Patients (setting, intended use of index test, presentation, prior testing) | What are the most appropriate methods/ instruments for the identification of mental health problems in women who are antenatal or postnatal? |
|---|--|
| Index test(s) | EPDS |
| Reference standard and target condition | Reference standard was the structured clinical interview for DSM-IV (SCID) and the condition was depressive disorder |

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

| DOMAIN 1: PATIENT SELECTION | | |
|--|---|--|
| A. Risk of bias | | |
| Describe methods of patient selection: Participants con | | |
| postpartum year and attended primary health care clinics during a five month period. | | |
| Was a consecutive or random sample of patients | Yes | |
| enrolled? | | |
| Was a case-control design avoided? | Yes | |
| Did the study and disconnections and release. | V. | |
| Did the study avoid inappropriate exclusions? | Yes | |
| Could the selection of patients have introduced | RISK: LOW | |
| bias? | | |
| DOMAIN 1: PATIENT SELECTION | | |
| B. Concerns regarding applicability | | |
| | intended use of index test and setting): Women in their | |
| first post-partum year attending primary healthcar | e clinics in the province of Erzurum, Turkey. The | |
| EPDS was tested as a screening tool for postpartun | n depression. | |
| Is there concern that the included patients do | CONCERN: LOW | |
| not match the review question? | | |
| DOMAIN 2: INDEX TEST(S) | | |
| | | |
| If more than one index test was used, please comp | plete for each test. | |
| A. Risk of bias | | |
| Describe the index test and how it was conducted and in | , | |
| women except for those who were not literate. A re | esearch assistant assisted illiterate women in | |
| completing the questionnaires. After the administra | ation of the scale, a psychiatric interview was | |
| conducted by a mental health professional with all women for signs of depression. The professional | | |
| who conducted the psychiatric interviews was blind to the results of the EPDS. | | |
| Were the index test results interpreted without Yes | | |
| knowledge of the results of the reference | | |
| standard? | | |
| If a threshold was used, was it pre-specified? | Yes | |
| | | |
| Could the conduct or interpretation of the index | RISK: LOW | |
| test have introduced bias? | | |
| DOMAIN 2: INDEX TEST(S) | | |
| B. Concerns regarding applicability | | |
| 0 0 11 | | |

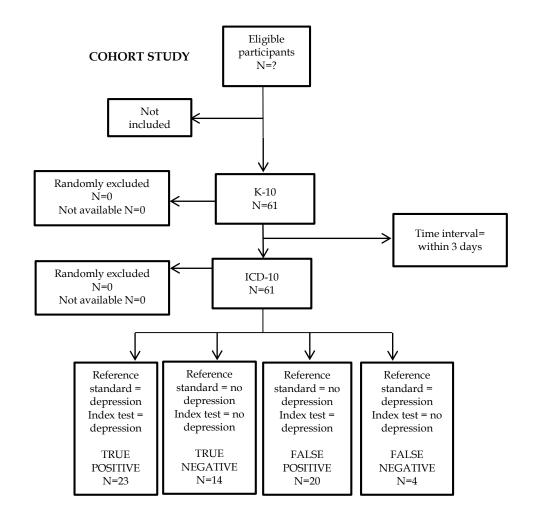
| 1 83 | |
|--|---|
| Is there concern that the index test, its conduct, | CONCERN: LOW |
| or interpretation differ from the review | |
| question? | |
| DOMAIN 3: REFERENCE STANDARD | |
| A. Risk of bias | |
| Describe the reference standard and how it was conducted | ed and interpreted: After the administration of the |
| scale, a psychiatric interview was conducted by a mental health professional with all women for signs of depression. The professional who conducted the psychiatric interviews was blind to the results of the EPDS (she did not know the EPDS results of the participating women), and used the Turkish clinical version of Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I), Clinical Version. | |
| Is the reference standard likely to correctly | Yes |
| classify the target condition? | |
| Were the reference standard results interpreted | Yes |
| without knowledge of the results of the index | |
| test? | |
| | 7777 7 7777 |
| Could the reference standard, its conduct, or its | RISK: LOW |
| interpretation have introduced bias? | |
| | |
| DOMAIN 3: REFERENCE STANDARD | |
| P. Consours regarding applicability | |
| B. Concerns regarding applicability Is there concern that the target condition as | CONCERN: LOW |
| defined by the reference standard does not | |
| match the review question? | |
| - | |
| DOMAIN 4: FLOW AND TIMING | |
| A. Risk of bias | |
| | (s) and/or reference standard or who were excluded from |
| the 2×2 table (refer to flow diagram): Five women did not agree to be interviewed and ix women were | |
| excluded due to psychiatric treatment history. All women who received the index test also received | |
| the reference standard. | |
| Describe the time interval and any interventions between index test(s) and reference standard: The reference | |
| standard was administered immediately after the EPDS. | |
| · | |
| Was there an appropriate interval between index | Yes |
| test(s) and reference standard? | |
| | |
| Did all patients receive a reference standard? | Yes |
| Dia an panemo receive a reference standara: | |
| | 1 |
| | |

| Were all patients included in the analysis? | Yes |
|--|-----------|
| | |
| | |
| Could the patient flow have introduced bias? | RISK: LOW |
| | |
| | |

1.1.7 BAGGALEY2007

| Patients (setting, intended use of index test, presentation, prior testing) | What are the most appropriate methods/ instruments for the identification of mental health problems in women who are antenatal or postnatal? |
|---|---|
| Index test(s) | Kessler-10 |
| Reference standard and target condition | Reference standard was the ICD-10 criteria and the condition was depressive disorder. |

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

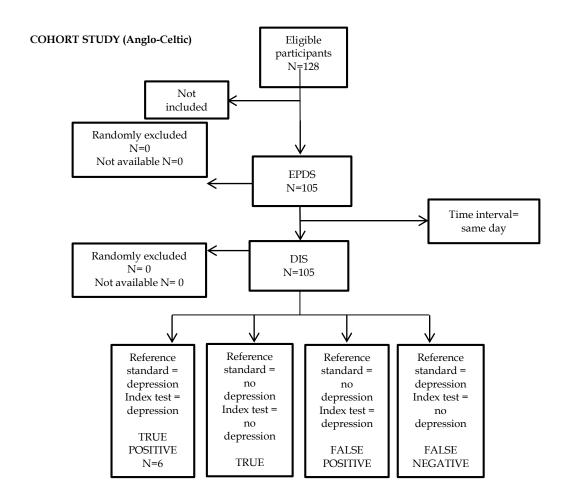
| Phase 3: risk of bias and applicability judgments | | |
|--|--|--|
| DOMAIN 1: PATIENT SELECTION | | |
| A. Risk of bias | | |
| Describe methods of patient selection: Participants wer | re part of a cohort study of postpartum women | |
| Women were selected in an attempt to over-sample | 1 , 1 1 | |
| | <u> </u> | |
| | e cases of depression, but otherwise were chosen at | |
| random. | | |
| | I | |
| Was a consecutive or random sample of patients | Yes | |
| enrolled? | | |
| | | |
| Was a case-control design avoided? | Yes | |
| | | |
| Did the study avoid inappropriate exclusions? | No | |
| Could the selection of patients have introduced | RISK: LOW | |
| bias? | Mola Boff | |
| bias: | | |
| DOMAIN 1: PATIENT SELECTION | | |
| | | |
| B. Concerns regarding applicability | | |
| Describe included patients (prior testing, presentation, i | ntended use of index test and setting): Participants | |
| , | ndex test was used as a screening tool for postnatal | |
| depression. | and the transfer of the transf | |
| depression. | | |
| Is there concern that the included patients do | CONCERN: LOW | |
| not match the review question? | | |
| not materialle review question. | | |
| DOMAIN 2: INDEX TEST(S) | | |
| DOMMIN 2. INDEX TEST(S) | | |
| If more than one index test was used, please comp | olete for each test. | |
| P | | |
| A. Risk of bias | | |
| Describe the index test and how it was conducted and in | terpreted: The index test was the West African | |
| French version of the Kessler-10, a 10-item scale. The | ne K10 questionnaire was administered by trained | |
| interviewers at 3 or 6 months post-pregnancy. Interviewers took a one day training course with a | | |
| local psychiatrist on the rationale and methods for | | |
| rocal poyertuation on the rationale and methods for the 1810. | | |
| Were the index test results interpreted without | Yes | |
| knowledge of the results of the reference | | |
| standard? | | |
| Standard: | | |
| If a threshold was used, was it pre-specified? | Yes | |
| and the speciment | | |
| Could the conduct or interpretation of the index | RISK: LOW | |
| test have introduced bias? | | |
| | | |
| DOMAIN 2: INDEX TEST(S) | | |
| DOMAIN 2: INDEX TEST(S) | | |
| DOMAIN 2: INDEX TEST(S) | | |

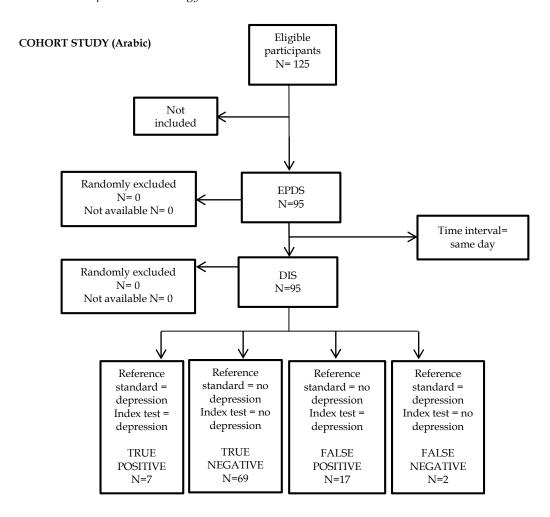
| , | | |
|---|--|--|
| B. Concerns regarding applicability | | |
| Is there concern that the index test, its conduct, | CONCERN: LOW | |
| or interpretation differ from the review | | |
| question? | | |
| question: | | |
| DOMAIN 3: REFERENCE STANDARD | | |
| A. Risk of bias | | |
| Describe the reference standard and how it was conducted | ed and interpreted: The reference standard was a | |
| clinical interview based on the ICD-10 criteria for N | | |
| conducted by a local psychiatrist | | |
| Is the reference standard likely to correctly | Yes | |
| classify the target condition? | | |
| classify the target condition: | | |
| Were the reference standard results interpreted | Unclear | |
| _ | Officieat | |
| without knowledge of the results of the index | | |
| test? | | |
| Could the reference standard, its conduct, or its | RISK: UNCLEAR | |
| interpretation have introduced bias? | | |
| f | | |
| DOMAIN 3: REFERENCE STANDARD | | |
| | | |
| B. Concerns regarding applicability | | |
| Is there concern that the target condition as | CONCERN: LOW | |
| defined by the reference standard does not | | |
| match the review question? | | |
| 1 | | |
| DOMAIN 4: FLOW AND TIMING | | |
| A. Risk of bias | | |
| Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from | | |
| the 2×2 table (refer to flow diagram): 61 participants completed both the index test and the reference | | |
| standard. It is unclear how many women were excluded. | | |
| Standard. It is directal flow many women were exci | uucu. | |
| Describe the time interval and any interventions between index test(s) and reference standard: The reference | | |
| standard was administered within three days of the | * | |
| standard was administered within three days of the | e muex test. | |
| Was there an appropriate interval between index | Yes | |
| test(s) and reference standard? | | |
| (0) | | |
| Did all patients receive a reference standard? | No | |
| 1 | | |
| Did patients receive the same reference standard? | Yes | |
| | | |
| Were all patients included in the analysis? | No | |
| Could the patient flow have introduced bias? | RISK: UNCLEAR | |
| | | |

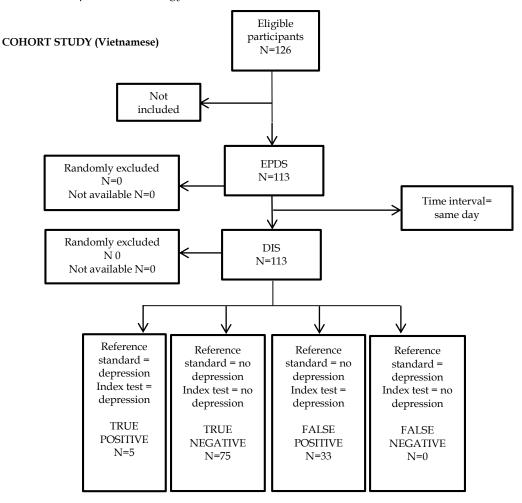
1.1.8 BARNETT1999

| Patients (setting, intended use of index test, presentation, prior testing) | What are the most appropriate methods/ instruments for the identification of mental health problems in women who are antenatal or postnatal? |
|---|---|
| Index test(s) | EPDS |
| Reference standard and target condition | Reference standard was the Diagnostic Interview Schedule (DIS) and the condition was postnatal depression. |

Phase 2: draw a flow diagram for the primary study







Phase 3: risk of bias and applicability judgments

| | Phase 3: risk of bias and applicability judgments | |
|--|---|--|
| DOMAIN 1: PATIENT SELECTION | DOMAIN 1: PATIENT SELECTION | |
| | | |
| A. Risk of bias | | |
| Describe methods of patient selection: Participants were | re recruited into the study during the second | |
| trimester of pregnancy from hour antenatal clinics | in south-western Sydney. | |
| | | |
| Was a consecutive or random sample of patients | Yes | |
| enrolled? | | |
| | | |
| Was a case-control design avoided? | Yes | |
| Ŭ | | |
| Did the study avoid inappropriate exclusions? | Yes | |
| | | |
| Could the selection of patients have introduced | RISK: LOW | |
| bias? | | |
| | | |
| DOMAIN 1: PATIENT SELECTION | | |
| | | |
| | | |

| P.C. 11 11 1111 | | |
|---|--|--|
| B. Concerns regarding applicability | | |
| Describe included patients (prior testing, presentation, intended use of index test and setting): Anglo-Celtic, | | |
| Arabic and Vietnamese postpartum women were re | ecruited. The index test was used as a screening | |
| tool for postnatal depression. | | |
| | CONCERNATION | |
| Is there concern that the included patients do | CONCERN: LOW | |
| not match the review question? | | |
| DOLLAND INDEX BECHO | | |
| DOMAIN 2: INDEX TEST(S) | | |
| If more than one index test was used, please comp | olete for each test | |
| in more than one mack test was used, prease comp | rece for each test. | |
| A. Risk of bias | | |
| Describe the index test and how it was conducted and in | terpreted: The index test was the English, Arabic | |
| and Vietnamese versions of the EPDS, a 10-item sel | | |
| | | |
| the women might be unfamiliar with self-report qu | | |
| possibly illiterate, a faces Scale was added. This cor | | |
| emotions ranging from very happy to very sad with | | |
| language alongside. If not read aloud by the intervi | lewer the instruction to the respondent is to | |
| indicate which face best shows how she has been fe | eling in the past few weeks. | |
| | | |
| Were the index test results interpreted without | Unclear | |
| knowledge of the results of the reference | | |
| standard? | | |
| Standard: | | |
| If a threshold was used, was it pre-specified? | Yes | |
| | | |
| Could the conduct or interpretation of the index | RISK: UNCLEAR | |
| test have introduced bias? | | |
| | | |
| DOMAIN 2: INDEX TEST(S) | | |
| D C | | |
| B. Concerns regarding applicability | | |
| Is there concern that the index test, its conduct, | CONCERN: HIGH | |
| or interpretation differ from the review | 66116 <u>221</u> 11121622 | |
| • | | |
| question? | | |
| DOMAIN 3: REFERENCE STANDARD | | |
| DOMAIN J. REFERENCE STAINDARD | | |
| A. Risk of bias | | |
| Describe the reference standard and how it was conducted | ed and interpreted: The reference standard was the | |
| Diagnostic Interview Schedule which was administered by a female research assistant from the | | |
| appropriate culture during a home visit. | • | |
| Is the reference standard likely to correctly | Yes | |
| classify the target condition? | | |
| | | |
| Were the reference standard results interpreted | Unclear | |
| without knowledge of the results of the index | Officient | |
| | | |
| test? | | |

| Could the reference standard, its conduct, or its interpretation have introduced bias? | RISK: UNCLEAR |
|---|---------------|
| DOMAIN 3: REFERENCE STANDARD B. Concerns regarding applicability | |
| Is there concern that the target condition as defined by the reference standard does not match the review question? | CONCERN: LOW |

DOMAIN 4: FLOW AND TIMING

A. Risk of bias

Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): Across Anglo-Celtic, Arabic and Vietnamese cohorts, 63 participants out of 379 who were recruited did not take part in the study. All participants who received the index test also received the reference standard.

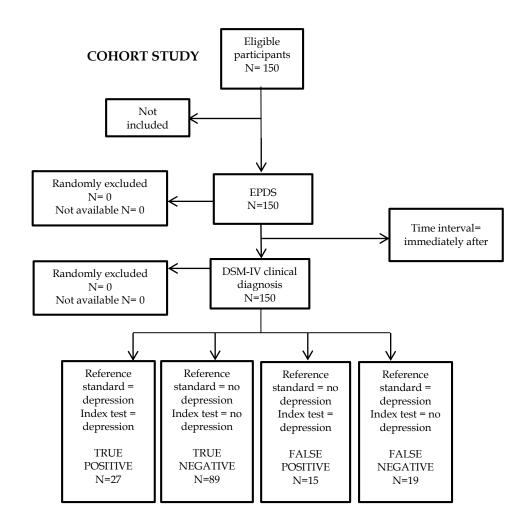
Describe the time interval and any interventions between index test(s) and reference standard: The index test and the reference standard were both administered during the same home interview.

| Was there an appropriate interval between index test(s) and reference standard? | Yes |
|---|-----------|
| test(s) and reference standard: | |
| Did all patients receive a reference standard? | Yes |
| Did patients receive the same reference standard? | Yes |
| Were all patients included in the analysis? | No |
| Could the patient flow have introduced bias? | RISK: LOW |

1.1.9 BECK2001

| Patients (setting, intended use of index test, presentation, prior testing) | What are the most appropriate methods/ instruments for the identification of mental health problems in women who are antenatal or postnatal? |
|---|---|
| Index test(s) | EPDS |
| Reference standard and target condition | Reference standard was the structured clinical interview for DSM-IV (SCID) and the condition was depressive disorder |

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

| DOMAIN 1: PATIENT SELECTION | | |
|--|-----|--|
| | | |
| | | |
| A. Risk of bias | | |
| Describe methods of patient selection: women were recruited to participate in this study from | | |
| preparation for childbirth classes (n=122) or a newspaper advertisement (n=28). Eligibility for sample | | |
| inclusion involved (a) being at least 18 years of age, (b) able to speak and read English, (c) being | | |
| between 2 and 12 weeks postpartum, and (d) delivering a live, healthy infant. | | |
| | | |
| Was a consecutive or random sample of patients | Yes | |
| enrolled? | | |
| | | |
| Was a case-control design avoided? | Yes | |
| | | |

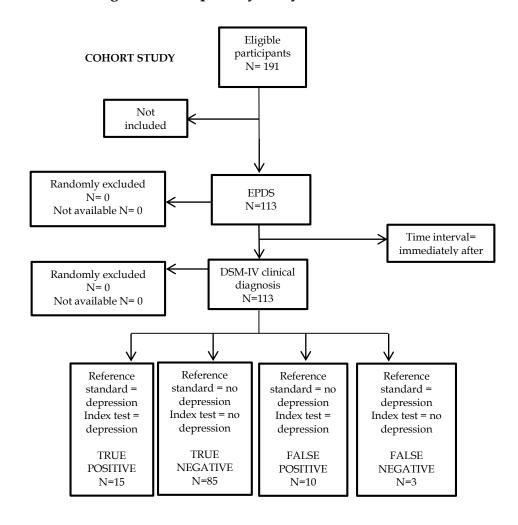
| Clinical evidence – completed methodology checklists | | |
|--|---|--|
| Did the study avoid inappropriate exclusions? | Yes | |
| Could the selection of patients have introduced bias? | RISK: LOW | |
| DOMAIN 1: PATIENT SELECTION | | |
| B. Concerns regarding applicability | | |
| Describe included patients (prior testing, presentation, | intended use of index test and setting): The mean age | |
| | ged from less than high school to a doctoral degree. | |
| Eighty-seven percent of the women were white, 8% The EPDS was used as a screening tool for postpar | - | |
| Is there concern that the included patients do | CONCERN: LOW | |
| not match the review question? | | |
| DOMAIN 2: INDEX TEST(S) | | |
| If more than one index test was used, please comp | plete for each test. | |
| A. Risk of bias | | |
| Describe the index test and how it was conducted and in | • | |
| and immediately after completion, each woman wa | | |
| psychotherapist, blind to the instruments' scores, u | C . | |
| mood disorder diagnoses. A range of cut-off scores | s was used in the analysis. | |
| Were the index test results interpreted without | Yes | |
| knowledge of the results of the reference | | |
| standard? | | |
| If a threshold was used, was it pre-specified? | Yes | |
| Could the conduct or interpretation of the index | RISK: LOW | |
| test have introduced bias? | | |
| DOMAIN 2: INDEX TEST(S) | | |
| DOMAIN 2: INDEX TEST(S) | | |
| B. Concerns regarding applicability | | |
| Is there concern that the index test, its conduct, | CONCERN: LOW | |
| or interpretation differ from the review | | |
| question? | | |
| DOMAIN 3: REFERENCE STANDARD | | |
| A. Risk of bias | | |
| Describe the reference standard and how it was conducted and interpreted: Participants self-completed the | | |
| EPDS and immediately after completion, each woman was interviewed privately by a nurse psychotherapist, blind to the instruments' scores, using the structured clinical interview for DSM-IV | | |
| | mood disorder diagnoses. | |
| Is the reference standard likely to correctly | Yes | |
| | 1 | |

| classify the target condition? | | |
|--|---|--|
| Were the reference standard results interpreted | Yes | |
| without knowledge of the results of the index | | |
| test? | | |
| test: | | |
| Could the reference standard, its conduct, or its | RISK: LOW | |
| interpretation have introduced bias? | | |
| DOMAIN 3: REFERENCE STANDARD | | |
| | | |
| B. Concerns regarding applicability | | |
| Is there concern that the target condition as | CONCERN: LOW | |
| defined by the reference standard does not | | |
| match the review question? | | |
| DOMAIN 4: FLOW AND TIMING | | |
| | | |
| A. Risk of bias | | |
| Describe any patients who did not receive the index test | (s) and/or reference standard or who were excluded from | |
| the 2×2 table (refer to flow diagram): Authors do not d | lescribe any drop-outs or participants who were | |
| excluded. | | |
| | | |
| Describe the time interval and any interventions between index test(s) and reference standard: The reference | | |
| standard was administered immediately after the in | ndex test was completed. | |
| , | 1 | |
| Was there an appropriate interval between index | Yes | |
| test(s) and reference standard? | | |
| () | | |
| Did all patients receive a reference standard? | Yes | |
| - | | |
| Did patients receive the same reference standard? | Yes | |
| TAT. 11 | 77. 1 | |
| Were all patients included in the analysis? | Unclear | |
| Could the patient flow have introduced bias? | RISK: UNCLEAR | |
| Coura the patient flow have introduced blas! | RION, UNCLEAR | |

1.1.10 BENVENUTI1999

| Patients (setting, intended use of index test, presentation, prior testing) | What are the most appropriate methods/ instruments for the identification of mental health problems in women who are antenatal or postnatal? |
|---|--|
| Index test(s) | EPDS |
| Reference standard and target condition | Reference standard was the Structured Clinical Interview for DSM-III-R and the condition was depressive disorder |

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

| | Phase 3: risk of bias and applicability judgments | |
|---|---|--|
| DOMAIN 1: PATIENT SELECTION | | |
| | | |
| A. Risk of bias | | |
| | 1 | |
| Describe methods of patient selection: The sample was | randomly selected among women resident within | |
| Florence's (Italy) metropolitan area from an obstetr | ric clinic at large university hospital. | |
| | | |
| Was a consecutive or random sample of patients | Yes | |
| enrolled? | | |
| | | |
| Was a case-control design avoided? | Yes | |
| | | |
| Did the study avoid inappropriate exclusions? | Yes | |
| | | |
| Could the selection of patients have introduced | RISK: LOW | |
| bias? | | |
| | | |

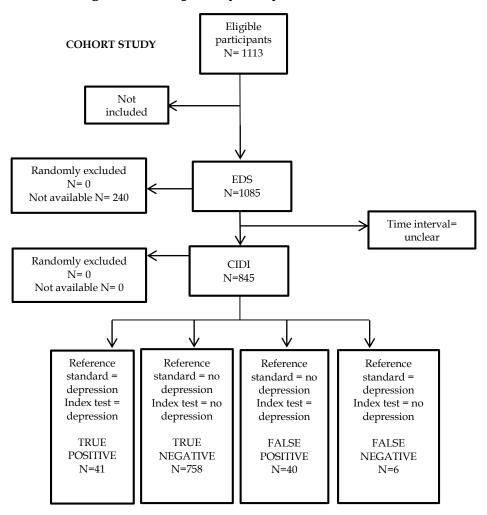
| 1 83 | | |
|---|---|--|
| DOMAIN 1: PATIENT SELECTION | | |
| B. Concerns regarding applicability | | |
| Describe included patients (prior testing, presentation, i | ntended use of index test and setting): | |
| Is there concern that the included patients do | CONCERN: LOW | |
| not match the review question? | | |
| • | | |
| DOMAIN 2: INDEX TEST(S) | | |
| If more than one index test was used, please comp | olete for each test. | |
| A. Risk of bias | | |
| Describe the index test and how it was conducted and in | eterpreted: The English version of EPDS was | |
| translated into Italian and then back-translated according | , | |
| equivalence in psychiatric research. The interview | , | |
| between the 8 th and twelfth week after delivery, wi | | |
| mental state and to administer the Italian version o | , | |
| assessed in the analysis. | O | |
| | | |
| Were the index test results interpreted without | Unclear | |
| knowledge of the results of the reference | | |
| standard? | | |
| | | |
| If a threshold was used, was it pre-specified? | Yes | |
| Could the conduct or interpretation of the index | RISK: UNCLEAR | |
| test have introduced bias? | | |
| | | |
| DOMAIN 2: INDEX TEST(S) | | |
| B. Concerns regarding applicability | | |
| | CONCERNATION | |
| Is there concern that the index test, its conduct, | CONCERN: LOW | |
| or interpretation differ from the review | | |
| question? | | |
| DOMAIN 3: REFERENCE STANDARD | | |
| | | |
| | | |
| | | |
| A. Risk of bias | | |
| Describe the reference standard and how it was conducted and interpreted: The diagnosis of depression was | | |
| made by the interviewer according to the DSM-III-R using the MINI and blind to the EPDS score. | | |
| To the reference standard 11 -1 - to secure 1 | Vac | |
| Is the reference standard likely to correctly | Yes | |
| classify the target condition? | | |
| Were the reference standard results interpreted | Yes | |
| without knowledge of the results of the index | 103 | |
| | | |

| 2 22 22 | |
|---|---|
| test? | |
| Could the reference standard, its conduct, or its | RISK: LOW |
| interpretation have introduced bias? | |
| DOMAIN 3: REFERENCE STANDARD | |
| n c | |
| B. Concerns regarding applicability | |
| Is there concern that the target condition as | CONCERN: LOW |
| defined by the reference standard does not | |
| match the review question? | |
| | |
| DOMAIN 4: FLOW AND TIMING | |
| | |
| A. Risk of bias | |
| <i>5</i> , | (s) and/or reference standard or who were excluded from |
| the 2×2 table (refer to flow diagram): 78/191 women v | who were contacted did not take part in the study; |
| the authors do not explain why. | |
| | |
| · · | n index test(s) and reference standard: They were both |
| carried out on the same day. | |
| | |
| Was there an appropriate interval between index | Yes |
| test(s) and reference standard? | |
| | |
| Did all patients receive a reference standard? | Yes |
| | |
| Did patients receive the same reference standard? | Yes |
| Were all patients included in the analysis? | Unclear |
| Could the patient flow have introduced bias? | RISK: UNCLEAR |

1.1.11BERGINK2011

| Patients (setting, intended use of index test, presentation, prior testing) | What are the most appropriate methods/ instruments for the identification of mental health problems in women who are antenatal or postnatal? |
|---|---|
| Index test(s) | EPDS |
| Reference standard and target condition | Reference standard was the Structured Clinical Interview for DSM-III-R and the condition was depressive disorder |

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

| DOMA | TNT 1. | DATIENT | SELECTION |
|---------|--------|----------|-----------|
| IJUJVIA | IIN II | PALIFINI | SELECTION |

A. Risk of bias

Describe methods of patient selection: Between 2002 and 2004, at their first (12 weeks' gestation) obstetric control visit, 1507 pregnant women from five community midwifery practices in and around the city of Eindhoven were invited to participate in a large antenatal thyroid screening study.

| Was a consecutive or random sample of patients enrolled? | Yes |
|--|-----------|
| Was a case-control design avoided? | Yes |
| Did the study avoid inappropriate exclusions? | Yes |
| Could the selection of patients have introduced | RISK: LOW |

| bias? | |
|---|--|
| DOMAIN 1: PATIENT SELECTION | |
| B. Concerns regarding applicability | |
| Describe included patients (prior testing, presentation, i | ntended use of index test and setting): |
| Is there concern that the included patients do | CONCERN: LOW |
| not match the review question? | |
| DOMAIN 2: INDEX TEST(S) | |
| If more than one index test was used, please comp | plete for each test. |
| A. Risk of bias | |
| Describe the index test and how it was conducted and in item EPDS in each trimester of their pregnancy. The in women who were pregnant. The Dutch version of women in The Netherlands, revealing appropriate were used in the analysis. | e EPDS was used as a screening tool for depression of the EPDS has been validated among postpartum |
| Were the index test results interpreted without | Unclear |
| knowledge of the results of the reference | |
| standard? | |
| If a threshold was used, was it pre-specified? | Yes |
| Could the conduct or interpretation of the index | RISK: UNCLEAR |
| test have introduced bias? | |
| DOMAIN 2: INDEX TEST(S) | |
| B. Concerns regarding applicability | |
| Is there concern that the index test, its conduct, | CONCERN: LOW |
| or interpretation differ from the review question? | |
| question: | |
| DOMAIN 3: REFERENCE STANDARD | |
| A. Risk of bias | |
| Describe the reference standard and how it was conducted | ed and interpreted: The CIDI is a structured |
| diagnostic interview developed to allow lay intervi | |
| psychiatric diagnosis according to DSM-IV and ICI | |
| were administered by one midwife (HW), and the | • |
| five experienced psychology students. The interviewell blind to the EDS scores. | wers an received extensive CIDI training and Were |
| oma to the LDO scores. | |
| Is the reference standard likely to correctly | Yes |
| classify the target condition? | |
| | |
| Were the reference standard results interpreted | Yes |

| without knowledge of the results of the index | |
|---|--------------|
| test? | |
| | |
| Could the reference standard, its conduct, or its | RISK: LOW |
| interpretation have introduced bias? | |
| | |
| DOMAIN 3: REFERENCE STANDARD | |
| | |
| B. Concerns regarding applicability | |
| Is there concern that the target condition as | CONCERN: LOW |
| defined by the reference standard does not | |
| match the review question? | |
| • | |
| DOMAIN 4: FLOW AND TIMING | |

A. Risk of bias

Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): 1085/1113 eligible women completed the index test. Out of 1085, 113 women were lost to follow-up and 127 women did not correctly complete all questionnaires, so 845 (78%) also completed the reference standard.

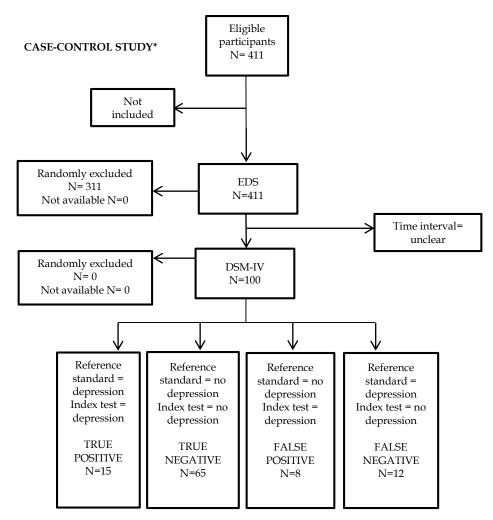
Describe the time interval and any interventions between index test(s) and reference standard: The time interval between the EDS and clinical interview was not reported.

| Was there an appropriate interval between index test(s) and reference standard? | Unclear |
|---|------------|
| Did all patients receive a reference standard? | No |
| Did patients receive the same reference standard? | Yes |
| Were all patients included in the analysis? | No |
| Could the patient flow have introduced bias? | RISK: HIGH |

1.1.12BERLE2003

| Patients (setting, intended use of index test, presentation, prior testing) | What are the most appropriate methods/ instruments for the identification of mental health problems in women who are antenatal or postnatal? |
|---|---|
| Index test(s) | EPDS |
| Reference standard and target condition | Reference standard was the MINI DSM-IV and the condition was major and minor depression |

Phase 2: draw a flow diagram for the primary study



^{*}Authors only report the total number of cases and controls.

Phase 3: risk of bias and applicability judgments

| DOMAIN 1: PATIENT SELECTION | |
|---|--|
| A. Risk of bias Describe methods of patient selection: Women attendit with an EPDS sum score of 8 or higher, and every | ng routine postnatal visits, 6-12 weeks postpartum tenth woman who scored below. |
| Was a consecutive or random sample of patients enrolled? | No |
| Was a case-control design avoided? | No |
| Did the study avoid inappropriate exclusions? | No |

| Could the selection of patients have introduced bias? | RISK: HIGH |
|---|--|
| | |
| DOMAIN 1: PATIENT SELECTION | |
| B. Concerns regarding applicability | |
| Describe included patients (prior testing, presentation, i | intended use of index test and setting): The EPDS was |
| used to screen for depression in post-partum women | en in Norway. |
| Is there concern that the included patients do | CONCERN: LOW |
| not match the review question? | |
| | |
| DOMAIN 2: INDEX TEST(S) | |
| If more than one index test was used, please comp | plete for each test. |
| A. Risk of bias | |
| Describe the index test and how it was conducted and in | <i>,</i> |
| self-completed by the women. Multiple cut-offs we | |
| Were the index test results interpreted without | Yes |
| knowledge of the results of the reference | |
| standard? | |
| If a threshold was used, was it pre-specified? | No, multiple cut-offs were used. |
| Could the conduct or interpretation of the index | RISK: LOW |
| test have introduced bias? | |
| DOMAIN 2: INDEX TEST(S) | |
| | |
| B. Concerns regarding applicability | |
| Is there concern that the index test, its conduct, | CONCERN: LOW |
| or interpretation differ from the review | |
| question? | |
| DOMAIN 3: REFERENCE STANDARD | |
| | |
| A. Risk of bias | |
| Describe the reference standard and how it was conduct | , |
| Mini International Neuropsychiatric Interview V4.4 established by a psychiatrist who was blind to their | |
| videotapes and two other psychiatrists rated 30 of | |
| diagnoses. | |
| Is the reference standard likely to correctly | Yes |
| classify the target condition? | |
| Were the reference standard results interpreted | Yes |
| without knowledge of the results of the index | |
| | I and the second |
| test? | |

| Could the reference standard, its conduct, or its interpretation have introduced bias? | RISK: LOW |
|---|--------------|
| DOMAIN 3: REFERENCE STANDARD B. Concerns regarding applicability | |
| Is there concern that the target condition as defined by the reference standard does not match the review question? | CONCERN: LOW |

A. Risk of bias

Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): 311/411 participants only completed the index test. Only women scoring above 8 on the EPDS and every 10 random women scoring below 8 on the EPDS completed the reference standard

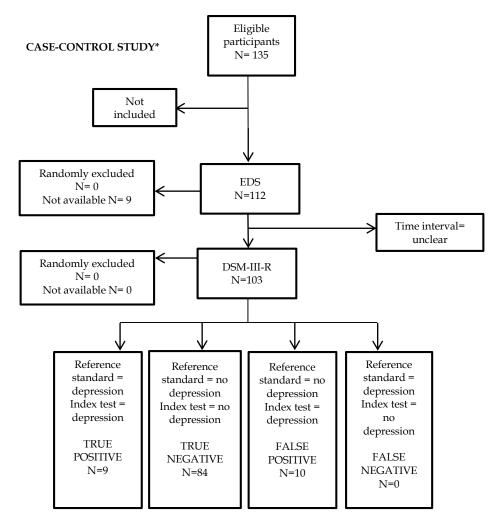
Describe the time interval and any interventions between index test(s) and reference standard: The time interval between the index test and reference standard was not described by the authors.

| Was there an appropriate interval between index test(s) and reference standard? | Unclear |
|---|------------|
| Did all patients receive a reference standard? | No |
| Did patients receive the same reference standard? | Yes |
| Were all patients included in the analysis? | No |
| Could the patient flow have introduced bias? | RISK: HIGH |

1.1.13BOYCE1993

| Patients (setting, intended use of index test, presentation, prior testing) | What are the most appropriate methods/ instruments for the identification of mental health problems in women who are antenatal or postnatal? |
|---|---|
| Index test(s) | EPDS |
| Reference standard and target condition | Reference standard was the DSM-III-R and the condition was major depression |

Phase 2: draw a flow diagram for the primary study



^{*}Authors only report the total number of cases and controls.

| Phase 3: risk of bias and applicability judgments | | |
|--|----|--|
| DOMAIN 1: PATIENT SELECTION | | |
| | | |
| | | |
| A. Risk of bias | | |
| Describe methods of patient selection: Women in the first 6 months postpartum. Subjects were recruited | | |
| at Mother's advisory clinics (baby health clinics staffed by community nurses). Women referred to the | | |
| hospital psychiatric department for outpatient treatment of postnatal depression during the course of | | |
| the study and who consented to participate were also included in the sample. This was to ensure that | | |
| there were sufficient women with high EPDS scores. | | |
| _ | | |
| Was a consecutive or random sample of patients | No | |
| enrolled? | | |
| | | |

| Clinical evidence – completed methodology checklists | | |
|--|---|--|
| Was a case-control design avoided? | No | |
| Did the study avoid inappropriate exclusions? | Yes | |
| Could the selection of patients have introduced bias? | RISK: HIGH | |
| DOMAIN 1: PATIENT SELECTION | | |
| | | |
| B. Concerns regarding applicability | | |
| Describe included patients (prior testing, presentation, | intended use of index test and setting): The index test | |
| was used as a screening tool for postnatal depression | | |
| | d healthy women visiting Mothers' advisory clinics | |
| and women who were referred to the hospital psyc | | |
| postnatal depression. | matric department for outpatient treatment of | |
| postitatai depression. | | |
| Is there concern that the included patients do | CONCERN: HIGH | |
| not match the review question? | | |
| and animon the contact quantum | | |
| DOMAIN 2: INDEX TEST(S) | | |
| | | |
| If more than one index test was used, please complete for each test. | | |
| A. Risk of bias | | |
| Describe the index test and how it was conducted and in | sternreted: The EPDS is a 10 item self-report | |
| | erence standard. Multiple cut-offs of the EPDS were | |
| analysed. | refree standard. Wattiple edit offs of the El Do Were | |
| Were the index test results interpreted without | Yes | |
| knowledge of the results of the reference | | |
| standard? | | |
| Standard: | | |
| If a threshold was used, was it pre-specified? | No, but multiple cut-offs were used. | |
| | , 1 | |
| Could the conduct or interpretation of the index | RISK: LOW | |
| test have introduced bias? | | |
| | | |
| DOMAIN 2: INDEX TEST(S) | | |
| R Concorns regarding applicability | | |
| B. Concerns regarding applicability | | |
| Is there concern that the index test, its conduct, | CONCERN: LOW | |
| or interpretation differ from the review | | |

DOMAIN 3: REFERENCE STANDARD

A. Risk of bias

question?

Describe the reference standard and how it was conducted and interpreted: A structured interview consisting of the anxiety and depression sections of the Diagnostic Interview Schedule, which allows a DSM-111-R diagnosis of major depression, was administered after the index test.

Clinical evidence – completed methodology checklists

| Clinical evidence – completed methodology checklists | | |
|---|---------------|--|
| Is the reference standard likely to correctly | Yes | |
| classify the target condition? | | |
| , 0 | | |
| Were the reference standard results interpreted | Unclear | |
| without knowledge of the results of the index | | |
| test? | | |
| | | |
| Could the reference standard, its conduct, or its | RISK: UNCLEAR | |
| interpretation have introduced bias? | | |
| DOMAIN 3: REFERENCE STANDARD | | |
| DOMAIN 5. REFERENCE STANDARD | | |
| B. Concerns regarding applicability | | |
| Is there concern that the target condition as | CONCERN: LOW | |
| defined by the reference standard does not | | |
| match the review question? | | |
| | | |
| DOMAIN 4: FLOW AND TIMING | | |
| A. Risk of bias | | |
| Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from | | |
| the 2×2 table (refer to flow diagram): 23 out of 135 eligible women refused to take part in the study. 9 out | | |
| of 112 women who completed the index test did not receive the reference standard. | | |
| are and the completed the mater test and no | | |
| Describe the time interval and any interventions between index test(s) and reference standard: The reference | | |
| standard was administered following the index test but it is not clear how much time passed between | | |
| the administrations of both. | | |

test(s) and reference standard? Did all patients receive a reference standard? No Did patients receive the same reference standard? Yes Were all patients included in the analysis? No

Unclear

Could the patient flow have introduced bias? RISK: UNCLEAR

1.1.14BUNEVICIUS2009

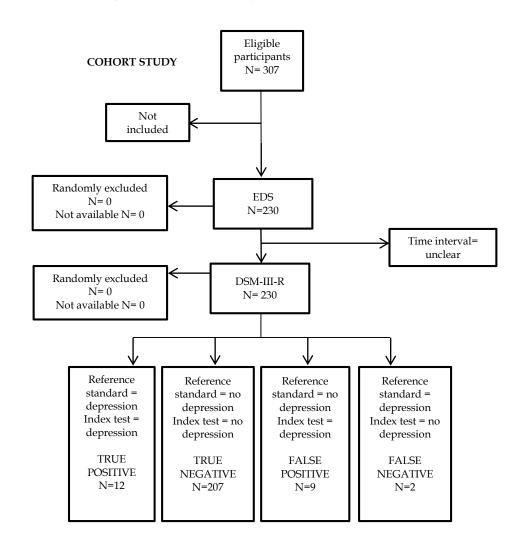
Phase 1: state the review question:

Was there an appropriate interval between index

| Thuse It state the leviet. question. | |
|---|---|
| Patients (setting, intended use of index test, presentation, prior testing) | What are the most appropriate methods/ instruments for the identification of mental health problems in women who are antenatal or postnatal? |
| Index test(s) | EPDS |

| Reference standard and target condition | Reference standard was the SCID-NP DSM-III-R |
|---|--|
| | and the condition was |

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

DOMAIN 1: PATIENT SELECTION

A. Risk of bias

Describe methods of patient selection: Pregnant women attending an obstetric clinic were consecutively invited to participate in the study. There were no restrictions on pregnant women selection, but only those at age 18 or older were invited to the study

| Was a consecutive or random sample of patients enrolled? | Yes | |
|--|---|--|
| Was a case-control design avoided? | Yes | |
| Did the study avoid inappropriate exclusions? | Yes | |
| Could the selection of patients have introduced | RISK: LOW | |
| bias? | | |
| DOMAIN 1: PATIENT SELECTION | | |
| B. Concerns regarding applicability | | |
| Describe included patients (prior testing, presentation, a | intended use of index test and setting): The index test | |
| , , , | , | |
| was used as a screening tool for depressive disorde | ers in pregnant women during different trimesters | |
| of pregnancy in Lithuania. | | |
| Is there concern that the included patients do | CONCERN: LOW | |
| not match the review question? | | |
| not mater the review question. | | |
| DOMAIN 2: INDEX TEST(S) | | |
| If more than one index test was used, please comp | plete for each test. | |
| A. Risk of bias | | |
| Describe the index test and how it was conducted and interpreted: The index test was the EDS, a 10-item self-rating instrument administered as a paper-and-pencil questionnaire. The order of administration of the index test and the reference standard was changed randomly, so that the results of one evaluation could not influence response to the other. Multiple cut-off scores were evaluated in the | | |
| analysis. Were the index test results interpreted without | Yes | |
| _ | 165 | |
| knowledge of the results of the reference | | |
| standard? | | |
| If a threshold was used, was it pre-specified? | No, but a range of cut-off scores was analysed | |
| if a diffestional was asea, was it pre-specifical | Two, but a range of cut-off scores was analysed | |
| Could the conduct or interpretation of the index | RISK: LOW | |
| test have introduced bias? | | |
| DOMAIN 2: INDEX TEST(S) | | |
| | | |
| B. Concerns regarding applicability | | |
| Is there concern that the index test, its conduct, | CONCERN: LOW | |
| or interpretation differ from the review | | |
| question? | | |
| - | | |
| DOMAIN 3: REFERENCE STANDARD | | |
| | | |
| A. Risk of bias | | |

disorder was evaluated using the Lithuanian translation on the non-patient version of the structured

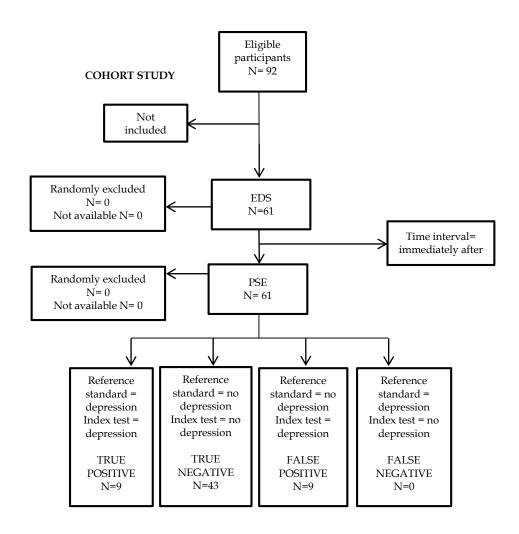
| clinical interview for DSM-III-R (SCID-NP). The SCID-NP was performed by a trained psychiatrist | | |
|---|--------------|--|
| who was blind to the score on the index test. | | |
| Is the reference standard likely to correctly | Yes | |
| classify the target condition? | | |
| Were the reference standard results interpreted | Yes | |
| without knowledge of the results of the index | | |
| test? | | |
| Could the reference standard, its conduct, or its | RISK: LOW | |
| interpretation have introduced bias? | | |
| DOMAIN 3: REFERENCE STANDARD | | |
| B. Concerns regarding applicability | | |
| Is there concern that the target condition as | CONCERN: LOW | |
| defined by the reference standard does not | | |
| match the review question? | | |
| _ | | |
| DOMAIN 4: FLOW AND TIMING | | |
| A. Risk of bias | | |
| Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from | | |
| the 2×2 table (refer to flow diagram): 77/307 patients did not complete the index test and the reference | | |
| standard but it is unclear whether they did not complete either test or if they completed one of them. | | |
| Describe the time interval and any interventions between index test(s) and reference standard: It is unclear | | |
| what the time interval between the two tests was. | | |
| Was there an appropriate interval between index | Unclear | |
| test(s) and reference standard? | | |
| Did all nations and an action of the day of | No | |
| Did all patients receive a reference standard? | INO | |
| Did patients receive the same reference standard? | Yes | |
| Were all patients included in the analysis? | No | |
| | | |

1.1.15 CARPINIELLO 1997

| q | |
|--|---|
| Patients (setting, intended use of index test, | What are the most appropriate methods/ |
| presentation, prior testing) | instruments for the identification of mental |
| , | health problems in women who are antenatal or |
| | postnatal? |
| | |

| Index test(s) | EPDS |
|---|--|
| Reference standard and target condition | Reference standard was the Present State Examination (PSE) and the condition was depression. |

Phase 2: draw a flow diagram for the primary study



| Phase 3: risk of bias and applicability judg | ments |
|--|---|
| DOMAIN 1: PATIENT SELECTION | |
| | |
| | |
| | |
| A. Risk of bias | |
| Describe methods of patient selection: All women who | had been consecutively admitted for delivery to |
| the Obstetrics Clinic of the University of Cagliari from 1 April to 30 June 1992 were contacted. | |
| | |
| Was a consecutive or random sample of patients | Yes |

| enrolled? | |
|---|-----------|
| Was a case-control design avoided? | Yes |
| Did the study avoid inappropriate exclusions? | Yes |
| Could the selection of patients have introduced | RISK: LOW |
| bias? | |
| DOMAIN 1: PATIENT SELECTION | |
| | |

B. Concerns regarding applicability

Describe included patients (prior testing, presentation, intended use of index test and setting): The EPDS was used routinely as a screening instrument among postnatal women reporting depressive symptoms at the Institute of Obstetrics and Gynaecology or to other liaison services of the University of Cagliari to identify those who need to be referred to the Institute of Psychiatry for further evaluation.

| Is there concern that the included patients do | CONCERN: LOW |
|--|--------------|
| not match the review question? | |
| | |

DOMAIN 2: INDEX TEST(S)

If more than one index test was used, please complete for each test.

A. Risk of bias

Describe the index test and how it was conducted and interpreted: The EPDS is a 10 item self-administered scale. The scale was translated into Italian and back translated showing no relevant differences between the original and the back translation. The scale was administered in the patients' homes 4-6 weeks after delivery. Multiple thresholds were used in the analysis.

| were the maex test results interpreted without | ies |
|--|--|
| knowledge of the results of the reference | |
| standard? | |
| | |
| If a threshold was used, was it pre-specified? | No, but multiple thresholds were used in the |
| | analysis. |
| Could the conduct or interpretation of the index | RISK: LOW |
| test have introduced bias? | |
| | |

DOMAIN 2: INDEX TEST(S)

B. Concerns regarding applicability

| Is there concern that the index test, its | s conduct, CONCERN: LOW | |
|---|-------------------------|--|
| or interpretation differ from the revie | ew | |
| question? | | |
| | | |

DOMAIN 3: REFERENCE STANDARD

A. Risk of bias

Describe the reference standard and how it was conducted and interpreted: Present State Examination (PSE), a clinical interview carried out by two qualified psychiatrists to derive the criteria for depressive illness. The interview was carried out in the patients' home after the index test had been

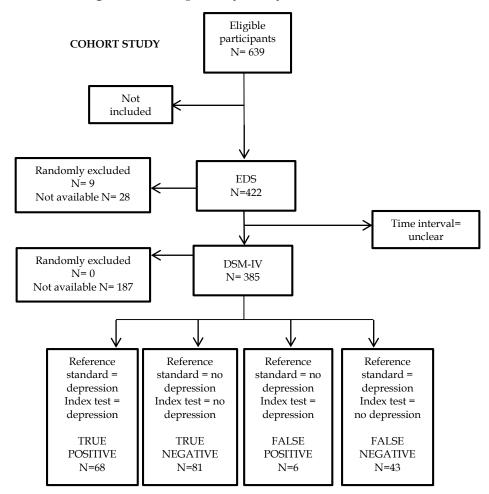
| administered. The interviewers were both qualified psychiatrists who had been trained in the use of a previous epidemiological study. | | |
|--|---------------|--|
| Is the reference standard likely to correctly classify the target condition? | Yes | |
| Were the reference standard results interpreted without knowledge of the results of the index test? | Unclear | |
| Could the reference standard, its conduct, or its interpretation have introduced bias? | RISK: UNCLEAR | |
| DOMAIN 3: REFERENCE STANDARD B. Concerns regarding applicability | | |
| Is there concern that the target condition as defined by the reference standard does not match the review question? | CONCERN: LOW | |
| DOMAIN 4: FLOW AND TIMING | | |
| A. Risk of bias | | |
| Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): 31/92 eligible participants refused to take part in the study. All participants who completed the index test also completed the reference standard. | | |
| Describe the time interval and any interventions between index test(s) and reference standard: The reference standard was administered straight after the index test was received. | | |
| Was there an appropriate interval between index test(s) and reference standard? | Yes | |
| Did all patients receive a reference standard? | Yes | |
| Did patients receive the same reference standard? | Yes | |
| Were all patients included in the analysis? | No | |
| Could the patient flow have introduced bias? | RISK: LOW | |

1.1.16CHAUDRON2010

| Patients (setting, intended use of index test, presentation, prior testing) | What are the most appropriate methods/ instruments for the identification of mental health problems in women who are antenatal or postnatal? |
|---|--|
| Index test(s) | EPDS |

| Reference standard and target condition | Reference standard was the Structured clinical |
|---|--|
| | interview for DSM-IV and the condition was |
| | major and minor depressive disorder. |

Phase 2: draw a flow diagram for the primary study



| Phase 3: risk of bias and applicability judgments | | | |
|--|-----|--|--|
| DOMAIN 1: PATIENT SELECTION | | | |
| | | | |
| A. Risk of bias | | | |
| Describe methods of patient selection: A convenience sample of mothers of infants attending a well | | | |
| childcare visit during the postpartum year at the Strong Pediatric Practice at Golisano Children's | | | |
| Hospital | | | |
| | | | |
| Was a consecutive or random sample of patients | Yes | | |

| Completed memority of checkwise | |
|--|---|
| enrolled? | |
| Was a case-control design avoided? | Yes |
| Diddhadada a aidin an an aidin a daisa a | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| Did the study avoid inappropriate exclusions? | Yes |
| Could the selection of patients have introduced | RISK: LOW |
| bias? | |
| DOMAIN 1: PATIENT SELECTION | |
| B. Concerns regarding applicability | |
| Describe included patients (prior testing, presentation, a | intended use of index test and setting): Participants |
| were low income mothers attending well childcare | , |
| as a screening tool for depression in low-income up | • |
| Ů, | |
| Is there concern that the included patients do | CONCERN: LOW |
| not match the review question? | |
| DOMAIN 2: INDEX TEST(S) | |
| | 1. (1.) |
| If more than one index test was used, please comp | plete for each test. |
| A. Risk of bias | |
| Describe the index test and how it was conducted and in | nterpreted: The EPDS is a 10-item self-administered |
| questionnaire. | T 4 |
| Were the index test results interpreted without | Unclear |
| knowledge of the results of the reference | |
| standard? | |
| If a threshold was used, was it pre-specified? | Yes |
| | |
| Could the conduct or interpretation of the index | RISK: UNCLEAR |
| test have introduced bias? | |
| DOMAIN 2: INDEX TEST(S) | |
| | |
| B. Concerns regarding applicability | |
| Is there concern that the index test, its conduct, | CONCERN: LOW |
| or interpretation differ from the review | |
| question? | |
| DOMAIN 2. DEFEDENCE CTANDADD | |
| DOMAIN 3: REFERENCE STANDARD | |

A. Risk of bias

Describe the reference standard and how it was conducted and interpreted: The reference standard was the Structured Clinical Interview for DSM-IV. It was administered by a trained rater and reviewed by a psychiatrist, two psychologists and trained raters to confirm the diagnostic decision. Consensus team members were blind to the screening tool scores.

Clinical evidence – completed methodology checklists

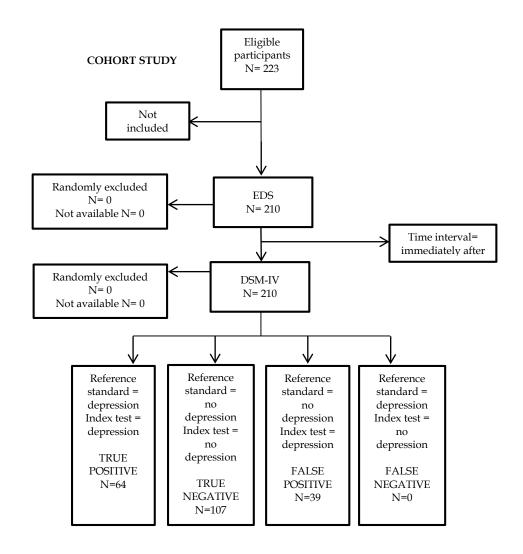
| , | | |
|--|--------------|--|
| Is the reference standard likely to correctly | Yes | |
| classify the target condition? | | |
| | | |
| Were the reference standard results interpreted | Yes | |
| without knowledge of the results of the index | 165 | |
| test? | | |
| test: | | |
| Could the reference standard, its conduct, or its | RISK: LOW | |
| interpretation have introduced bias? | | |
| • | | |
| DOMAIN 3: REFERENCE STANDARD | | |
| | | |
| B. Concerns regarding applicability | | |
| Is there concern that the target condition as | CONCERN: LOW | |
| defined by the reference standard does not | | |
| match the review question? | | |
| | | |
| DOMAIN 4: FLOW AND TIMING | | |
| 4 B. 1 (1) | | |
| A. Risk of bias | | |
| Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from | | |
| the 2×2 table (refer to flow diagram): 217/639 eligible | | |
| 198/422 mothers who were administered the index test also completed the reference standard. | | |
| | | |
| Describe the time interval and any interventions between index test(s) and reference standard: The authors | | |
| did not report the time interval between the index test and the reference standard. | | |
| | | |
| Was there an appropriate interval between index | Unclear | |
| test(s) and reference standard? | | |
| | | |
| Did all patients receive a reference standard? | No | |
| | | |
| Did patients receive the same reference standard? | No | |
| THE THE RESERVE THE TAX TO SERVE THE TAX | N7 | |
| Were all patients included in the analysis? | No | |
| Could the patient flow have introduced bias? | RISK: HIGH | |
| Coura the patient flow have introduced blas? | NION, HIGH | |

1.1.17CHIBANDA2010

| Patients (setting, intended use of index test, | What are the most appropriate methods/ |
|--|---|
| presentation, prior testing) | instruments for the identification of mental |
| | health problems in women who are antenatal or |
| | postnatal? |
| | |

| Index test(s) | EPDS |
|---|---|
| Reference standard and target condition | Reference standard was the DSM-IV and the condition was major depression. |

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

DOMAIN 1: PATIENT SELECTION

A. Risk of bias

Describe methods of patient selection: Study population consisted of all postpartum mothers aged 18 years and older, who attended the routine postnatal check-up at 6 weeks after delivery with an infant

aged between 6-7 weeks and resided within the Chitungwiza catchment area. Simple random

| sampling was used with the clinic registry as the sampling frame. Computer generated random | | |
|--|---|--|
| numbers were utilized to enrol participants into the study. | | |
| Was a consecutive or random sample of patients | Yes | |
| enrolled? | | |
| Was a case-control design avoided? | Yes | |
| Did the study avoid inappropriate exclusions? | Yes | |
| Could the selection of patients have introduced bias? | RISK: LOW | |
| | | |
| DOMAIN 1: PATIENT SELECTION | | |
| B. Concerns regarding applicability | | |
| Describe included patients (prior testing, presentation, | | |
| were from a lower socio-economic peri-urban comi | • | |
| index test was used as a screening tool for major de | epression. | |
| Is there concern that the included patients do | CONCERN: LOW | |
| not match the review question? | | |
| DOMAIN 2: INDEX TEST(S) | | |
| If more than one index test was used, please complete for each test. | | |
| | | |
| A. Risk of bias Describe the index test and begin it may conducted and interpreted: The EPDS is a self-rated report | | |
| Describe the index test and how it was conducted and interpreted: The EPDS is a self-rated report instrument. The literacy rate in Chtungwiza, Zimbabwe is above 90%. All the sampled subjects were | | |
| literate and able to comprehend the 10-item EPDS. | The EPDS was translated into Shona, the local | |
| language by a trained, bilingual research assistant, and then back translated into English to ensure a | | |
| version almost identical to the original one. The translation was discussed by the study team and no problems were encountered. After informed consent, 6 trained community counsellors administered | | |
| the EPDS to eligible postpartum women. The EPDS scores were calculated after data collection was | | |
| complete. | T | |
| Were the index test results interpreted without | Unclear | |
| knowledge of the results of the reference standard? | | |
| Surreure: | | |
| If a threshold was used, was it pre-specified? | No, but multiple thresholds were used. | |
| Could the conduct or interpretation of the index | RISK: LOW | |
| test have introduced bias? | | |
| DOMAIN 2: INDEX TEST(S) | | |
| B. Concerns regarding applicability | | |
| Is there concern that the index test, its conduct, | CONCERN: LOW | |
| or interpretation differ from the review | | |

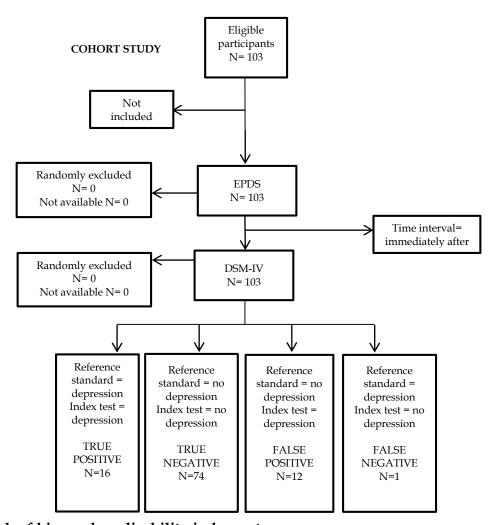
| | T |
|---|---|
| question? | |
| DOMAIN 3: REFERENCE STANDARD | |
| A. Risk of bias | |
| Describe the reference standard and how it was conduct | ed and interpreted: All study participants were |
| subjected to mental status examination using DSM | |
| who were blinded to the subject's EPDS test results | |
| Is the reference standard likely to correctly | Yes |
| classify the target condition? | |
| classify the target condition: | |
| Were the reference standard results interpreted | Yes |
| without knowledge of the results of the index | |
| test? | |
| | |
| Could the reference standard, its conduct, or its | RISK: LOW |
| interpretation have introduced bias? | |
| • | |
| DOMAIN 3: REFERENCE STANDARD | |
| | |
| B. Concerns regarding applicability | |
| Is there concern that the target condition as | CONCERN: LOW |
| defined by the reference standard does not | |
| match the review question? | |
| | |
| DOMAIN 4: FLOW AND TIMING | |
| A. Risk of bias | |
| | (s) and/or reference standard or who were excluded from |
| Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): 210/223 eligible participants completed the study. | |
| the 2×2 tuble (rejet to flow diagram). 210/ 223 engible | participants completed the study. |
| Describe the time interval and any interventions betwee | n index test(s) and reference standard: The reference |
| standard was administered straight after the index | |
| standard was administered straight after the index test. | |
| Was there an appropriate interval between index | Yes |
| test(s) and reference standard? | |
| test(s) and reference standard. | |
| Did all patients receive a reference standard? | No |
| 1 | |
| Did patients receive the same reference standard? | Yes |
| | |
| Were all patients included in the analysis? | No |
| | |
| Could the patient flow have introduced bias? | RISK: LOW |
| | |

1.1.18CLARKE2008

| _ | |
|--|--|
| Patients (setting, intended use of index test, | What are the most appropriate methods/ |
| | instruments for the identification of mental |

| presentation, prior testing) | health problems in women who are antenatal or postnatal? |
|---|--|
| Index test(s) | EPDS |
| Reference standard and target condition | Reference standard was the structured clinical interview for DSM-IV and the condition was postpartum depression. |

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

DOMAIN 1: PATIENT SELECTION

A. Risk of bias

Describe methods of patient selection: Patients were recruited from postnatal and parenting groups and via notices posted in various locations (for example, hospital maternity wards, community health centres) in Regina and in First Nations health centres in Saskatchewan, Canada.

| Was a consecutive or random sample of patients enrolled? | Yes |
|--|-----------|
| Was a case-control design avoided? | Yes |
| Did the study avoid inappropriate exclusions? | Yes |
| Could the selection of patients have introduced bias? | RISK: LOW |
| DOMAIN 1: PATIENT SELECTION | |

B. Concerns regarding applicability

Describe included patients (prior testing, presentation, intended use of index test and setting): Patients were English-speaking First Nations and Métis women who were 18 years of age or older and had given birth to a live infant in the previous 1 to 12 months. The index test was used as a screening tool for postpartum depression.

| Is there concern that the included patients do | CONCERN: LOW |
|--|--|
| not match the review question? | |
| • | |
| DOMAIN 2: INDEX TEST(S) | |
| | |
| If more than one index test was used, please comp | plete for each test. |
| A Diele of him | |
| A. Risk of bias | nterpreted: The EPDS is a 10-item, self-report, paper- |
| and-pencil questionnaire which was administered | , |
| Were the index test results interpreted without | Unclear |
| - | Officieat |
| knowledge of the results of the reference | |
| standard? | |
| If a threshold was used, was it pre-specified? | Yes |
| if a tilleshold was used, was it pre-specified: | ies |
| Could the conduct or interpretation of the index | RISK: UNCLEAR |
| test have introduced bias? | |
| | |
| DOMAIN 2: INDEX TEST(S) | |
| | |
| B. Concerns regarding applicability | |
| | |
| Is there concern that the index test, its conduct, | CONCERN: LOW |
| or interpretation differ from the review | |
| question? | |
| | |

DOMAIN 3: REFERENCE STANDARD

A. Risk of bias

Describe the reference standard and how it was conducted and interpreted: Once the background information sheet and depression questionnaires were completed, the author interviewed each mother privately using the Mood Disorder Module of the Structured Clinical Interviews for DSM-IV Axis I Disorders to confirm the diagnosis of PPD. The author had received instruction and training in

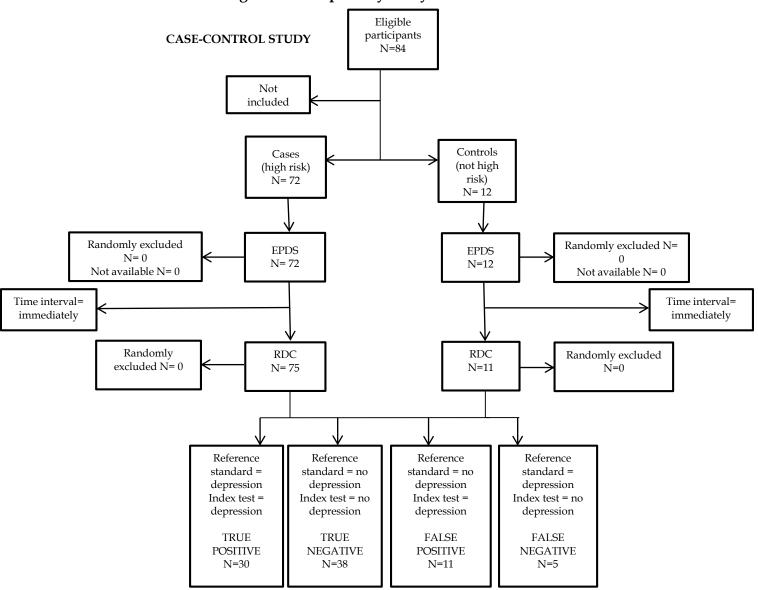
| administering the SCID by a licensed clinical psych | ologist. |
|---|---|
| Is the reference standard likely to correctly | Yes |
| classify the target condition? | |
| . 0 | |
| Were the reference standard results interpreted | Unclear |
| without knowledge of the results of the index | |
| test? | |
| | |
| Could the reference standard, its conduct, or its | RISK: UNCLEAR |
| interpretation have introduced bias? | |
| | |
| DOMAIN 3: REFERENCE STANDARD | |
| | |
| B. Concerns regarding applicability | CONCERNATION |
| Is there concern that the target condition as | CONCERN: LOW |
| defined by the reference standard does not | |
| match the review question? | |
| DOMAIN 4. FLOW AND TIMING | |
| DOMAIN 4: FLOW AND TIMING | |
| A. Risk of bias | |
| | (s) and/or reference standard or who were excluded from |
| Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): The authors do not specify whether all participants completed both | |
| | |
| questionnaires or whether there were any drop outs. | |
| Describe the time interval and any interventions between index test(s) and reference standard: The reference | |
| standard was administered straight after the index | • |
| startaira was administered straight after the maex | test. |
| Was there an appropriate interval between index | Yes |
| test(s) and reference standard? | |
| test(s) tarta rerez erree startauren | |
| Did all patients receive a reference standard? | Unclear |
| 1 | |
| Did patients receive the same reference standard? | Yes |
| | |
| Were all patients included in the analysis? | Unclear |
| | |
| Could the patient flow have introduced bias? | RISK: UNCLEAR |

1.1.19COX1987

| • | |
|--|---|
| Patients (setting, intended use of index test, | What are the most appropriate methods/ |
| presentation, prior testing) | instruments for the identification of mental |
| | health problems in women who are antenatal or |
| | postnatal? |
| Index test(s) | EPDS |
| | |

| Reference standard and target condition | Reference standard was the Research Diagnostic |
|---|--|
| | criteria obtained from Goldberg's standardised |
| | psychiatric interview and the condition was |
| | postnatal depression. |

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

DOMAIN 1: PATIENT SELECTION

A. Risk of bias

Describe methods of patient selection: Postnatal women living in Edinburgh or at Livingston new town (Scotland) who were identified by health visitors as high risk at 6 weeks postnatal. 12 healthy women

| were also included in the study. | |
|---|----------------------|
| Was a consecutive or random sample of patients enrolled? | No |
| Was a case-control design avoided? | No |
| Did the study avoid inappropriate exclusions? | Yes |
| Could the selection of patients have introduced bias? | RISK: HIGH |
| DOMAIN 1: PATIENT SELECTION | |
| B. Concerns regarding applicability | |
| Describe included patients (prior testing, presentation, intended use of index test and setting): Most of the mothers, who were taking part in a study to determine the effectiveness of counselling by health visitors in the treatment of postnatal depression, had been identified by their health visitors at about 6 weeks following delivery as potentially depressed. 12 normal women were also included in the study. Mothers who were observed to have a depressed mood but who did not meet full RDC criteria for depression were, however also separately identified. The index test was used as a screening tool for postnatal depression in a primary care setting. | |
| Is there concern that the included patients do not match the review question? | CONCERN: LOW |
| DOMAIN 2: INDEX TEST(S) If more than one index test was used, please comp A. Risk of bias | plete for each test. |
| Describe the index test and how it was conducted and in | , |
| mother during a home visit and was then placed in remained blind to the score while subsequently addressed in the score while score while subsequently addressed in the score while score while subsequently addressed in the score while | |
| Were the index test results interpreted without knowledge of the results of the reference standard? | Unclear |
| If a threshold was used, was it pre-specified? | No |
| Could the conduct or interpretation of the index test have introduced bias? | RISK: HIGH |
| DOMAIN 2: INDEX TEST(S) | |
| B. Concerns regarding applicability | |
| Is there concern that the index test, its conduct, | CONCERN: LOW |
| or interpretation differ from the review question? | |

DOMAIN 3: REFERENCE STANDARD

A. Risk of bias

Describe the reference standard and how it was conducted and interpreted: Mothers in the sample were interviewed by R.S. using Goldberg's Standardised Psychiatric Interview and the majority of such interviews took place in the mothers own home (SPI-I). At this home visit the EPDS was first completed by the mother and was then placed in a sealed envelope so that the interviewer remained blind to the score while subsequently administering the SPI. The criteria used for the diagnosis of a depressive illness were the Research Diagnostic Criteria of Spitzer et al (1975). Both interviewers had been trained in the use of the SPI and difficult ratings were jointly discussed.

| gs were jointly discussed. |
|----------------------------|
| Yes |
| |
| |
| Yes |
| |
| |
| |
| RISK: LOW |
| |
| |
| |
| |
| |
| |
| CONCERN: LOW |
| CONCERN: LOW |
| |

DOMAIN 4: FLOW AND TIMING

A. Risk of bias

Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): The authors do not specify whether all participants completed both questionnaires and whether there were any drop outs.

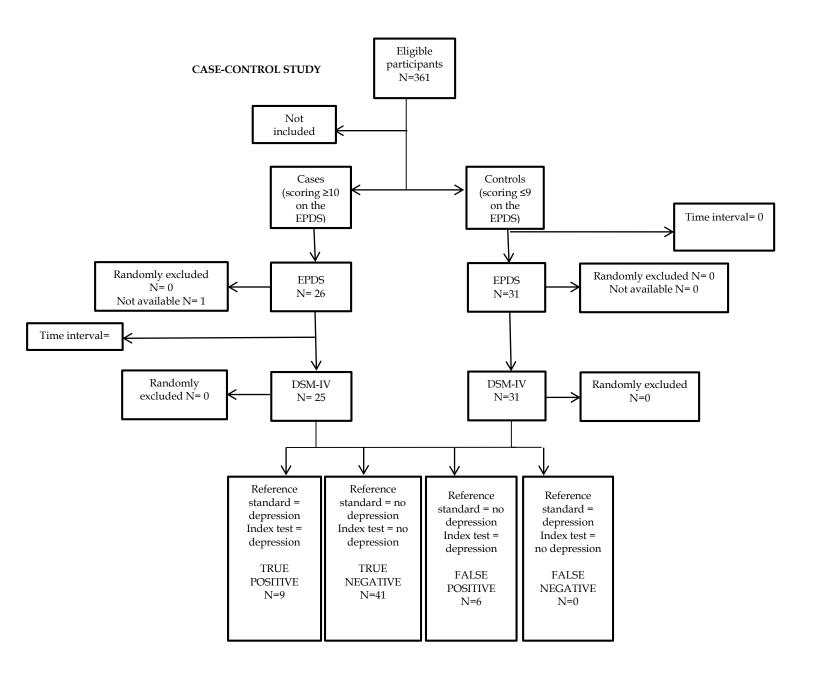
Describe the time interval and any interventions between index test(s) and reference standard: The reference standard was administered straight after the index test.

| Was there an appropriate interval between index test(s) and reference standard? | Yes |
|---|---------------|
| Did all patients receive a reference standard? | Unclear |
| Did patients receive the same reference standard? | Yes |
| Were all patients included in the analysis? | Unclear |
| Could the patient flow have introduced bias? | RISK: UNCLEAR |

1.1.20EBERHARD-GRAN2001

| D (' / / // ' ' / 1 1 C' 1 / / | TATE1 |
|--|--|
| Patients (setting, intended use of index test, | What are the most appropriate methods/ |
| presentation, prior testing) | instruments for the identification of mental |
| 77 0 | health problems in women who are antenatal or |
| | postnatal? |
| | |
| Index test(s) | EPDS |
| Reference standard and target condition | Reference standard was the DSM-IV criteria and |
| , s | the condition was postnatal depression. |

Phase 2: draw a flow diagram for the primary study



| Clinical evidence – completed methodology checklists | | |
|--|---|--|
| Phase 3: risk of bias and applicability judgments | | |
| DOMAIN 1: PATIENT SELECTION | | |
| | | |
| A Distriction | | |
| A. Risk of bias Describe methods of patient selection: All Norwegian s | speaking postnatal women older than 18 years in | |
| two communities in Norway (Nes and Sørum) were invited to participate in a study of mental health. | | |
| The women were recruited from two community-b score of 10 or more in the questionnaire study were | | |
| control group was interviewed. The control group (| | |
| some cases two women) with an EPDS score less th | an 10 whose delivery was closest in time to that of | |
| a high-scoring woman. Was a consecutive or random sample of patients | No | |
| enrolled? | INO | |
| | | |
| Was a case-control design avoided? | No | |
| Did the study avoid inappropriate exclusions? | No | |
| Could the selection of patients have introduced | RISK: HIGH | |
| bias? | MSK. HIGH | |
| | | |
| DOMAIN 1: PATIENT SELECTION | | |
| B. Concerns regarding applicability | | |
| Describe included patients (prior testing, presentation, i | | |
| speaking postnatal women older than 18 years in two communities in Norway (Nes and Sørum). The women were recruited from two community-based child health clinics. These clinics provide routine | | |
| health control examinations for all children from birth through 6 years of age. The child clinics receive | | |
| information from the hospitals about each live birth in their district. The index test was used as a | | |
| screening tool for postnatal depression. | | |
| Is there concern that the included patients do CONCERN: LOW | | |
| not match the review question? | | |
| DOMAIN 2: INDEX TEST(S) | | |
| DOMAIN 2: INDEX 1ES1(S) | | |
| If more than one index test was used, please complete for each test. | | |
| A. Risk of bias | | |
| Describe the index test and how it was conducted and in | , | |
| waiting room, the women completed the EPDS and SCL-25 a second time. The retesting was performed because a delay of up to 3 weeks could occur between the time of the questionnaire study | | |
| and the time of the interview. The second questionnaire was filled in 9.7 weeks after delivery. | | |
| Were the index test results interpreted without | Unclear | |
| knowledge of the results of the reference | | |
| standard? | | |

Yes

If a threshold was used, was it pre-specified?

| Could the conduct or interpretation on the | RISK: UNCLEAR | |
|--|--|--|
| index test have introduced bias? | | |
| | | |
| DOMAIN 2: INDEX TEST(S) | | |
| B. Concerns regarding applicability | | |
| Is there concern that the index test, its conduct, | CONCERN: LOW | |
| or interpretation differ from the review | | |
| question? | | |
| DOMAINA DEFENSACE CEANDARD | | |
| DOMAIN 3: REFERENCE STANDARD | | |
| A. Risk of bias | | |
| Describe the reference standard and how it was conduct | ed and interpreted: The reference standard was a | |
| DSM-IV clinical diagnosis of depression, derived for | om the PRIME-MD. The interviews were | |
| conducted by three experienced general practitions | | |
| in using the interview instruments. Each communi | | |
| women's score on the EPDS and SCL-25 in the que | | |
| local primary health care centre and lasted between | | |
| audiotaped (21%) for the purpose of assessing interests at least the street of the str | | |
| otherwise involved in the study listened to the tape basis of the taped interviews. These diagnoses were | | |
| interviewer. | e later compared with the diagnosis made by the | |
| Is the reference standard likely to correctly | Yes | |
| classify the target condition? | | |
| classify the target condition: | | |
| Were the reference standard results interpreted | Yes | |
| without knowledge of the results of the index | | |
| test? | | |
| | | |
| Could the reference standard, its conduct, or its | RISK: LOW | |
| interpretation have introduced bias? | | |
| DOMAIN A REFERENCE CTANDARD | | |
| DOMAIN 3: REFERENCE STANDARD | | |
| B. Concerns regarding applicability | | |
| Is there concern that the target condition as | CONCERN: LOW | |
| defined by the reference standard does not | | |
| match the review question? | | |
| | | |
| DOMAIN 4: FLOW AND TIMING | | |
| A. Risk of bias | | |
| Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from | | |
| the 2×2 table (refer to flow diagram): Only 56/361 eligible mothers were included in the study. One | | |
| patient in the case group did not the reference standard. | | |
| Language of the state of the section | | |
| Describe the time interval and any interventions between index test(s) and reference standard: The reference | | |
| standard was administered straight after the EPDS. | | |
| | F | |
| Was there an appropriate interval between index | Yes | |

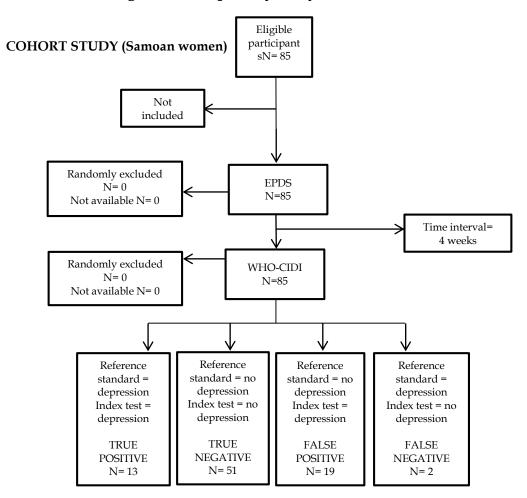
Clinical evidence – completed methodology checklists

| test(s) and reference standard? | |
|---|------------|
| Did all patients receive a reference standard? | No |
| Did patients receive the same reference standard? | Yes |
| Were all patients included in the analysis? | No |
| Could the patient flow have introduced bias? | RISK: HIGH |

1.1.21EKEROMA2012

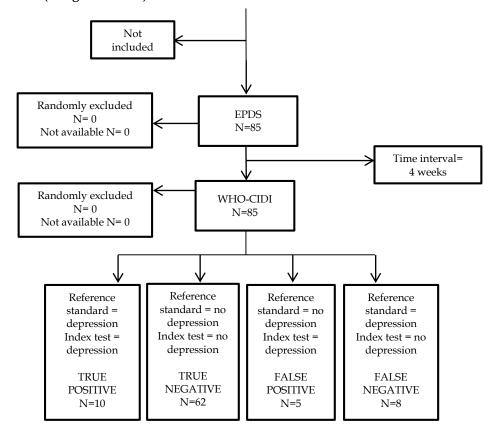
| Patients (setting, intended use of index test, presentation, prior testing) | What are the most appropriate methods/ instruments for the identification of mental health problems in women who are antenatal or postnatal? |
|---|--|
| Index test(s) | EPDS |
| Reference standard and target condition | Reference standard was the WHO-CIDI and the condition was postnatal depression. |

Phase 2: draw a flow diagram for the primary study



Eligible participants N= 85

COHORT STUDY (Tongan women)



Phase 3: risk of bias and applicability judgments

| DOMAIN 1: | PATIENT | SELECTION |
|------------------|----------------|-----------|

A. Risk of bias

Describe methods of patient selection: Names and contact details of Samoan and Tongan women scheduled to deliver the following month were communicated to the research team. Women were initially contacted by posted information followed by a phone call. Interested women were recruited in a clinic or at their home.

| Was a consecutive or random sample of patients enrolled? | Yes |
|--|-----------|
| Was a case-control design avoided? | Yes |
| Did the study avoid inappropriate exclusions? | Yes |
| Could the selection of patients have introduced bias? | RISK: LOW |

| DOMAIN 1: PATIENT SELECTION | | |
|---|--|--|
| B. Concerns regarding applicability | | |
| Describe included patients (prior testing, presentation, i | ntended use of index test and setting): Samoan and | |
| Tongan women from New Zealand scheduled to de | eliver the following month. The index test was | |
| used as a screening tool for postnatal depression. | Ç | |
| To those concount that the included matients do | CONCERN: LOW | |
| Is there concern that the included patients do | CONCERN: LOW | |
| not match the review question? | | |
| DOMAIN 2: INDEX TEST(S) | | |
| If more than one index test was used, please comp | plete for each test. | |
| | | |
| A. Risk of bias | | |
| Describe the index test and how it was conducted and in | | |
| translated into the Samoan and Tongan languages a | | |
| professional translation service. The translated vers | | |
| (fluent in Samoan) and SF (fluent in Tongan) for ap women could choose to complete the EPDS in Engl | 1 1 0 0 | |
| any assistance in completing the questionnaire. The | | |
| weeks after delivery. | e questionimines were completed between Tuna, | |
| Were the index test results interpreted without | Yes | |
| knowledge of the results of the reference | | |
| standard? | | |
| | | |
| If a threshold was used, was it pre-specified? | Yes | |
| Could the conduct or interpretation of the index | RISK: LOW | |
| test have introduced bias? | | |
| DOMAIN 2: INDEX TEST(S) | | |
| P. Consource regarding applicability | | |
| B. Concerns regarding applicability | | |
| Is there concern that the index test, its conduct, | CONCERN: LOW | |
| or interpretation differ from the review | | |
| question? | | |
| DOMAIN 3: REFERENCE STANDARD | | |
| | | |
| A. Risk of bias | | |
| Describe the reference standard and how it was conducted and interpreted: An interview was then arranged | | |
| with one of two psychiatrists who were blind to the EPDS scores and who had received accredited | | |
| training in the use of the World Health Organization Composite International Diagnostic Interview The interview was completed within 4 weeks of completing the EPDS. Psychiatrist SF who was fluent | | |
| in the Tongan language interviewed Tongan women and SW who was semi-fluent in Samoan | | |
| interviewed the Samoan women. Interpreters were provided where requested. | | |
| Is the reference standard likely to correctly | Yes | |
| classify the target condition? | | |
| | | |

| Were the reference standard results interpreted without knowledge of the results of the index test? | Yes |
|---|---------------|
| Could the reference standard, its conduct, or its interpretation have introduced bias? | RISK: LOW |
| DOMAIN 3: REFERENCE STANDARD | |
| B. Concerns regarding applicability | CONCERN: LOW |
| Is there concern that the target condition as defined by the reference standard does not | CONCERN; LOVV |
| match the review question? | |
| DOMAIN 4: FLOW AND TIMING | |

A. Risk of bias

Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): The authors do not state whether any patients refused to take part, were lost to follow up or were excluded. Tongan and Samoan women were interviewed by different psychiatrists, however the two groups were analysed separately.

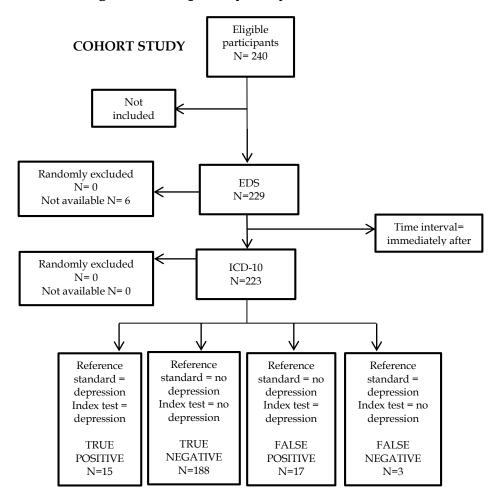
Describe the time interval and any interventions between index test(s) and reference standard: The reference standard was completed within 4 weeks of completing the index test.

| Was there an appropriate interval between index | No |
|---|------------|
| test(s) and reference standard? | |
| | |
| Did all patients receive a reference standard? | Yes |
| Did patients receive the same reference standard? | Yes |
| Were all patients included in the analysis? | Unclear |
| Could the patient flow have introduced bias? | RISK: HIGH |

1.1.22 FELICE2006

| Patients (setting, intended use of index test, | What are the most appropriate methods/ |
|--|---|
| presentation, prior testing) | instruments for the identification of mental |
| | health problems in women who are antenatal or |
| | postnatal? |
| Index test(s) | EPDS |
| | |
| Reference standard and target condition | Reference standard was the Clinical Interview |
| | Schedule for ICD-10 diagnoses and the condition |
| | was depression during pregnancy and at 8 weeks |
| | postnatally. |

Phase 2: draw a flow diagram for the primary study



| Phase 3: risk of bias and applicability judgments | | |
|--|---|--|
| DOMAIN 1: PATIENT SELECTION | | |
| | | |
| | | |
| A. Risk of bias | | |
| | on consisted of pregnant vegen who registered at | |
| ,, | Describe methods of patient selection: Study population consisted of pregnant women who registered at | |
| an antenatal clinic during a nine month period. A | an antenatal clinic during a nine month period. A random sample was collected on two designated | |
| days per week, from the antenatal booking-in clinic. | | |
| | | |
| Was a consecutive or random sample of patients | Yes | |
| enrolled? | | |
| | | |
| Was a case-control design avoided? | Yes | |
| 8 | 165 | |
| Did the study avoid inappropriate exclusions? | Yes | |
| | 165 | |
| Could the selection of patients have introduced | RISK: LOW | |
| bias? | | |
| | | |

| DOMAIN 1: PATIENT SELECTION | |
|---|--|
| B. Concerns regarding applicability | |
| Describe included patients (prior testing, presentation, i | ntended use of index test and setting): The study |
| population consisted of pregnant women who regis | stered at the antenatal clinic. Women were |
| included in the study regardless of the duration of | |
| multigravidae. The index test was used to screen for | |
| Is there concern that the included patients do | CONCERN: LOW |
| | COTTENT. LOW |
| not match the review question? | |
| DOMAIN 2: INDEX TEST(S) | |
| If more than one index test was used, please comp | elete for each test. |
| A. Risk of bias | |
| Describe the index test and how it was conducted and in | ternreted: The index test was the Maltese version of |
| the EPDS. At both the first interview and the postn | • |
| interviewer so that the clinical ratings and diagnosi | |
| | · · · · · · · · · · · · · · · · · · · |
| on the self-report scale. The EPDS was administered | C |
| Were the index test results interpreted without | Yes |
| knowledge of the results of the reference | |
| standard? | |
| If a threshold was used, was it pre-specified? | Yes |
| if a unestola was used, was it pre specified: | 103 |
| Could the conduct or interpretation of the index | RISK: LOW |
| <u>-</u> | |
| test have introduced bias? | |
| test have introduced bias? | |
| | |
| test have introduced bias? DOMAIN 2: INDEX TEST(S) | |
| | |
| DOMAIN 2: INDEX TEST(S) B. Concerns regarding applicability | CONCERN: LOW |
| DOMAIN 2: INDEX TEST(S) B. Concerns regarding applicability Is there concern that the index test, its conduct, | CONCERN: LOW |
| DOMAIN 2: INDEX TEST(S) B. Concerns regarding applicability Is there concern that the index test, its conduct, or interpretation differ from the review | CONCERN: LOW |
| DOMAIN 2: INDEX TEST(S) B. Concerns regarding applicability Is there concern that the index test, its conduct, | CONCERN: LOW |
| DOMAIN 2: INDEX TEST(S) B. Concerns regarding applicability Is there concern that the index test, its conduct, or interpretation differ from the review question? | CONCERN: LOW |
| DOMAIN 2: INDEX TEST(S) B. Concerns regarding applicability Is there concern that the index test, its conduct, or interpretation differ from the review | CONCERN: LOW |
| DOMAIN 2: INDEX TEST(S) B. Concerns regarding applicability Is there concern that the index test, its conduct, or interpretation differ from the review question? DOMAIN 3: REFERENCE STANDARD A. Risk of bias | |
| DOMAIN 2: INDEX TEST(S) B. Concerns regarding applicability Is there concern that the index test, its conduct, or interpretation differ from the review question? DOMAIN 3: REFERENCE STANDARD A. Risk of bias | |
| DOMAIN 2: INDEX TEST(S) B. Concerns regarding applicability Is there concern that the index test, its conduct, or interpretation differ from the review question? DOMAIN 3: REFERENCE STANDARD A. Risk of bias Describe the reference standard and how it was conducted. | ed and interpreted: The reference standard was the |
| DOMAIN 2: INDEX TEST(S) B. Concerns regarding applicability Is there concern that the index test, its conduct, or interpretation differ from the review question? DOMAIN 3: REFERENCE STANDARD A. Risk of bias Describe the reference standard and how it was conducted Maltese revised version of the Clinical Interview Science. | ed and interpreted: The reference standard was the hedule. The informants' responses to the CIS-R |
| DOMAIN 2: INDEX TEST(S) B. Concerns regarding applicability Is there concern that the index test, its conduct, or interpretation differ from the review question? DOMAIN 3: REFERENCE STANDARD A. Risk of bias Describe the reference standard and how it was conducted Maltese revised version of the Clinical Interview Sowere used to generate specific Neurotic Disorder IC | ed and interpreted: The reference standard was the hedule. The informants' responses to the CIS-R CD-10 diagnoses. At both the first interview and |
| DOMAIN 2: INDEX TEST(S) B. Concerns regarding applicability Is there concern that the index test, its conduct, or interpretation differ from the review question? DOMAIN 3: REFERENCE STANDARD A. Risk of bias Describe the reference standard and how it was conducted Maltese revised version of the Clinical Interview Sowere used to generate specific Neurotic Disorder IC the postnatal visit, the EPDS was not seen by the interpretation of the Clinical Interview Sowere used to generate specific Neurotic Disorder IC the postnatal visit, the EPDS was not seen by the interpretation of the Clinical Interview Sowere used to generate specific Neurotic Disorder IC the postnatal visit, the EPDS was not seen by the interpretation of the Clinical Interview Sowere used to generate specific Neurotic Disorder IC the postnatal visit, the EPDS was not seen by the interpretation of the Clinical Interview Sowere used to generate specific Neurotic Disorder IC the postnatal visit, the EPDS was not seen by the interpretation of the Clinical Interview Sowere used to generate specific Neurotic Disorder IC the postnatal visit, the EPDS was not seen by the interpretation of the Clinical Interview Sowere used to generate specific Neurotic Disorder IC the postnatal visit, the EPDS was not seen by the interpretation of the Clinical Interview Sowere used to generate specific Neurotic Disorder IC the postnatal visit, the EPDS was not seen by the interpretation of the Clinical Interview Sowere Used Neurotic Disorder IC the postnatal visit, the EPDS was not seen by the interpretation of the Clinical Interview Sowere Used Neurotic Disorder IC the postnatal visit, the EPDS was not seen by the IC | ad and interpreted: The reference standard was the hedule. The informants' responses to the CIS-R CD-10 diagnoses. At both the first interview and terviewer so that the clinical ratings and diagnosis |
| DOMAIN 2: INDEX TEST(S) B. Concerns regarding applicability Is there concern that the index test, its conduct, or interpretation differ from the review question? DOMAIN 3: REFERENCE STANDARD A. Risk of bias Describe the reference standard and how it was conducted Maltese revised version of the Clinical Interview Sowere used to generate specific Neurotic Disorder IC the postnatal visit, the EPDS was not seen by the in were made without knowing the woman's score or | ad and interpreted: The reference standard was the hedule. The informants' responses to the CIS-R CD-10 diagnoses. At both the first interview and terviewer so that the clinical ratings and diagnosis |
| DOMAIN 2: INDEX TEST(S) B. Concerns regarding applicability Is there concern that the index test, its conduct, or interpretation differ from the review question? DOMAIN 3: REFERENCE STANDARD A. Risk of bias Describe the reference standard and how it was conducted Maltese revised version of the Clinical Interview Sowere used to generate specific Neurotic Disorder IC the postnatal visit, the EPDS was not seen by the in were made without knowing the woman's score or before the interview. | ed and interpreted: The reference standard was the hedule. The informants' responses to the CIS-R CD-10 diagnoses. At both the first interview and terviewer so that the clinical ratings and diagnosis the self-report scale. The EPDS was administered |
| DOMAIN 2: INDEX TEST(S) B. Concerns regarding applicability Is there concern that the index test, its conduct, or interpretation differ from the review question? DOMAIN 3: REFERENCE STANDARD A. Risk of bias Describe the reference standard and how it was conducte Maltese revised version of the Clinical Interview Sowere used to generate specific Neurotic Disorder IC the postnatal visit, the EPDS was not seen by the in were made without knowing the woman's score or before the interview. Is the reference standard likely to correctly | ad and interpreted: The reference standard was the hedule. The informants' responses to the CIS-R CD-10 diagnoses. At both the first interview and terviewer so that the clinical ratings and diagnosis |
| DOMAIN 2: INDEX TEST(S) B. Concerns regarding applicability Is there concern that the index test, its conduct, or interpretation differ from the review question? DOMAIN 3: REFERENCE STANDARD A. Risk of bias Describe the reference standard and how it was conducted Maltese revised version of the Clinical Interview Sowere used to generate specific Neurotic Disorder IC the postnatal visit, the EPDS was not seen by the in were made without knowing the woman's score or before the interview. | ed and interpreted: The reference standard was the hedule. The informants' responses to the CIS-R CD-10 diagnoses. At both the first interview and terviewer so that the clinical ratings and diagnosis the self-report scale. The EPDS was administered |
| DOMAIN 2: INDEX TEST(S) B. Concerns regarding applicability Is there concern that the index test, its conduct, or interpretation differ from the review question? DOMAIN 3: REFERENCE STANDARD A. Risk of bias Describe the reference standard and how it was conducte Maltese revised version of the Clinical Interview Sowere used to generate specific Neurotic Disorder IC the postnatal visit, the EPDS was not seen by the in were made without knowing the woman's score or before the interview. Is the reference standard likely to correctly | ed and interpreted: The reference standard was the hedule. The informants' responses to the CIS-R CD-10 diagnoses. At both the first interview and terviewer so that the clinical ratings and diagnosis the self-report scale. The EPDS was administered |
| B. Concerns regarding applicability Is there concern that the index test, its conduct, or interpretation differ from the review question? DOMAIN 3: REFERENCE STANDARD A. Risk of bias Describe the reference standard and how it was conducted Maltese revised version of the Clinical Interview Sowere used to generate specific Neurotic Disorder IC the postnatal visit, the EPDS was not seen by the in were made without knowing the woman's score or before the interview. Is the reference standard likely to correctly classify the target condition? | ed and interpreted: The reference standard was the hedule. The informants' responses to the CIS-R CD-10 diagnoses. At both the first interview and terviewer so that the clinical ratings and diagnosis the self-report scale. The EPDS was administered Yes |
| DOMAIN 2: INDEX TEST(S) B. Concerns regarding applicability Is there concern that the index test, its conduct, or interpretation differ from the review question? DOMAIN 3: REFERENCE STANDARD A. Risk of bias Describe the reference standard and how it was conducted Maltese revised version of the Clinical Interview Sowere used to generate specific Neurotic Disorder IC the postnatal visit, the EPDS was not seen by the in were made without knowing the woman's score or before the interview. Is the reference standard likely to correctly classify the target condition? Were the reference standard results interpreted | ed and interpreted: The reference standard was the hedule. The informants' responses to the CIS-R CD-10 diagnoses. At both the first interview and terviewer so that the clinical ratings and diagnosis the self-report scale. The EPDS was administered |
| B. Concerns regarding applicability Is there concern that the index test, its conduct, or interpretation differ from the review question? DOMAIN 3: REFERENCE STANDARD A. Risk of bias Describe the reference standard and how it was conducted Maltese revised version of the Clinical Interview Sowere used to generate specific Neurotic Disorder IC the postnatal visit, the EPDS was not seen by the in were made without knowing the woman's score or before the interview. Is the reference standard likely to correctly classify the target condition? | ed and interpreted: The reference standard was the hedule. The informants' responses to the CIS-R CD-10 diagnoses. At both the first interview and terviewer so that the clinical ratings and diagnosis the self-report scale. The EPDS was administered Yes |

| Could the reference standard, its conduct, or its interpretation have introduced bias? | RISK: LOW |
|---|--------------|
| DOMAIN 3: REFERENCE STANDARD B. Concerns regarding applicability | |
| Is there concern that the target condition as defined by the reference standard does not match the review question? | CONCERN: LOW |
| DOMAIN 4: FLOW AND TIMING | |

A. Risk of bias

Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): 223/240 women who were approached had full scores for the index test and reference standard.

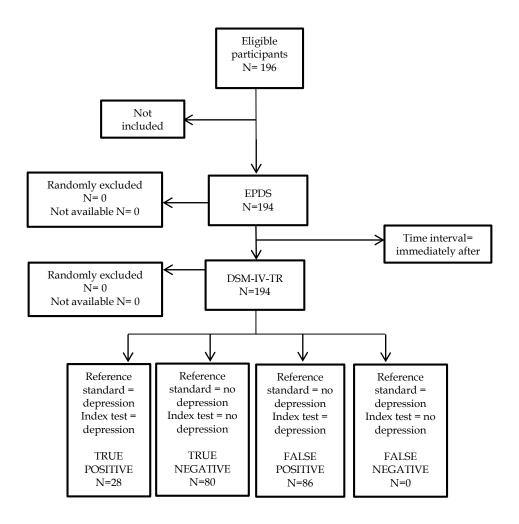
Describe the time interval and any interventions between index test(s) and reference standard: The reference standard was administered straight after the index test had been completed.

| Was there an appropriate interval between index test(s) and reference standard? | Yes |
|---|-----------|
| Did all patients receive a reference standard? | Yes |
| Did patients receive the same reference standard? | Yes |
| Were all patients included in the analysis? | Yes |
| Could the patient flow have introduced bias? | RISK: LOW |

1.1.23FERNANDES2011

| Patients (setting, intended use of index test, presentation, prior testing) | What are the most appropriate methods/ instruments for the identification of mental health problems in women who are antenatal or postnatal? |
|---|--|
| Index test(s) | EPDS |
| Reference standard and target condition | Reference standard was the structured diagnostic psychiatric interview to establish DSM-IV-TR diagnoses of depression. |

Phase 2: draw a flow diagram for the primary study



| Phase 3: risk of bias and applicability judgments | |
|---|---|
| DOMAIN 1: PATIENT SELECTION | |
| | |
| | |
| A. Risk of bias | |
| Describe methods of patient selection: Participants wer | re recruited at the prenatal care clinic at Snehalaya |
| Hospital (India). All women in their third trimester of pregnancy with singleton foetuses with no | |
| known congenital abnormality (as detected by ultrasound) were invited to take part in the study. | |
| Was a consecutive or random sample of patients | Yes |
| enrolled? | |
| | |
| Was a case-control design avoided? | Yes |
| Did the study avoid inappropriate exclusions? | Yes |

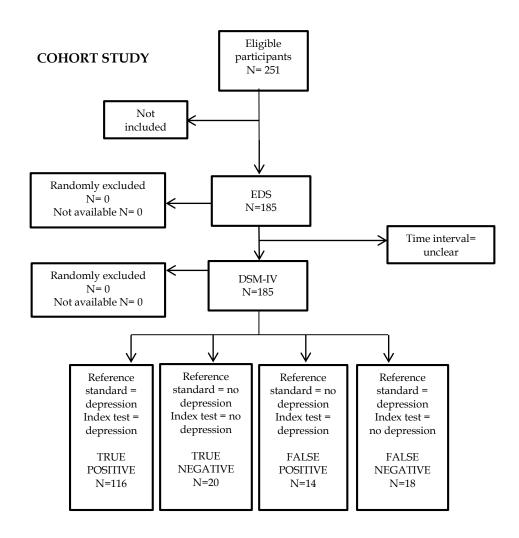
| Could the selection of patients have introduced | RISK: LOW |
|---|---|
| bias? | |
| | |
| DOMAIN 1: PATIENT SELECTION | |
| B. Concerns regarding applicability | |
| Describe included patients (prior testing, presentation, i | intended use of index test and setting): Participants |
| were recruited at the prenatal care clinic at Snehala | |
| south Indian state of Karnataka. Snehalaya is a rura | |
| religious congregation of the Sisters of Charity of C | |
| tertiary health care to the rural population. The ind | ex test was used as a screening measure for |
| prenatal depression in rural South Indian women. | |
| Is there concern that the included patients do | CONCERN: HIGH |
| not match the review question? | |
| DOMAIN 2: INDEX TECT(C) | |
| DOMAIN 2: INDEX TEST(S) | |
| If more than one index test was used, please comp | plete for each test. |
| , i | |
| A. Risk of bias | |
| Describe the index test and how it was conducted and in | |
| consists of ten self-report items based on a 1-week | |
| for self-report, the low rates of literacy and the unfa | |
| Likert scales necessitated an interviewer administer | |
| Were the index test results interpreted without | Unclear |
| knowledge of the results of the reference | |
| standard? | |
| If a threshold was used, was it pre-specified? | Yes |
| if a timeshola was asea, was it pre specifica. | 165 |
| Could the conduct or interpretation of the index | RISK: UNCLEAR |
| test have introduced bias? | |
| | |
| DOMAIN 2: INDEX TEST(S) | |
| D C 1' 1' 1''' | |
| B. Concerns regarding applicability | |
| Is there concern that the index test, its conduct, | CONCERN: HIGH |
| or interpretation differ from the review | CONCERN, III GII |
| question? | |
| question. | |
| DOMAIN 3: REFERENCE STANDARD | |
| | |
| A. Risk of bias | |
| Describe the reference standard and how it was conducted | |
| mini-international neuropsychiatric interview plus version 5.0.0 which contained modules for | |
| psychiatric disorders in DSM-IV and the ICD-10. After the index test participants were then interviewed by a trained researcher for the reference standard. | |
| Is the reference standard likely to correctly | Yes |
| classify the target condition? | 160 |
| classify the target continuon: | |
| Were the reference standard results interpreted | Unclear |
| · | |

| without knowledge of the results of the index test? | |
|--|---|
| Could the reference standard, its conduct, or its | RISK: UNCLEAR |
| interpretation have introduced bias? | |
| DOMAIN 3: REFERENCE STANDARD | |
| B. Concerns regarding applicability | |
| Is there concern that the target condition as | CONCERN: LOW |
| defined by the reference standard does not | CONCERN, BOYY |
| match the review question? | |
| mater the review question. | |
| DOMAIN 4: FLOW AND TIMING | |
| | |
| A. Risk of bias | |
| Describe any patients who did not receive the index test | |
| the 2×2 table (refer to flow diagram): 194/196 eligible | women took part in the study and provided index |
| test and reference standard data. | |
| Describe the time interval and any interventions betwee | n index tect(c) and reference ctandard. The reference |
| · · | • |
| standard was administered straight after the index | test. |
| Was there an appropriate interval between index | Yes |
| test(s) and reference standard? | |
| | |
| Did all patients receive a reference standard? | Yes |
| | |
| Did patients receive the same reference standard? | Yes |
| 747- m11 m. C. m (- !m. 1 1 1 | NT. |
| Were all patients included in the analysis? | No |
| Could the patient flow have introduced bias? | RISK: LOW |

1.1.24FLYNN2011

| Patients (setting, intended use of index test, presentation, prior testing) | What are the most appropriate methods/ instruments for the identification of mental health problems in women who are antenatal or postnatal? |
|---|--|
| Index test(s) | EPDS |
| Reference standard and target condition | Reference standard was the DSM-IV diagnostic criteria and the condition was depression during the perinatal period. |

Phase 2: draw a flow diagram for the primary study



| Phase 3: risk of bias and applicability judgments | |
|---|--|
| DOMAIN 1: PATIENT SELECTION | |
| | |
| A. Risk of bias | |
| Describe methods of patient selection: Medical records | for 251 consecutive women presenting at an |
| outpatient psychiatry clinic between January 2007 and April 2009 were obtained. As part of standard | |
| intake procedures, new clinic patients completed computerized versions of the EPDS. | |
| Was a consecutive or random sample of patients enrolled? | Yes |
| Was a case-control design avoided? | Yes |
| Did the study avoid inappropriate exclusions? | Yes |

| Clinical evidence – completed methodology checklists | |
|---|---|
| Could the selection of patients have introduced | RISK: LOW |
| bias? | |
| | |
| DOMAIN 1: PATIENT SELECTION | |
| B. Concerns regarding applicability | |
| Describe included patients (prior testing, presentation, i | ntended use of index test and setting): Medical |
| records for 251 consecutive women presenting to the clinic between January 2007 and April 2009 who | |
| met the study criteria (that is, pregnant or postpartum and seeking care at the clinic during the study | |
| time frame) were initially examined for inclusion in | |
| excluded from analyses for the following reasons: ι | |
| present or likely bipolar disorder (n=29), mixed or | , , |
| diagnoses (n=10), or incomplete data (n=9). | |
| | |
| Is there concern that the included patients do | CONCERN: LOW |
| not match the review question? | |
| DOMAIN 2 INDEVERCE/O | |
| DOMAIN 2: INDEX TEST(S) | |
| If more than one index test was used, please comp | plete for each test. |
| , , , , , , , , , , , , , , , , , , , | |
| A. Risk of bias | |
| Describe the index test and how it was conducted and in | |
| self-report measure. The EPDS was used as a screen | |
| pregnant and postpartum women seeking outpatie procedures new clinic patients completed compute | |
| Were the index test results interpreted without | Yes |
| knowledge of the results of the reference | |
| standard? | |
| Startata. | |
| If a threshold was used, was it pre-specified? | Yes |
| | |
| Could the conduct or interpretation of the index | RISK: LOW |
| test have introduced bias? | |
| DOMAIN 2: INDEX TEST(S) | |
| DOMINITEST(0) | |
| B. Concerns regarding applicability | |
| | |
| Is there concern that the index test, its conduct, | CONCERN: LOW |
| or interpretation differ from the review | |
| question? | |

DOMAIN 3: REFERENCE STANDARD

A. Risk of bias

Describe the reference standard and how it was conducted and interpreted: Clinicians practicing in the setting (psychiatrists, psychologists, social workers, and nurse practitioners) made initial patient diagnoses based on an unstructured clinical interview using Diagnostic and Statistical Manual of Mental Disorders criteria. All clinical interviews and psychiatric diagnoses were corroborated by an attending psychiatrist with specialized training in perinatal mood disorders. Axis I diagnoses obtained from the records were assigned the following categories by a clinical psychologist: Major

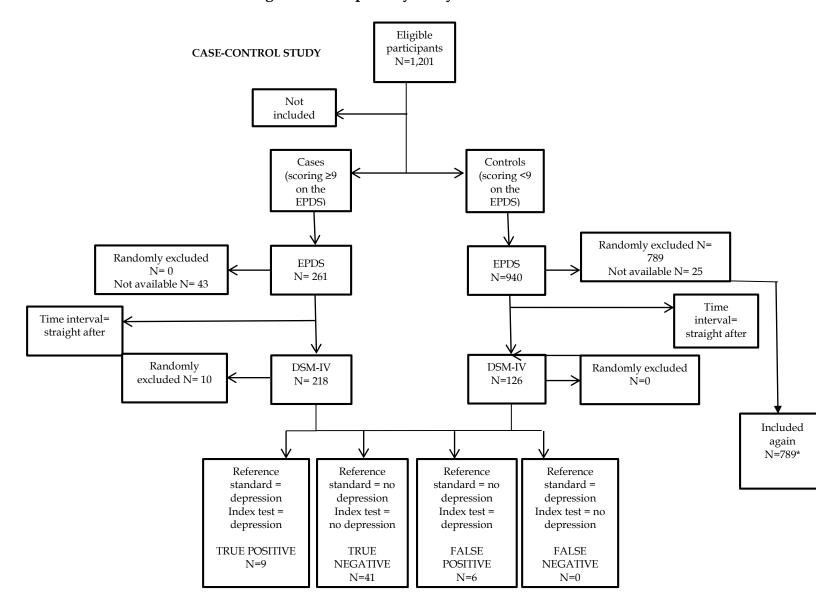
Depressive Disorder (MDD); No Mood Disorder Diagnosis (NDD); and Other Depressive Diagnosis (ODD; defined as Mood Disorder NOS or Dysthymia). The NDD group included cases in which there was no evidence of Axis I Mood Disorder (that is, no rule out or current diagnosis) including Major Depressive Disorder, Dysthymia, Mood Disorder NOS, or any bipolar spectrum disorder. The NDD group, included patients with other Axis I disorders such as Substance Abuse, Eating, or Adjustment or Anxiety Disorder. A random 20% of cases were coded by a second clinical psychologist in order to derive an inter-rater reliability estimate (kappa coefficient=1.0) Is the reference standard likely to correctly Yes classify the target condition? Were the reference standard results interpreted Unclear without knowledge of the results of the index test? Could the reference standard, its conduct, or its RISK: UNCLEAR interpretation have introduced bias? **DOMAIN 3: REFERENCE STANDARD** B. Concerns regarding applicability Is there concern that the target condition as **CONCERN: LOW** defined by the reference standard does not match the review question? **DOMAIN 4: FLOW AND TIMING** A. Risk of bias Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): 66/251 eligible participants were excluded from the analyses. Describe the time interval and any interventions between index test(s) and reference standard: It was unclear what the time interval between the index test and reference standard was as it appeared to differ between participants. Was there an appropriate interval between index Unclear test(s) and reference standard? Did all patients receive a reference standard? No Did patients receive the same reference standard? No Were all patients included in the analysis? No Could the patient flow have introduced bias? RISK: HIGH

1.1.25 GARCIA-ESTEVE 2003

Phase 1: state the review question:

| 1 | |
|--|---|
| Patients (setting, intended use of index test, | What are the most appropriate methods/ |
| presentation, prior testing) | instruments for the identification of mental |
| | health problems in women who are antenatal or |
| | postnatal? |
| Index test(s) | EPDS |
| | |
| Reference standard and target condition | Reference standard was the Structured Interview |
| | for DSM-IV (non-patient) and the condition was |
| | major and minor depression. |

Phase 2: draw a flow diagram for the primary study



^{*}Authors assumed these participants did not have depression according to the reference standard as none of the participants who scored <9 on the EPDS were diagnosed with depression following administration of the reference standard.

DOMAIN 1: PATIENT SELECTION A. Risk of bias Describe methods of patient selection: Patients were 1201 women who were attending in the routine postnatal check-up at 6 weeks after delivery in the Department of Obstetrics and Gynaecology since September 1997 until September 1998. The women who did not understand Spanish, those who had difficulties in filling the EPDS and those suffering from mourning or organic depression were excluded from the study. A two stage screening method was used: for the first stage, all subjects completed the EPDS. For the second stage, probable cases with EPDS scores ≥9 and a randomised sample of 10% with EPDS scores < 9 were interviewed using the SCID. Was a consecutive or random sample of patients Yes enrolled? Was a case-control design avoided? No Did the study avoid inappropriate exclusions? No **RISK: HIGH** Could the selection of patients have introduced bias? **DOMAIN 1: PATIENT SELECTION** B. Concerns regarding applicability Describe included patients (prior testing, presentation, intended use of index test and setting): Subjects were t-1201 women who were attending in the routine check-up at 6 weeks after delivery. **CONCERN: LOW** Is there concern that the included patients do not match the review question? **DOMAIN 2: INDEX TEST(S)** If more than one index test was used, please complete for each test. A. Risk of bias Describe the index test and how it was conducted and interpreted: The EPDS was translated into Spanish and re-translated into English. The EPDS is a self-report scale and was completed before the reference standard was administered. A range of thresholds were analysed. Were the index test results interpreted without Yes knowledge of the results of the reference standard? If a threshold was used, was it pre-specified? Yes Could the conduct or interpretation of the index RISK: LOW test have introduced bias?

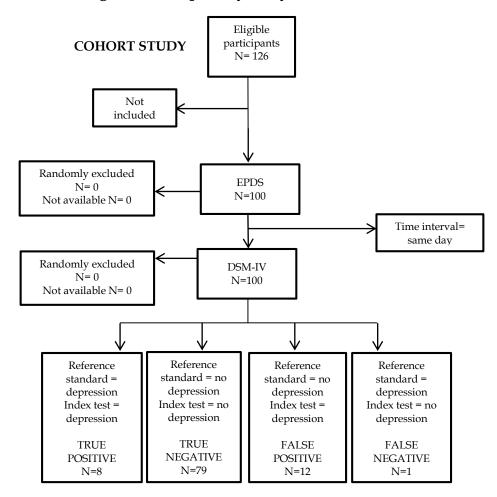
| 1 80 | | |
|---|---|--|
| DOMAIN 2: INDEX TEST(S) | | |
| B. Concerns regarding applicability | | |
| Is there concern that the index test, its conduct, | CONCERN: LOW | |
| or interpretation differ from the review | | |
| question? | | |
| DOMAIN 3: REFERENCE STANDARD | | |
| A. Risk of bias | | |
| Describe the reference standard and how it was conducted | ed and interpreted: The reference standard was the | |
| SCID and was carried out by the lead author, an ex | | |
| were blind to the EPDS score at the time the intervi | * | |
| Is the reference standard likely to correctly | Yes | |
| classify the target condition? | | |
| Were the reference standard results interpreted | Yes | |
| without knowledge of the results of the index | | |
| test? | | |
| | | |
| Could the reference standard, its conduct, or its | RISK: LOW | |
| interpretation have introduced bias? | | |
| DOMAIN 3: REFERENCE STANDARD | | |
| P. Consequence and the second | | |
| B. Concerns regarding applicability Is there concern that the target condition as | CONCERN: LOW | |
| defined by the reference standard does not | CONCERNA BOVV | |
| match the review question? | | |
| 4.00.00.0 | | |
| DOMAIN 4: FLOW AND TIMING | | |
| A. Risk of bias | | |
| Describe any patients who did not receive the index test | (s) and/or reference standard or who were excluded from | |
| the 2×2 table (refer to flow diagram): Out of 1201 parti | cipants, 68 refused to take part in the clinical | |
| interview and 789 control participants (who scored | below 9 on the EPDS) were randomly excluded | |
| from the clinical interview. 10 further participants | were excluded from the analysis, so overall 344 | |
| participants received the reference standard and th | e index test. For the analysis the authors added the | |
| 789 control participants to the final sample and assi | umed these participants did not have depression | |
| according to the reference standard as none of the p | participants who scored <9 on the EPDS (n=126) | |
| were diagnosed with depression following administration of the reference standard. | | |
| Describe the time interval and any interventions between index test(s) and reference standard: The reference | | |
| standard was administered on the same day as the index test. | | |
| omittal was administrated on the same day as the mack test. | | |
| Was there an appropriate interval between index | Yes | |
| test(s) and reference standard? | | |
| Did all nationts receive a reference standard? | No | |
| | | |

| Did patients receive the same reference standard? | Yes |
|---|------------|
| Were all patients included in the analysis? | No |
| Could the patient flow have introduced bias? | RISK: HIGH |

1.1.26GAUSIA2007

| Patients (setting, intended use of index test, presentation, prior testing) | What are the most appropriate methods/ instruments for the identification of mental health problems in women who are antenatal or postnatal? |
|---|---|
| Index test(s) | EPDS EPDS |
| Reference standard and target condition | Reference standard was the Structured Clinical Interview for DSM-IV and the condition was depression |

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

| Phase 3: risk of bias and applicability judgments DOMAIN 1: PATIENT SELECTION | | |
|--|--|--|
| | | |
| A. Risk of bias Describe methods of patient selection: A convenience s | sample of 100 women was recruited from the | |
| government immunization clinic (EPI clinic) at Mo | - | |
| , , , , , , , , , , , , , , , , , , , | | |
| Was a consecutive or random sample of patients enrolled? | Yes | |
| Was a case-control design avoided? | Yes | |
| Did the study avoid inappropriate exclusions? | Yes | |
| Could the selection of patients have introduced bias? | RISK: LOW | |
| DOMAIN 1: PATIENT SELECTION | | |
| B. Concerns regarding applicability Describe included patients (prior testing, presentation, intended use of index test and setting): Mothers at 6–8 weeks postpartum attending an urban childhood immunization clinic. The index test was used as a screening tool for postnatal depression. | | |
| Is there concern that the included patients do not match the review question? | CONCERN: LOW | |
| DOMAIN 2: INDEX TEST(S) | | |
| If more than one index test was used, please com | plete for each test. | |
| A. Risk of bias Describe the index test and how it was conducted and interpreted: The index test was the Bangla version of the EPDS which was administered by a female research assistant in a private room. The research assistant was blinded to the EPDS scores. Multiple thresholds were analysed. It was unclear whether the index test was administered as a self-report questionnaire or if the research assistant asked the | | |
| questions face-to-face. Were the index test results interpreted without | Yes | |
| knowledge of the results of the reference standard? | 165 | |
| If a threshold was used, was it pre-specified? | Yes | |
| Could the conduct or interpretation of the index test have introduced bias? | | |
| DOMAIN 2: INDEX TEST(S) | | |
| B. Concerns regarding applicability | | |
| Is there concern that the index test, its conduct, or interpretation differ from the review | CONCERN: UNCLEAR | |

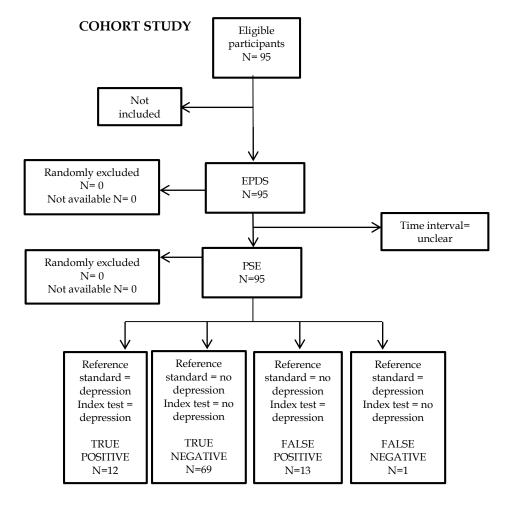
| Clinical eoluence – completed methodology checklists | | |
|---|---|--|
| question? | | |
| DOMAIN 3: REFERENCE STANDARD | | |
| A. Risk of bias | | |
| Describe the reference standard and how it was conduct | ed and interpreted: A female psychiatrist assessed | |
| the women using a structured clinical interview for DSM-IV, in a separate room on the same day as | | |
| the index test. The psychiatrist was blind to the EP | DS scores. | |
| Is the reference standard likely to correctly | Yes | |
| classify the target condition? | | |
| Were the reference standard results interpreted | Yes | |
| without knowledge of the results of the index | | |
| test? | | |
| Could the reference standard, its conduct, or its | RISK: LOW | |
| interpretation have introduced bias? | | |
| DOMAIN 3: REFERENCE STANDARD | | |
| | | |
| B. Concerns regarding applicability Is there concern that the target condition as | CONCERN: LOW | |
| defined by the reference standard does not | CONCERN. LOW | |
| match the review question? | | |
| - | | |
| DOMAIN 4: FLOW AND TIMING | | |
| A. Risk of bias | | |
| Describe any patients who did not receive the index test | (s) and/or reference standard or who were excluded from | |
| the 2×2 table (refer to flow diagram): 26/126 eligible w | vomen refused to take part in the study. All women | |
| who completed the index test also completed the re- | eference standard. | |
| Describe the time interest and according to the terms. | | |
| Describe the time interval and any interventions between | • | |
| and the reference standard were completed on the | same day. | |
| Was there an appropriate interval between index | Yes | |
| test(s) and reference standard? | | |
| test(s) and reference standard: | | |
| Did all patients receive a reference standard? | Yes | |
| Did patients receive the same reference standard? | Yes | |
| | | |
| Were all patients included in the analysis? | Yes | |
| Could the patient flow have introduced bias? | RISK: LOW | |
| | | |

1.1.27GHUBASH1997

Phase 1: state the review question:

| Patients (setting, intended use of index test, presentation, prior testing) | What are the most appropriate methods/ instruments for the identification of mental health problems in women who are antenatal or |
|---|---|
| Index test(s) | postnatal? EPDS |
| Reference standard and target condition | Reference standard was the Present State Examination and the condition was depression. |

Phase 2: draw a flow diagram for the primary study



| Clinical evidence – completed methodology checklists | | |
|--|---|--|
| Phase 3: risk of bias and applicability judgments | | |
| DOMAIN 1: PATIENT SELECTION | | |
| | | |
| A. Risk of bias | | |
| Describe methods of patient selection: The sample was | selected from the New Dubai Hospital in Dubai. | |
| All local women who were at the postnatal ward d | uring the period from mid-July 1994 to the end of | |
| August 1994 were eligible for the study. | | |
| Was a consecutive or random sample of patients | Yes | |
| enrolled? | | |
| Was a case-control design avoided? | Yes | |
| <u> </u> | | |
| Did the study avoid inappropriate exclusions? | Yes | |
| Could the selection of patients have introduced | RISK: LOW | |
| bias? | | |
| DOMAIN 1: PATIENT SELECTION | | |
| | | |
| B. Concerns regarding applicability Describe included patients (prior testing, presentation, and applicability) | intended use of index test and setting). The sample | |
| comprised 95 postpartum women who were assess | | |
| Emirates of Dubai. The index test was used as a scr | reening tool for postpartum depression. | |
| Is there concern that the included patients do | CONCERN: LOW | |
| not match the review question? | | |
| DOMAIN 2: INDEX TEST(S) | | |
| | | |
| If more than one index test was used, please complete for each test. | | |
| A. Risk of bias | | |
| Describe the index test and how it was conducted and interpreted: The index test was the Arabic version of | | |
| the EPDS. It is unclear for the test was conducted and interpreted. The thresholds of 10 and 12 were pre-specified. | | |
| Were the index test results interpreted without | Unclear | |
| knowledge of the results of the reference | | |
| standard? | | |
| | | |
| If a threshold was used, was it pre-specified? | Yes | |
| Could the conduct or interpretation of the index | RISK: UNCLEAR | |
| test have introduced bias? | | |
| DOMAIN 2: INDEX TEST(S) | | |
| ` ' | | |
| B. Concerns regarding applicability | | |

CONCERN: LOW

or interpretation differ from the review

Is there concern that the index test, its conduct,

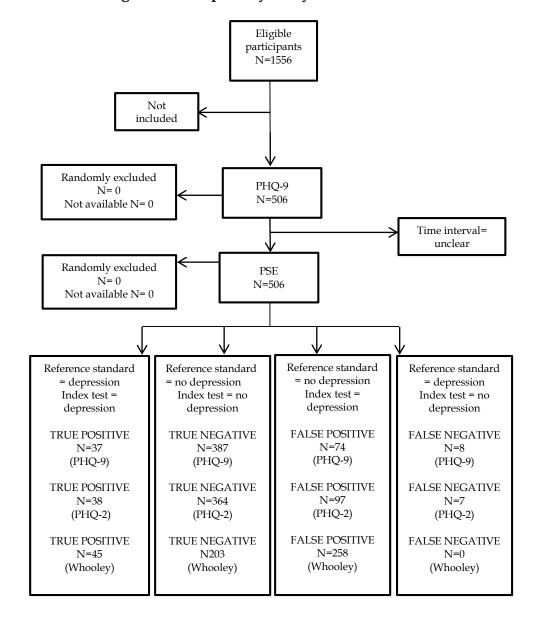
| ausstian? | <u> </u> | |
|--|--|--|
| question? | | |
| DOMAIN 3: REFERENCE STANDARD | | |
| A Diel of his | | |
| A. Risk of bias Describe the reference standard and how it mas conduct | ed and interpreted. The reference standard was the | |
| Describe the reference standard and how it was conducted and interpreted: The reference standard was the Present State Examination which was administered before the participants were discharged from the | | |
| postnatal ward. | | |
| Is the reference standard likely to correctly | Yes | |
| classify the target condition? | | |
| | | |
| Were the reference standard results interpreted | Unclear | |
| without knowledge of the results of the index | | |
| test? | | |
| Could the reference standard, its conduct, or its | RISK: UNCLEAR | |
| interpretation have introduced bias? | | |
| - | | |
| DOMAIN 3: REFERENCE STANDARD | | |
| B. Concerns regarding applicability | | |
| Is there concern that the target condition as | CONCERN: LOW | |
| defined by the reference standard does not | | |
| match the review question? | | |
| | | |
| DOMAIN 4: FLOW AND TIMING | | |
| A. Risk of bias | | |
| | (s) and/or reference standard or who were excluded from | |
| the 2×2 table (refer to flow diagram): 95 women were | assessed. It is unclear whether any women refused | |
| to take part, were excluded or dropped out. | | |
| | | |
| Describe the time interval and any interventions between | · · | |
| not state what the time interval between the two qu | not state what the time interval between the two questionnaires was. | |
| Was there an appropriate interval between index | Unclear | |
| test(s) and reference standard? | | |
| | | |
| Did all patients receive a reference standard? | Unclear | |
| Did notice to receive the control of | Vac | |
| Did patients receive the same reference standard? | Yes | |
| Were all patients included in the analysis? | Yes | |
| ı , | | |
| Could the patient flow have introduced bias? | RISK: UNCLEAR | |
| | | |

1.1.28 GJERDINCJEN2009

Phase 1: state the review question:

| 1 | |
|--|--|
| Patients (setting, intended use of index test, | What are the most appropriate methods/ |
| presentation, prior testing) | instruments for the identification of mental |
| | health problems in women who are antenatal or |
| | postnatal? |
| Index test(s) | Patient Health Questionnaire (PHQ-9) |
| Reference standard and target condition | Reference standard was the structured clinical |
| | interview for DSM-IV and the condition was |
| | postnatal depression. |

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

| Phase 3: risk of bias and applicability judgments | |
|--|--|
| DOMAIN 1: PATIENT SELECTION | |
| | |
| | |
| A. Risk of bias | |
| | re mothers who registered their infants for an initial |
| well-child visit at 0 to 1 months of age at any of sev | |
| Was a consecutive or random sample of patients | Yes |
| enrolled? | ies |
| emoneu: | |
| Was a case-control design avoided? | Yes |
| This is case control design avoided. | 165 |
| Did the study avoid inappropriate exclusions? | Yes |
| 7 11 1 | |
| Could the selection of patients have introduced | RISK: LOW |
| bias? | |
| | |
| DOMAIN 1: PATIENT SELECTION | |
| | |
| B. Concerns regarding applicability | |
| Describe included patients (prior testing, presentation, | |
| were required to be English literate, be aged 12 year | |
| who received care at any of the participating clinic | s. The index test was used as a screening tool for |
| postnatal depression. | CONCERN LOW |
| Is there concern that the included patients do | CONCERN: LOW |
| not match the review question? | |
| DOMAIN 2. INDEX TECT(C) | |
| DOMAIN 2: INDEX TEST(S) | |
| If more than one index test was used, please com | plete for each test. |
| , F , | |
| A. Risk of bias | |
| Describe the index test and how it was conducted and in | nterpreted: The index test was the PHQ-9. It is |
| unclear how it was conducted. The PHQ-9 was use | ed in its full version, with 9 items scored on a 4 |
| point likert scale, as the PHQ-2 with two items score | red on a 4 point likert scale and as the Whooley |
| with two items scored with a yes or no. | |
| Were the index test results interpreted without | Unclear |
| knowledge of the results of the reference | |
| standard? | |
| | |
| If a threshold was used, was it pre-specified? | Yes |
| | |
| Could the conduct or interpretation of the index | RISK: UNCLEAR |
| test have introduced bias? | |
| POMADIA DIDENTECTION | |
| DOMAIN 2: INDEX TEST(S) | |
| P. Concount regarding applicability | |
| B. Concerns regarding applicability | |
| Is there concern that the index test, its conduct, | CONCERN: LOW |
| or interpretation differ from the review | CONCERN LOW |
| or merpremion unter from the feview | <u>l</u> |

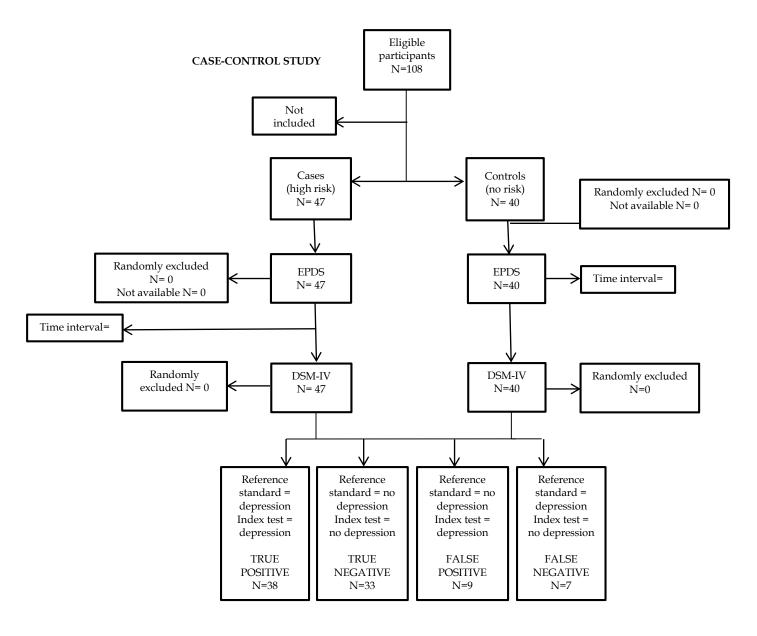
| completed memoriology checknists | | |
|--|--------------------|--|
| question? | | |
| DOMAIN 3: REFERENCE STANDARD | | |
| A. Risk of bias | | |
| Describe the reference standard and how it was conducted and interpreted: The reference standard was structured clinical interview for DSM-IV which was conducted by doctoral-level psychology students, whose training consisted of observing SCID training tapes and completing 5 practice tapes under the supervision and review of a highly experienced doctoral-level assessor, followed by weekly quality assurance assessment conferences throughout the study. | | |
| Is the reference standard likely to correctly classify the target condition? | Unclear | |
| Were the reference standard results interpreted without knowledge of the results of the index test? | Unclear | |
| Could the reference standard, its conduct, or its interpretation have introduced bias? | RISK: UNCLEAR | |
| DOMAIN 3: REFERENCE STANDARD | | |
| B. Concerns regarding applicability | | |
| Is there concern that the target condition as | CONCERN: LOW | |
| defined by the reference standard does not | | |
| match the review question? | | |
| DOMAIN 4: FLOW AND TIMING | | |
| A. Risk of bias | | |
| Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): Out of 1556 women who were eligible, 506 women participated. 84 women refused to participate and 210 women were not offered an enrolment form. Describe the time interval and any interventions between index test(s) and reference standard: The authors do | | |
| not state what the time interval between the two qu | iestionnaires was. | |
| Was there an appropriate interval between index | Unclear | |
| test(s) and reference standard? | | |
| Did all patients receive a reference standard? | Yes | |
| Did patients receive the same reference standard? | No | |
| Were all patients included in the analysis? | Yes | |
| Could the patient flow have introduced bias? | RISK: UNCLEAR | |

1.1.29GUEDENEY1998

Phase 1: state the review question:

| Patients (setting, intended use of index test, presentation, prior testing) | What are the most appropriate methods/ instruments for the identification of mental health problems in women who are antenatal or postnatal? |
|---|--|
| Index test(s) | EPDS |
| Reference standard and target condition | Reference standard was the Present State Examination according to Research Diagnostic Criteria for major depressive disorder. |

Phase 2: draw a flow diagram for the primary study



| Clinical evidence – completed methodology checklists | | |
|--|--|--|
| Phase 3: risk of bias and applicability judgments | | |
| DOMAIN 1: PATIENT SELECTION | | |
| | | |
| | | |
| A. Risk of bias | | |
| 2, | re recruited during 6 consecutive months by nurses | |
| | nere were two modalities of recruitment: half of the | |
| cohort consisted of mothers randomly chosen by the | • | |
| were considered 'at risk' of depression by the train | ed nurses. | |
| Was a consecutive or random sample of patients | Yes | |
| enrolled? | 165 | |
| | | |
| Was a case-control design avoided? | No | |
| D:14 | | |
| Did the study avoid inappropriate exclusions? | No | |
| Could the selection of patients have introduced | RISK: HIGH | |
| bias? | | |
| DOMAINA DARWINE CHI ECTIONI | | |
| DOMAIN 1: PATIENT SELECTION | | |
| B. Concerns regarding applicability | | |
| Describe included patients (prior testing, presentation, | intended use of index test and setting): Women were | |
| living in Paris, could read and speak French and th | ney were reached by the service in the first 4 | |
| months postpartum. The index test was used as a s | screening tool for postpartum depression. | |
| Is there concern that the included patients do | CONCERN: LOW | |
| not match the review question? | CONCERN. LOW | |
| not materialle review question. | | |
| DOMAIN 2: INDEX TEST(S) | | |
| | 1 | |
| If more than one index test was used, please com | plete for each test. | |
| A. Risk of bias | | |
| | nterpreted: The index test was the French version of | |
| the EPDS. The EPDS is a self-report questionnaire which was administered during home visits during | | |
| two occasions. Multiple thresholds were used. | Vac | |
| Were the index test results interpreted without | Yes | |
| knowledge of the results of the reference standard? | | |
| standaru: | | |
| If a threshold was used, was it pre-specified? | Yes | |
| | | |
| Could the conduct or interpretation of the index | RISK: LOW | |
| test have introduced bias? | | |
| | | |

B. Concerns regarding applicability

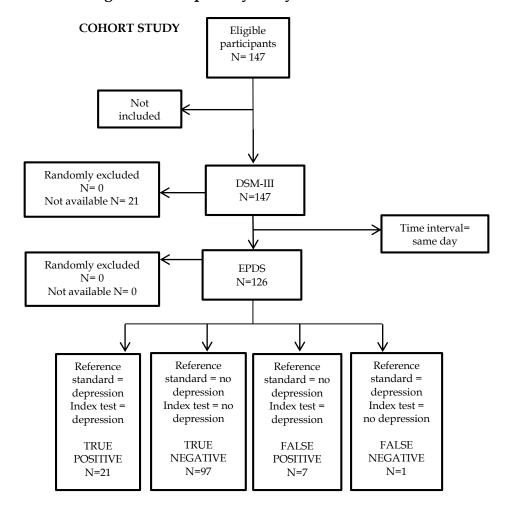
| Is there concern that the index test, its conduct, or interpretation differ from the review question? | CONCERN: LOW | |
|---|---|--|
| DOMAIN 3: REFERENCE STANDARD | | |
| A. Risk of bias | | |
| Describe the reference standard and how it was conducted and interpreted: The reference standard was the Present State Examination according to Research Diagnostic Criteria for depression. The reference standard was carried out by one experienced psychiatrist who was blind to the mother's self-report scale scores. | | |
| Is the reference standard likely to correctly classify the target condition? | Yes | |
| Were the reference standard results interpreted without knowledge of the results of the index test? | Yes | |
| Could the reference standard, its conduct, or its interpretation have introduced bias? | RISK: LOW | |
| DOMAIN 3: REFERENCE STANDARD | | |
| B. Concerns regarding applicability | | |
| Is there concern that the target condition as | CONCERN: LOW | |
| defined by the reference standard does not | | |
| match the review question? | | |
| DOMAIN 4: FLOW AND TIMING | | |
| A. Risk of bias | | |
| | (s) and/or reference standard or who were excluded from | |
| the 2×2 table (refer to flow diagram): 21/108 participa | nts were excluded or dropped out of the study. | |
| Describe the time interval and any interventions between index test(s) and reference standard: The index test and the reference standard were carried out on the same day. | | |
| Was there an appropriate interval between index test(s) and reference standard? | Yes | |
| Did all patients receive a reference standard? | No | |
| Did patients receive the same reference standard? | Yes | |
| Were all patients included in the analysis? | No | |
| Could the patient flow have introduced bias? | RISK: HIGH | |

1.1.30HARRIS1989

Phase 1: state the review question:

| 1 | |
|--|---|
| Patients (setting, intended use of index test, | What are the most appropriate methods/ |
| presentation, prior testing) | instruments for the identification of mental |
| , , , , | health problems in women who are antenatal or |
| | postnatal? |
| Index test(s) | EPDS |
| | |
| Reference standard and target condition | Reference standard was the DSM-III and the |
| | condition was major depression during the |
| | postnatal period. |

Phase 2: draw a flow diagram for the primary study



| Phase 3: risk of bias and applicability judg | ments | |
|--|--|--|
| DOMAIN 1: PATIENT SELECTION | | |
| | | |
| | | |
| A. Risk of bias Describe methods of patient selection: Over the course | of one year 147 mothers were assessed at the | |
| Carphilly Miners' Hospital in South Wales. The wo | • | |
| for delivery at the hospital. | 8 71 | |
| | | |
| Was a consecutive or random sample of patients enrolled? | Yes | |
| Was a case-control design avoided? | Yes | |
| Did the study avoid inappropriate exclusions? | Yes | |
| Could the selection of patients have introduced bias? | RISK: LOW | |
| | | |
| DOMAIN 1: PATIENT SELECTION B. Concerns | s regarding applicability | |
| Describe included patients (prior testing, presentation, i | intended use of index test and setting): The women | |
| consisted of consisted of 65 antibody-positive wom | en (microsomal and thyroglobulin) and 82 | |
| antibody-negative women. They were unselected i | n terms of marital, socio-economic and medical | |
| problems, apart from the fact that women with thy | roid disorder other than positive antibody status | |
| were excluded from the study. | | |
| Is there concern that the included patients do | CONCERN: LOW | |
| not match the review question? | | |
| DOMAIN 2: INDEX TEST(S) | | |
| | | |
| If more than one index test was used, please comp | plete for each test. | |
| A. Risk of bias | | |
| Describe the index test and how it was conducted and interpreted: Subjects were asked to complete the | | |
| Edinburgh Postnatal Depression Scale in the clinic, then take it home and return in the post. The | | |
| index test was completed after the reference standa Were the index test results interpreted without | Unclear | |
| knowledge of the results of the reference | | |
| standard? | | |
| If a thread ald area was discuss it was a secifical? | Yes | |
| If a threshold was used, was it pre-specified? | ies | |
| Could the conduct or interpretation of the index | RISK: UNCLEAR | |
| test have introduced bias? | | |
| DOMAIN 2: INDEX TEST(S) | | |
| B. Concerns regarding applicability | | |
| B. Concerns regarding applicability | | |

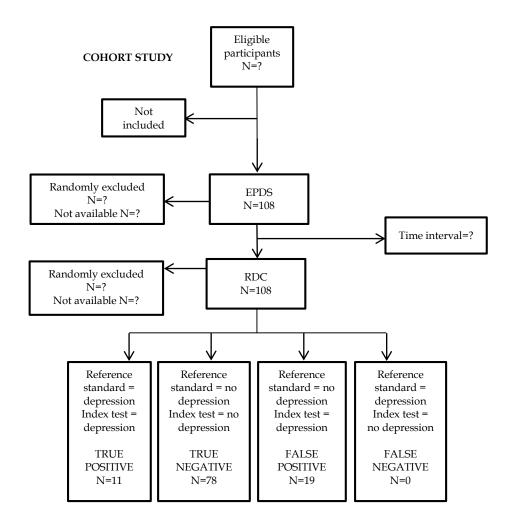
| Is there concern that the index test, its conduct, | CONCERN: LOW | |
|---|---|--|
| or interpretation differ from the review | | |
| question? | | |
| DOMAIN 2. DEEDENCE CTANDADD | | |
| DOMAIN 3: REFERENCE STANDARD | | |
| A. Risk of bias | | |
| Describe the reference standard and how it was conducted | | |
| at a six weeks routine postnatal follow-up clinic. The | | |
| according to DSM-III criteria for major depression by an experienced psychiatrist between 13.30h and 15.00h. The majority of women were assessed in the clinic, but 49 had afternoon visits at home | | |
| because of non-attendance. | | |
| Is the reference standard likely to correctly | Yes | |
| classify the target condition? | | |
| | | |
| Were the reference standard results interpreted | Yes | |
| without knowledge of the results of the index | | |
| test? | | |
| Could the reference standard, its conduct, or its | RISK: LOW | |
| interpretation have introduced bias? | | |
| - | | |
| DOMAIN 3: REFERENCE STANDARD | | |
| B. Concerns regarding applicability | | |
| Is there concern that the target condition as | CONCERN: LOW | |
| defined by the reference standard does not | | |
| match the review question? | | |
| DOMAIN 4. FLOW AND TIMING | | |
| DOMAIN 4: FLOW AND TIMING | | |
| A. Risk of bias | | |
| Describe any patients who did not receive the index test | (s) and/or reference standard or who were excluded from | |
| the 2×2 table (refer to flow diagram): 147 women comp | | |
| however 21/147 women did not return their index test in the post. | | |
| Describe the time interval and any interventions between index test(s) and reference standard: The index test | | |
| and reference standard were completed on the same day. | | |
| and reference standard were completed on the same day. | | |
| Was there an appropriate interval between index | Yes | |
| test(s) and reference standard? | | |
| | | |
| Did all patients receive a reference standard? | Yes | |
| Did patients receive the same reference standard? | Yes | |
| | | |
| Were all patients included in the analysis? | No | |
| Could the patient flow have introduced bias? RISK: LOW | | |
| | | |

1.1.31JADRESIC1995

Phase 1: state the review question:

| Patients (setting, intended use of index test, | What are the most appropriate methods/ |
|--|--|
| presentation, prior testing) | instruments for the identification of mental |
| | health problems in women who are antenatal or |
| | postnatal? |
| Index test(s) | EPDS |
| | |
| Reference standard and target condition | Reference standard was the Research Diagnostic |
| | Criteria and the condition was postnatal |
| | depression |

Phase 2: draw a flow diagram for the primary study



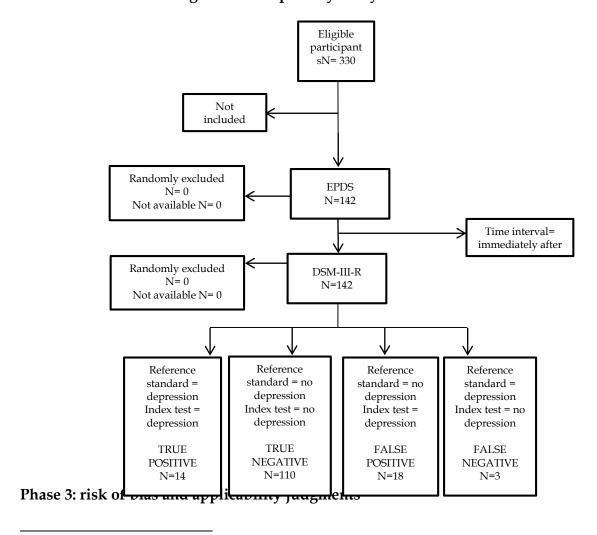
Phase 3: risk of bias and applicability judgments

1.1.32LEE1998

Phase 1: state the review question:

| Patients (setting, intended use of index test, presentation, prior testing) | What are the most appropriate methods/ instruments for the identification of mental health problems in women who are antenatal or postnatal? |
|---|---|
| Index test(s) | EPDS |
| Reference standard and target condition | Reference standard was the Structured Clinical Interview for DSM-III-R and the condition was postnatal depression. |

Phase 2: draw a flow diagram for the primary study



 $^{^{2}}$ It was not possible to assess risk of bias because full text was not available. Results were taken from Gibson et al., (2009).

| DOMAIN 1: PATIENT SELECTION | | |
|--|---|--|
| | | |
| | | |
| A. Risk of bias | | |
| Describe methods of patient selection: A prospective co | phort design study was conducted. The subjects | |
| comprised all Chinese women who were admitted | | |
| Obstetrics and Gynaecology over a three-month pe | - | |
| T is a second of the second of | | |
| Was a consecutive or random sample of patients | Yes | |
| enrolled? | | |
| | | |
| Was a case-control design avoided? | Yes | |
| | | |
| Did the study avoid inappropriate exclusions? | Yes | |
| Could the selection of patients have introduced | RISK: LOW | |
| bias? | MON. LOVV | |
| Dias: | | |
| DOMAIN 1: PATIENT SELECTION | | |
| | | |
| B. Concerns regarding applicability | | |
| Describe included patients (prior testing, presentation, i | ntended use of index test and setting): Patients | |
| included women from Hong Kong who were admi | tted to postnatal wards. Non-Chinese women and | |
| 4 1 11 11 11 | | |
| those who did not have permanent residency rights | | |
| were excluded from the study. People who were ill | - | |
| completing the questionnaires and were not exclud | ed. The index test was used as a screening tool for | |
| postnatal depression. | | |
| To these conserve that the included nation to do | CONCERN: LOW | |
| Is there concern that the included patients do | CONCERN: LOW | |
| not match the review question? | | |
| DOMAIN 2: INDEX TEST(S) | | |
| 2014H11 2. H12E/(1201(0) | | |
| If more than one index test was used, please comp | olete for each test. | |
| | | |
| A. Risk of bias | | |
| Describe the index test and how it was conducted and interpreted: The index test was a validated Chinese | | |
| version of the EPDS. Participants self-completed the index test, unless illiterate. The EPDS was | | |
| completed before the reference standard. | | |
| Were the index test results interpreted without | Yes | |
| knowledge of the results of the reference | | |
| standard? | | |
| If a threehold rive used rives it must enseited? | Voc | |
| If a threshold was used, was it pre-specified? | Yes | |
| Could the conduct or interpretation of the index | RISK: LOW | |
| test have introduced bias? | Augus Eore | |
| test have introduced vius; | | |
| DOMAIN 2: INDEX TEST(S) | | |
| | | |

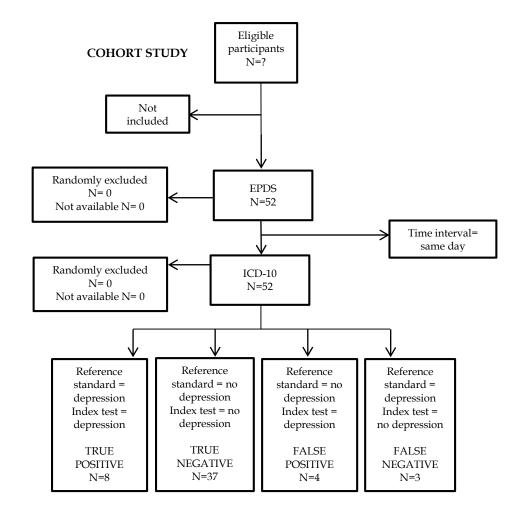
| 1 63 | | |
|--|--------------|--|
| B. Concerns regarding applicability | | |
| Is there concern that the index test, its conduct, or interpretation differ from the review question? | CONCERN: LOW | |
| DOMAIN 3: REFERENCE STANDARD | | |
| A. Risk of bias | | |
| Describe the reference standard and how it was conducted and interpreted: The reference standard was the Chinese non-patient version of the Structured Clinical Interview for DSM-111-R by D.T.S.L. who was unaware of the results of prior assessments. The SCID-NP was used to establish DSM-III-R diagnosis | | |
| Is the reference standard likely to correctly classify the target condition? | Yes | |
| Were the reference standard results interpreted without knowledge of the results of the index test? | Yes | |
| Could the reference standard, its conduct, or its | RISK: LOW | |
| interpretation have introduced bias? | | |
| DOMAIN 3: REFERENCE STANDARD | | |
| B. Concerns regarding applicability | | |
| Is there concern that the target condition as defined by the reference standard does not match the review question? | CONCERN: LOW | |
| DOMAIN 4: FLOW AND TIMING | | |
| A. Risk of bias | | |
| Describe any patients who did not receive the index test | | |
| the 2×2 table (refer to flow diagram): 142 out of 330 women who were recruited completed both the index test and reference standard at 6 weeks postpartum. | | |
| Describe the time interval and any interventions between index test(s) and reference standard: The index test and the reference standard were administered on the same day. | | |
| Was there an appropriate interval between index | Yes | |
| test(s) and reference standard? | | |
| Did all patients receive a reference standard? | No | |
| Did patients receive the same reference standard? | Yes | |
| Were all patients included in the analysis? | No | |
| Could the patient flow have introduced bias? | RISK: HIGH | |

1.1.33KADIR2004

Phase 1: state the review question:

| Patients (setting, intended use of index test, presentation, prior testing) | What are the most appropriate methods/ instruments for the identification of mental health problems in women who are antenatal or postnatal? |
|---|--|
| Index test(s) | EPDS |
| Reference standard and target condition | Reference standard was the Clinical Interview Schedule based on ICD-10 criteria and the condition was postnatal depression. |

Phase 2: draw a flow diagram for the primary study



| Clinical evidence – completed methodology checklists | |
|--|---|
| Phase 3: risk of bias and applicability judgments | |
| DOMAIN 1: PATIENT SELECTION | |
| | |
| | |
| A. Risk of bias | |
| Describe methods of patient selection: Mothers were a | |
| visiting a health centre in Kelantan, Malaysia, for r | outine postpartum examination or immunization |
| for their infants. | |
| Was a consecutive or random sample of patients | Yes |
| enrolled? | res |
| choica. | |
| Was a case-control design avoided? | Yes |
| | |
| Did the study avoid inappropriate exclusions? | Yes |
| Could the selection of patients have introduced | RISK: LOW |
| bias? | |
| | |
| DOMAIN 1: PATIENT SELECTION | |
| B. Concerns regarding applicability | |
| Describe included patients (prior testing, presentation, | intended use of index test and setting): Patients |
| included women who were 4-12 weeks postpartun | n and were visiting the study health centre. The |
| index test was used as a screening tool for postnata | al depression. |
| Is there concern that the included patients do | CONCERN: LOW |
| not match the review question? | CONCERN. LOW |
| not mater the review question. | |
| DOMAIN 2: INDEX TEST(S) | |
| If more than one index test was used places some | whata for each took |
| If more than one index test was used, please com | piete for each test. |
| A. Risk of bias | |
| | nterpreted: The index test was a Malay version of the |
| EPDS which was administered during a health visi | _ |
| Were the index test results interpreted without | Unclear |
| knowledge of the results of the reference standard? | |
| Stantaaru: | |
| If a threshold was used, was it pre-specified? | Yes |
| | |
| Could the conduct or interpretation of the index | RISK: UNCLEAR |

B. Concerns regarding applicability

test have introduced bias?

DOMAIN 2: INDEX TEST(S)

Is there concern that the index test, its conduct, or interpretation differ from the review

CONCERN: LOW

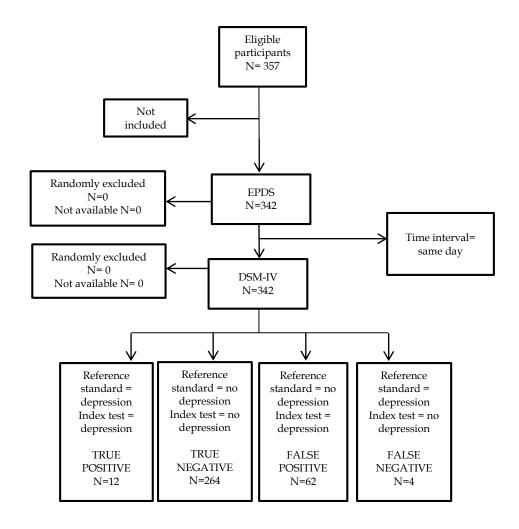
| Cimen continue completed memoriology checknosts | | |
|--|---|--|
| question? | | |
| DOMAIN 3: REFERENCE STANDARD | | |
| A. Risk of bias | | |
| Describe the reference standard and how it was conducted | ed and interpreted: The reference standard was the | |
| Clinical Interview Schedule a semi-structured psyc | | |
| ICD-10 criteria. The reference standard was admini | | |
| psychiatrists involved in the study to establish the | diagnosis of depression. Positive cases were | |
| discussed and confirmed by the psychiatrists invol | ved in the study. | |
| Is the reference standard likely to correctly | Yes | |
| classify the target condition? | | |
| 7 0 | | |
| Were the reference standard results interpreted | Unclear | |
| without knowledge of the results of the index | 0 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 | |
| test? | | |
| test: | | |
| Could the reference standard, its conduct, or its | RISK: UNCLEAR | |
| interpretation have introduced bias? | Mon ortellan | |
| interpretation have introduced bias: | | |
| DOMAIN 3: REFERENCE STANDARD | | |
| DOMAIN 5. REFERENCE STANDARD | | |
| B. Concerns regarding applicability | | |
| Is there concern that the target condition as | CONCERN: LOW | |
| defined by the reference standard does not | CONCERN. DOV | |
| - | | |
| match the review question? | | |
| DOMAIN 4: FLOW AND TIMING | | |
| A. Risk of bias | | |
| Describe any patients who did not receive the index test | (s) and/or reference standard or juho juere excluded from | |
| | | |
| the 2×2 table (refer to flow diagram): 52 mothers were recruited into the study and completed both the | | |
| index test and the reference standard. It is unclear whether any participants were excluded, lost to | | |
| follow-up or refused to participate. | | |
| | | |
| Describe the time interval and any interventions betwee | • | |
| and the reference standard were administered on the | ne same day. | |
| | | |
| Was there an appropriate interval between index | Yes | |
| test(s) and reference standard? | | |
| | | |
| Did all patients receive a reference standard? | Unclear | |
| Did patients receive the same reference standard? | Yes | |
| Were all patients included in the analysis? | Yes | |
| , , , , , , , , , , , , , , , , , , , | 165 | |
| Could the patient flow have introduced bias? | RISK: UNCLEAR | |

1.1.34LAU2010

Phase 1: state the review question:

| · · · · · · · · · · · · · · · · · · · | |
|--|--|
| Patients (setting, intended use of index test, | What are the most appropriate methods/ |
| presentation, prior testing) | instruments for the identification of mental |
| | health problems in women who are antenatal or |
| | postnatal? |
| Index test(s) | EPDS |
| | |
| Reference standard and target condition | Reference standard was the Structured Clinical |
| | Interview for DSM-IV and the condition was |
| | postnatal depression. |

Phase 2: draw a flow diagram for the primary study



| Phase 3: risk of bias and applicability judg DOMAIN 1: PATIENT SELECTION | ments | |
|---|--|--|
| DOMAIN I: PATIENT SELECTION | | |
| A. Risk of bias | | |
| Describe methods of patient selection: Postnatal wome | n were recruited from their routine postnatal | |
| check-up 6 to 8 weeks after delivery in the outpatie | ent clinics in four regional hospitals in Chengdu, | |
| China. | | |
| Mas a consequitive on mandom compile of nationts | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | |
| Was a consecutive or random sample of patients enrolled? | Yes | |
| enronea? | | |
| Was a case-control design avoided? | Yes | |
| - | | |
| Did the study avoid inappropriate exclusions? | Yes | |
| Could the selection of patients have introduced | RISK: LOW | |
| bias? | | |
| | | |
| DOMAIN 1: PATIENT SELECTION | | |
| B. Concerns regarding applicability | | |
| Describe included patients (prior testing, presentation, | intended use of index test and setting): Patients were | |
| women who delivered babies in four regional publ | ic hospitals in Chengdu, China and were 6-8 weeks | |
| postpartum. The index test was used as a screening | g tool for postnatal depression. | |
| | | |
| Is there concern that the included patients do | CONCERN: LOW | |
| not match the review question? | | |
| DOMAIN 2: INDEX TEST(S) | | |
| DOWAIN 2. INDEX TEST(S) | | |
| If more than one index test was used, please comp | plete for each test. | |
| A. Risk of bias | | |
| Describe the index test and how it was conducted and interpreted: The index test was the mainland Chinese | | |
| version of the EPDS. Participants self-completed th | • | |
| standard at 6-8 weeks postpartum. | | |
| Were the index test results interpreted without | Unclear | |
| knowledge of the results of the reference | | |
| standard? | | |
| If a threshold was used, was it pre-specified? | Yes | |
| in a ancohora wao asea, was a pre-specimeus | | |
| Could the conduct or interpretation of the index | RISK: UNCLEAR | |
| test have introduced bias? | | |
| DOMAIN 2: INDEX TEST(S) | | |
| | | |
| B. Concerns regarding applicability | | |
| Is there concern that the index test, its conduct, | CONCERN: LOW | |
| or interpretation differ from the review | | |
| <u>.</u> | | |

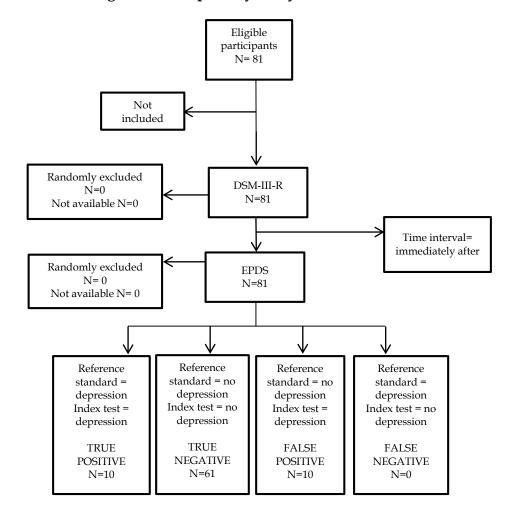
| Cunicul evidence - completed methodology checklisis | | |
|---|---|--|
| question? | | |
| DOMAIN 3: REFERENCE STANDARD | | |
| A. Risk of bias | | |
| Describe the reference standard and how it was conducted and interpreted: The reference standard was the Structured Clinical Interview for DSM-IV diagnoses. SCID interviews were conducted by an experienced researcher who was well trained by a psychiatric expert in administering the DSM-IV-TR for around 90 to 120 min. The interviewer and the women were blind to the EPDS score at the time when the interview took place | | |
| Is the reference standard likely to correctly classify the target condition? | Yes | |
| Were the reference standard results interpreted without knowledge of the results of the index test? | Yes | |
| Could the reference standard, its conduct, or its interpretation have introduced bias? | RISK: LOW | |
| DOMAIN 3: REFERENCE STANDARD | | |
| B. Concerns regarding applicability | | |
| Is there concern that the target condition as | CONCERN: LOW | |
| defined by the reference standard does not | | |
| match the review question? | | |
| DOMAIN 4: FLOW AND TIMING | | |
| A. Risk of bias | | |
| Describe any patients who did not receive the index test | (s) and/or reference standard or who were excluded from | |
| the 2×2 table (refer to flow diagram): 342 out of 357 we | omen (who were invited to take part in the study) | |
| received the index test and the reference standard. | | |
| Describe the time interval and any interventions betwee | w in day toot(a) and reference standard. The reference | |
| | - | |
| standard was administered before the index test during the same visit. | | |
| Was there an appropriate interval between index | Yes | |
| test(s) and reference standard? | | |
| Did all patients receive a reference standard? | Yes | |
| Did patients receive the same reference standard? | Yes | |
| Were all patients included in the analysis? | Yes | |
| Could the patient flow have introduced bias? | RISK: LOW | |
| | | |

1.1.35LEONARDOU2009

Phase 1: state the review question:

| Patients (setting, intended use of index test, presentation, prior testing) | What are the most appropriate methods/ instruments for the identification of mental health problems in women who are antenatal or postnatal? |
|---|--|
| Index test(s) | EPDS |
| Reference standard and target condition | Reference standard was the Structured Clinical Interview for DSM-III-R and the condition was postnatal depression. |

Phase 2: draw a flow diagram for the primary study



DOMAIN 1: PATIENT SELECTION

A. Risk of bias

Describe methods of patient selection: A prospective cohort study design was employed by the Women's Mental Health Clinic of the Department of Psychiatry, University of Athens. Recruitment of the study participants was completed over one year, and it was conducted in the maternity ward, on the second day postpartum.

| Was a consecutive or random sample of patients enrolled? | Yes |
|--|-----------|
| Was a case-control design avoided? | Yes |
| Did the study avoid inappropriate exclusions? | Yes |
| Could the selection of patients have introduced bias? | RISK: LOW |

DOMAIN 1: PATIENT SELECTION

B. Concerns regarding applicability

Describe included patients (prior testing, presentation, intended use of index test and setting): Patients were women on their second day postpartum who were recruited from a general postpartum population. The study sample was selected 70% from the private and 30% from the public sector, which is representative of service utilization by Greek women. The index test was used as a screening tool for postnatal depression.

| Is there concern that the included patients do | CONCERN: LOW |
|--|--------------|
| not match the review question? | |
| | |

DOMAIN 2: INDEX TEST(S)

If more than one index test was used, please complete for each test.

A. Risk of bias

Describe the index test and how it was conducted and interpreted: The index test was the Greek version of the EPDS. Participants self-completed the EPDS after administration of the reference standard at 8 weeks postpartum.

| UNCLEAR |
|---------|
| |
| |
| |

DOMAIN 2: INDEX TEST(S)

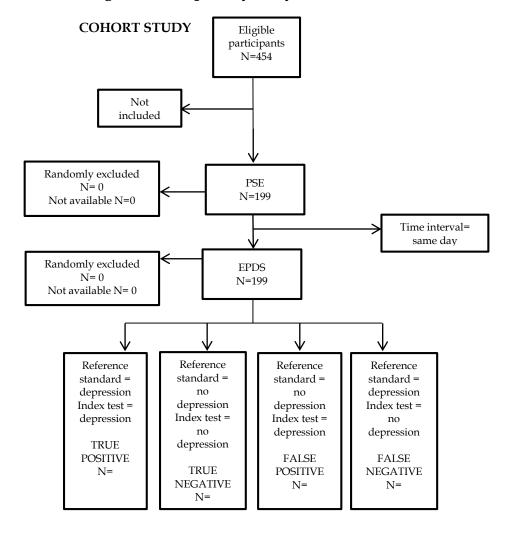
| Completed methodology electricity | | |
|---|---------------|--|
| B. Concerns regarding applicability | | |
| Is there concern that the index test, its conduct, or interpretation differ from the review question? | CONCERN: LOW | |
| DOMAIN 3: REFERENCE STANDARD | | |
| A. Risk of bias | | |
| Describe the reference standard and how it was conducted and interpreted: The reference standard was the Structured Clinical Interview for DSM-III-R diagnoses. SCID interviews were conducted by the principal investigator (AL), who was trained in the administration of SCID, and who was blind to the ratings of the initial questionnaires. | | |
| Is the reference standard likely to correctly | Yes | |
| classify the target condition? | | |
| Were the reference standard results interpreted | Yes | |
| without knowledge of the results of the index | | |
| test? | | |
| Could the reference standard, its conduct, or its | RISK: LOW | |
| interpretation have introduced bias? | | |
| DOMAIN 3: REFERENCE STANDARD | | |
| n.c. 1' 1' 1''' | | |
| B. Concerns regarding applicability Is there concern that the target condition as | CONCERN: LOW | |
| defined by the reference standard does not | CONCERN. LOW | |
| match the review question? | | |
| 4.00.00.0 | | |
| DOMAIN 4: FLOW AND TIMING | | |
| A. Risk of bias | | |
| Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): 81 patients received the index test and the reference standard. The authors do not state whether any participants refused to take part, were excluded or were lost to follow-up. | | |
| Describe the time interval and any interventions between index test(s) and reference standard: The index test was administered after the reference standard. | | |
| Was there an appropriate interval between index test(s) and reference standard? | Yes | |
| Did all patients receive a reference standard? | Yes | |
| Did patients receive the same reference standard? | Yes | |
| Were all patients included in the analysis? | Unclear | |
| Could the patient flow have introduced bias? | RISK: UNCLEAR | |

1.1.36LEVERTON2000

Phase 1: state the review question:

| 1 | |
|--|---|
| Patients (setting, intended use of index test, | What are the most appropriate methods/ |
| presentation, prior testing) | instruments for the identification of mental |
| , , , , , | health problems in women who are antenatal or |
| | postnatal? |
| Index test(s) | EPDS |
| | |
| Reference standard and target condition | Reference standard was the Present State |
| | Examination (PSE) and the condition was |
| | postnatal depression. |

Phase 2: draw a flow diagram for the primary study



| | • | |
|---------------------|---------------|--------------------|
| Phase 3: risk of bi | ias and appli | cability judgments |
| DOMAIN 1: PATIE | NT SELECTIO | N |
| A Diale of his | | |

| DOMAIN 1: PATIENT SELECTION | | |
|---|---|--|
| A. Risk of bias | | |
| Describe methods of patient selection: The sample was obtained in the booking clinic of a south London hospital. The sample was not random. Women were recruited to meet the criteria for a prevention study. | | |
| Was a consecutive or random sample of patients enrolled? | No | |
| Was a case-control design avoided? | Yes | |
| Did the study avoid inappropriate exclusions? | No | |
| Could the selection of patients have introduced bias? | RISK: HIGH | |
| DOMAIN 1: PATIENT SELECTION | | |
| B. Concerns regarding applicability | | |
| Describe included patients (prior testing, presentation, | , | |
| | on hospital. The index test was used as a screening | |
| tool for depression at 3 months postpartum. | | |
| Is there concern that the included patients do | CONCERN: LOW | |
| not match the review question? | CONCERN. LOW | |
| DOMAIN 2: INDEX TEST(S) | | |
| If more than one index test was used, please complete for each test. | | |
| A. Risk of bias Describe the index test and how it was conducted and in | uternreted: The index test was the EPDS, a 10 item | |
| Describe the index test and how it was conducted and interpreted: The index test was the EPDS, a 10 item self-report questionnaire. The EPDS was administered after the reference standard and scored by an | | |
| independent coder blind to the reference standard ratings. | | |
| Were the index test results interpreted without | Yes | |
| knowledge of the results of the reference standard? | | |
| If a threshold was used, was it pre-specified? | Yes | |
| Could the conduct or interpretation of the index | RISK: LOW | |
| test have introduced bias? | | |
| DOMAIN 2: INDEX TEST(S) | | |
| B. Concerns regarding applicability | | |
| | | |

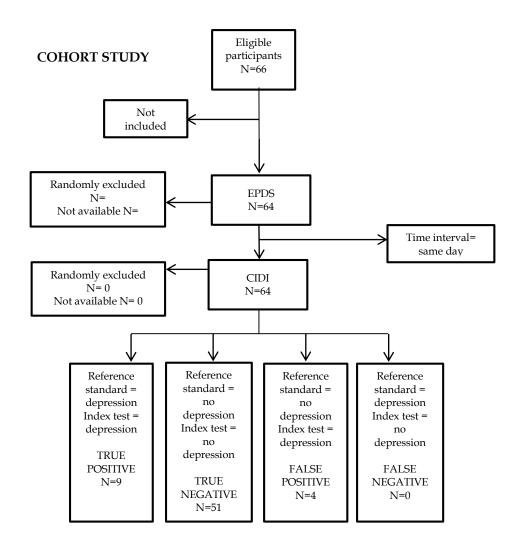
| question? | | |
|--|---|--|
| DOMAIN 3: REFERENCE STANDARD | | |
| | | |
| A. Risk of bias Describe the reference standard and how it was conducted. | ed and interpreted: At 3 months postnatal women | |
| were visited at home by a research psychiatrist and The psychiatrists coded the PSE blind to the EPDS | l interviewed using a semi-structured schedule. | |
| Is the reference standard likely to correctly | Yes | |
| classify the target condition? | | |
| Were the reference standard results interpreted | Yes | |
| without knowledge of the results of the index | | |
| test? | | |
| Could the reference standard, its conduct, or its | RISK: LOW | |
| interpretation have introduced bias? | | |
| | | |
| DOMAIN 3: REFERENCE STANDARD | | |
| B. Concerns regarding applicability | | |
| Is there concern that the target condition as | CONCERN: LOW | |
| defined by the reference standard does not | | |
| match the review question? | | |
| DOMAIN 4: FLOW AND TIMING | | |
| A Diele of hier | | |
| A. Risk of bias Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from | | |
| the 2×2 table (refer to flow diagram): Out of 454 eligible women, 199 completed both the index test and | | |
| reference standard at 3 months postpartum. | | |
| | | |
| Describe the time interval and any interventions between index test(s) and reference standard: The index test | | |
| was administered straight after the reference standard. | | |
| Was there an appropriate interval between index | Yes | |
| test(s) and reference standard? | | |
| Did all patients receive a reference standard? | No | |
| - | | |
| Did patients receive the same reference standard? | Yes | |
| Were all patients included in the analysis? | No | |
| Could the patient flow have introduced bias? | RISK: HIGH | |
| | | |

1.1.37MAHMUD2003

Phase 1: state the review question:

| Patients (setting, intended use of index test, presentation, prior testing) | What are the most appropriate methods/ instruments for the identification of mental health problems in women who are antenatal or postnatal? |
|---|--|
| Index test(s) | EPDS |
| Reference standard and target condition | Reference standard was the Composite International Diagnostic Interview (CIDI) and the condition was postpartum depression. |

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

| DOMAIN 1: PATIENT SELECTION | | |
|--|---|--|
| A. Risk of bias | | |
| Describe methods of patient selection: A sample of Ma | lay women between 4 – 12 weeks postpartum | |
| attending the Bakar Bata Health Centre, Kedah, Ma | alaysia, were recruited during a two month period. | |
| Was a consecutive or random sample of patients | Yes | |
| enrolled? | | |
| | | |
| Was a case-control design avoided? | Yes | |
| Did the study avoid inappropriate exclusions? | Yes | |
| Could the selection of patients have introduced | RISK: LOW | |
| bias? | Mon 2011 | |
| | | |
| DOMAIN 1: PATIENT SELECTION | | |
| | | |
| B. Concerns regarding applicability | ' | |
| Describe included patients (prior testing, presentation, | , , , | |
| were women who were 4-6 weeks postpartum. The | e index test was used as a screening tool for | |
| postpartum depression. | | |
| Is there concern that the included patients do | CONCERN: LOW | |
| not match the review question? | CONCERN, EOV | |
| not mater the review question. | | |
| DOMAIN 2: INDEX TEST(S) | | |
| | | |
| If more than one index test was used, please complete for each test. | | |
| A. Risk of bias | | |
| Describe the index test and how it was conducted and in | nterpreted: The index test was the Malay version of | |
| the EPDS, a 10 item self-report questionnaire. | , | |
| Were the index test results interpreted without | Yes | |
| knowledge of the results of the reference | | |
| standard? | | |
| | | |
| If a threshold was used, was it pre-specified? | Yes | |
| | | |
| Could the conduct or interpretation of the index | RISK: LOW | |
| test have introduced bias? | | |
| DOMAIN 2: INDEX TEST(S) | | |
| DOMAIN 2. INDEX TEST(3) | | |
| B. Concerns regarding applicability | | |
| Is there concern that the index test, its conduct, | CONCERN: LOW | |
| or interpretation differ from the review | | |
| question? | | |
| _ | | |
| DOMAIN 3: REFERENCE STANDARD | | |

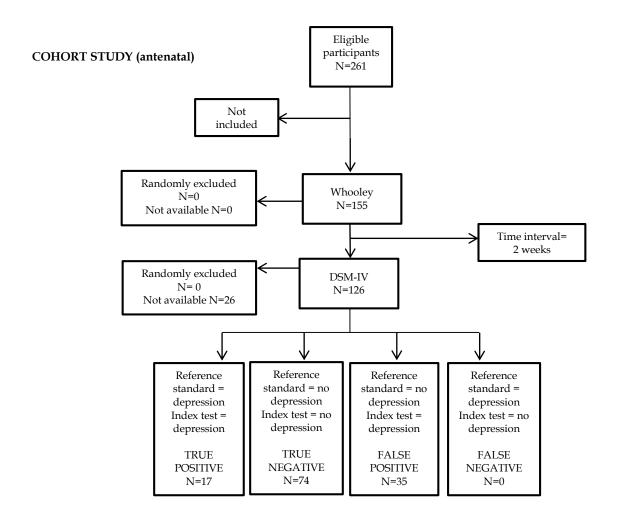
| A. Risk of bias | | |
|---|---|--|
| Describe the reference standard and how it was conducted | | |
| Composite International Diagnostic Interview, a ful | lly structured interview which was administered | |
| by one of the authors who was uninformed of the r | esults of the index test. Diagnoses were based on | |
| ICD-10 criteria. | | |
| Is the reference standard likely to correctly | Yes | |
| classify the target condition? | | |
| | | |
| Were the reference standard results interpreted | Yes | |
| without knowledge of the results of the index | | |
| test? | | |
| | | |
| Could the reference standard, its conduct, or its | RISK: LOW | |
| interpretation have introduced bias? | | |
| 1 | | |
| DOMAIN 3: REFERENCE STANDARD | | |
| | | |
| B. Concerns regarding applicability | | |
| Is there concern that the target condition as | CONCERN: LOW | |
| defined by the reference standard does not | | |
| match the review question? | | |
| material review question. | | |
| DOMAIN 4: FLOW AND TIMING | | |
| | | |
| A. Risk of bias | | |
| Describe any patients who did not receive the index test(| (s) and/or reference standard or who were excluded from | |
| the 2×2 table (refer to flow diagram): Out of 66 women | who were approached 64 agreed to participate | |
| and completed both the index test and the reference | | |
| and completed both the mack test and the reference standard. | | |
| Describe the time interval and any interventions between index test(s) and reference standard: The index test | | |
| and reference standard were completed on the same day. | | |
| and reference standard were completed on the same day. | | |
| Was there an appropriate interval between index | Yes | |
| test(s) and reference standard? | | |
| test(s) and reference standard: | | |
| Did all patients receive a reference standard? | Yes | |
| Dia un patiento receive a reference stantaura. | 165 | |
| Did patients receive the same reference standard? | Yes | |
| parents receive the same reference surround. | | |
| Were all patients included in the analysis? | Yes | |
| ere all patients literated in the dialysis. | | |
| Could the patient flow have introduced bias? | RISK: LOW | |
| In partition in interest of the | | |

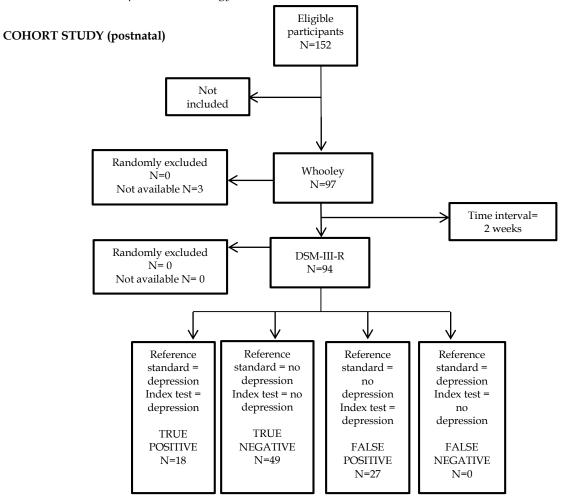
1.1.38MANN2012

Phase 1: state the review question:

| 1 | |
|--|--|
| Patients (setting, intended use of index test, | What are the most appropriate methods/ |
| presentation, prior testing) | instruments for the identification of mental |
| , , , , | health problems in women who are antenatal or |
| | postnatal? |
| Index test(s) | Whooley |
| | |
| Reference standard and target condition | Reference standard was the structured clinical |
| | interview for DSM-IV and the condition was |
| | perinatal depression. |

Phase 2: draw a flow diagram for the primary study





| Phase 3: risk of bias and applicability judgments | | |
|---|--|--|
| DOMAIN 1: PATIENT SELECTION | | |
| | | |
| | | |
| | | |
| A. Risk of bias | | |
| Describe methods of patient selection: Participants wer | re sequentially recruited from a maternity unit in a | |
| UK National Health Service general hospital during | g a seven-week period. | |
| 8 11 11 | O I | |
| Was a consecutive or random sample of patients | Yes | |
| enrolled? | | |
| choice. | | |
| Was a case-control design avoided? | Yes | |
| | | |
| Did the study avoid inappropriate exclusions? | Yes | |
| | | |
| Could the selection of patients have introduced | RISK: LOW | |
| bias? | | |
| | | |
| DOMAIN 1: PATIENT SELECTION | | |
| | | |
| B. Concerns regarding applicability | | |

Describe included patients (prior testing, presentation, intended use of index test and setting): Participants were women who were attending the participating clinic at about 26-28 weeks' gestation for a routine appointment and who were also recruited to a large population cohort study. The index test was used as a brief screening tool for depression during the perinatal period. Is there concern that the included patients do **CONCERN: LOW** not match the review question? **DOMAIN 2: INDEX TEST(S)** If more than one index test was used, please complete for each test. A. Risk of bias Describe the index test and how it was conducted and interpreted: The index test was the Whooley questionnaire, a self-report three item scale. Participants completed the scale both antenatally and postnatally. Were the index test results interpreted without Yes knowledge of the results of the reference standard? If a threshold was used, was it pre-specified? Yes RISK: LOW Could the conduct or interpretation of the index test have introduced bias? **DOMAIN 2: INDEX TEST(S)** B. Concerns regarding applicability Is there concern that the index test, its conduct, **CONCERN: LOW** or interpretation differ from the review question? **DOMAIN 3: REFERENCE STANDARD** A. Risk of bias Describe the reference standard and how it was conducted and interpreted: The reference standard was the structured clinical interview for DSM-IV which was conducted by telephone by one of the study authors who had previous clinical and research experience with the administration of diagnostic interviews. The interviewer was unaware of the participant's responses to the index test. Is the reference standard likely to correctly Yes classify the target condition? Were the reference standard results interpreted Yes without knowledge of the results of the index test? Could the reference standard, its conduct, or its RISK: LOW interpretation have introduced bias? DOMAIN 3: REFERENCE STANDARD

| B. Concerns regarding applicability | |
|---|--------------|
| Is there concern that the target condition as | CONCERN: LOW |
| defined by the reference standard does not | |
| match the review question? | |
| - | |
| DOMAIN A FLOW AND TRAINE | |

DOMAIN 4: FLOW AND TIMING

A. Risk of bias

Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): Participants received the index test and reference standard both antenatally and postnatally. During the antenatal phase 155 women completed the index test and 126 women also completed the reference standard. During the postnatal phase 97 women completed the index test and 94 also completed the reference standard. 268 women were initially asked to take part in the study.

Describe the time interval and any interventions between index test(s) and reference standard: The reference standard was administered within two weeks of the index test.

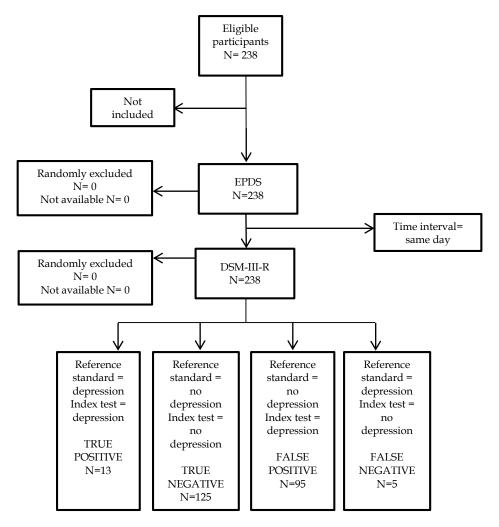
| Was there an appropriate interval between index | No |
|---|------------|
| test(s) and reference standard? | |
| Did all patients receive a reference standard? | No |
| Did patients receive the same reference standard? | Yes |
| Were all patients included in the analysis? | Yes |
| Could the patient flow have introduced bias? | RISK: HIGH |

1.1.39MATTHEY2008

Phase 1: state the review question:

| Patients (setting, intended use of index test, presentation, prior testing) | What are the most appropriate methods/ instruments for the identification of mental health problems in women who are antenatal or postnatal? |
|---|--|
| Index test(s) | EPDS (3 items) |
| Reference standard and target condition | Reference standard was the DSM-III-R and the conditions were anxiety disorders. |

Phase 2: draw a flow diagram for the primary study



| DOMAIN 1: PATIENT SELECTION | |
|--|-----------|
| A. Risk of bias | |
| Describe methods of patient selection: Couples attending antenatal classes at a public hospital. | |
| Was a consecutive or random sample of patients enrolled? | Yes |
| Was a case-control design avoided? | Yes |
| Did the study avoid inappropriate exclusions? | Yes |
| Could the selection of patients have introduced bias? | RISK: LOW |

DOMAIN 1: PATIENT SELECTION B. Concerns regarding applicability Describe included patients (prior testing, presentation, intended use of index test and setting) Englishspeaking women attending a public hospital's antenatal clinic, in Sydney (Australia), for their first appointment were recruited. The index test was used as a screening tool for postnatal anxiety in new parents. Is there concern that the included patients do **CONCERN: LOW** not match the review question? **DOMAIN 2: INDEX TEST(S)** If more than one index test was used, please complete for each test. A. Risk of bias Describe the index test and how it was conducted and interpreted: The index test was 3 anxiety items from the EPDS which were self-completed. Were the index test results interpreted without Unclear knowledge of the results of the reference standard? If a threshold was used, was it pre-specified? Yes Could the conduct or interpretation of the index **RISK: UNCLEAR** test have introduced bias? **DOMAIN 2: INDEX TEST(S)** B. Concerns regarding applicability Is there concern that the index test, its conduct, **CONCERN: UNCLEAR** or interpretation differ from the review question? **DOMAIN 3: REFERENCE STANDARD** A. Risk of bias Describe the reference standard and how it was conducted and interpreted: The reference standard was the Diagnostic Interview Schedule - Depression and Anxiety modules according to DSM-III-R criteria. Diagnoses were made for panic disorder, GAD and OCD. Trained researchers who were blind to the index test scores administered the reference standard. Is the reference standard likely to correctly Yes classify the target condition? Were the reference standard results interpreted Yes without knowledge of the results of the index test? RISK: LOW Could the reference standard, its conduct, or its interpretation have introduced bias?

| DOMAIN 3: REFERENCE STANDARD | |
|---|--------------|
| B. Concerns regarding applicability | |
| Is there concern that the target condition as | CONCERN: LOW |
| defined by the reference standard does not | |
| match the review question? | |
| - | |

DOMAIN 4: FLOW AND TIMING

A. Risk of bias

Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): 238 women completed the index test and the reference standard. The authors do not report whether any participants were excluded, refused to participate or were lost to follow-up.

Describe the time interval and any interventions between index test(s) and reference standard: The index test and reference standard were administered on the same day.

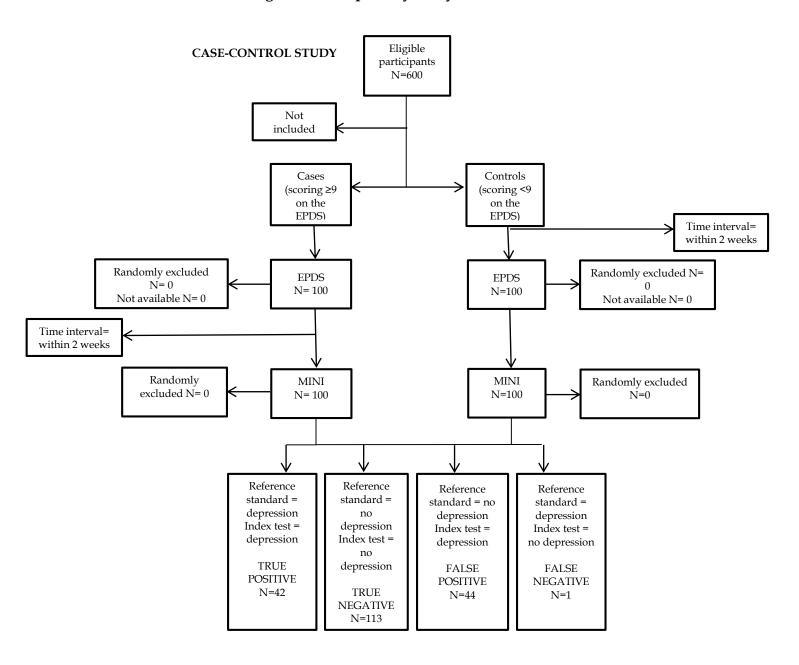
| Was there an appropriate interval between index | Yes |
|---|---------------|
| test(s) and reference standard? | |
| | |
| Did all patients receive a reference standard? | Unclear |
| Did patients receive the same reference standard? | Yes |
| Were all patients included in the analysis? | Unclear |
| Could the patient flow have introduced bias? | RISK: UNCLEAR |

1.1.40MAZHARI2007

Phase 1: state the review question:

| Patients (setting, intended use of index test, presentation, prior testing) | What are the most appropriate methods/ instruments for the identification of mental health problems in women who are antenatal or postnatal? |
|---|---|
| Index test(s) | EPDS |
| Reference standard and target condition | Reference standard was the DSM-IV criteria and the condition was postpartum depression. |

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

| DOMAIN | 1: PATIENT | SELECTION |
|---------------|------------|-----------|
|---------------|------------|-----------|

A. Risk of bias

Describe methods of patient selection: Participants were recruited from their infant's vaccination programme in five randomly selected urban health centres representing different socioeconomic classes during a one year period. A randomised sample of 100 cases with EPDS scores >=9 and 100 cases with EPDS scores <9 completed the reference standard.

| Was a consecutive or random sample of patients | Yes |
|--|-----|
|--|-----|

| 1 63 | |
|---|---|
| enrolled? | |
| Was a case-control design avoided? | No |
| Did the study avoid inappropriate exclusions? | No |
| Could the selection of patients have introduced | RISK: HIGH |
| bias? | |
| DOMAIN 1: PATIENT SELECTION | |
| B. Concerns regarding applicability | |
| Describe included patients (prior testing, presentation, i | intended use of index test and setting): Participants |
| were Persian speaking women who were postnatal | · |
| medical illness. The EPDS was used as a screening | |
| incurcal finicss. The Li D3 was used as a screening | tool for postitutal depression. |
| Is there concern that the included patients do | CONCERN: LOW |
| not match the review question? | |
| • | |
| DOMAIN 2: INDEX TEST(S) | |
| | |
| If more than one index test was used, please comp | olete for each test. |
| A. Dialogofica | |
| A. Risk of bias | towards d. The index test area the realidated Densien |
| Describe the index test and how it was conducted and in version of the EPDS which was completed independent | • |
| were helped by a research assistant. | identity by most participants. Initerate participants |
| Were the index test results interpreted without | Yes |
| knowledge of the results of the reference | |
| standard? | |
| Standard: | |
| If a threshold was used, was it pre-specified? | Yes |
| , 1 1 | |
| Could the conduct or interpretation of the index | RISK: LOW |
| test have introduced bias? | |
| | |
| DOMAIN 2: INDEX TEST(S) | |
| P. C | |
| B. Concerns regarding applicability | |
| Is there concern that the index test, its conduct, | CONCERN: HIGH |
| or interpretation differ from the review | CONCERNATION |
| question? | |
| question: | |
| DOMAIN 3: REFERENCE STANDARD | |
| | |
| A. Risk of bias | |
| Describe the reference standard and how it was conducted | • |
| clinical interview carries out by the research psychiatrist. The diagnoses were made according to | |
| DSM-IV criteria. The research psychiatrist was blind to the EPDS scores and did not know the EPDS | |
| results of the participating women. | Lv |
| Is the reference standard likely to correctly | Yes |

| Clinical evidence - completed methodology checklists | | |
|---|--|--|
| classify the target condition? | | |
| Were the reference standard results interpreted without knowledge of the results of the index test? | Yes | |
| Could the reference standard, its conduct, or its interpretation have introduced bias? | RISK: LOW | |
| DOMAIN 3: REFERENCE STANDARD | | |
| B. Concerns regarding applicability | | |
| Is there concern that the target condition as | CONCERN: LOW | |
| defined by the reference standard does not | | |
| match the review question? | | |
| • | | |
| DOMAIN 4: FLOW AND TIMING | | |
| | | |
| A. Risk of bias | | |
| Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from | | |
| the 2×2 table (refer to flow diagram): 200 women completed the index test and the reference standard. | | |
| These were randomly selected based on their EPDS | S scores. The initial sample were 600 eligible | |
| women. | | |
| | | |
| Describe the time interval and any interventions between index test(s) and reference standard: The reference | | |
| standard was administered within two weeks of the index test. | | |
| | | |
| Was there an appropriate interval between index | No | |
| test(s) and reference standard? | | |
| | | |
| Did all patients receive a reference standard? | No | |
| | | |
| Did patients receive the same reference standard? | Yes | |
| | | |
| Were all patients included in the analysis? | No | |
| | | |
| Could the patient flow have introduced bias? | RISK: HIGH | |

1.1.41MILGROM2005A

Phase 1: state the review question:

| Patients (setting, intended use of index test, presentation, prior testing) | What are the most appropriate methods/ instruments for the identification of mental health problems in women who are antenatal or postnatal? |
|---|--|
| Index test(s) | EPDS |
| Reference standard and target condition | Reference standard was the DSM-IV criteria and the condition was postnatal depression |

Eligible **COHORT STUDY** participants N = 5185Not included Randomly excluded **EPDS** N = 3615N=4148 Not available N=0Time interval= same visit Randomly excluded CIDI N=0N=533 Not available N=189 Reference Reference Reference Reference standard = standard = standard = standard = depression no depression Index test = depression depression Index test = depression Index test = Index test = no depression depression TRUE depression POSITIVE FALSE FALSE N = 222TRUE POSITIVE NEGATIVE NEGATIVE N = 24N = 38N = 60

Phase 2: draw a flow diagram for the primary study

| DOMA | TNI 1. | DATIENT | SELECTION |
|------|--------|----------|-----------|
| | | PALIFINI | SELECTION |

A. Risk of bias

Describe methods of patient selection: The population consisted of 4148 newly delivered mothers attending 47 Maternal and Child Health Centres in northern metropolitan Melbourne and in rural eastern Victoria, Australia over a 3 year period. Participants who had EPDS scores ≥12 were offered clinical assessment with a psychologist involving a structured interview and diagnosis followed by completion of a second EPDS.

| Was a consecutive or random sample of patients enrolled? | Yes |
|--|-----|
| Was a case-control design avoided? | No |
| Did the study avoid inappropriate exclusions? | No |

| Could the selection of patients have introduced bias? | RISK: HIGH | |
|--|--|--|
| DOMAINA DATIFAT OF LOTION | | |
| DOMAIN 1: PATIENT SELECTION | | |
| B. Concerns regarding applicability | | |
| Describe included patients (prior testing, presentation, i | ntended use of index test and setting): Participants | |
| were newly delivered mothers who were 4 months | postpartum. The index was used as a screening | |
| tool for postnatal depression. | | |
| Is there concern that the included patients do CONCERN: LOW | | |
| not match the review question? | CONCERN. LOW | |
| 4.001.000 | | |
| DOMAIN 2: INDEX TEST(S) | | |
| If more than one index test was used, please comp | plete for each test. | |
| A. Risk of bias | | |
| Describe the index test and how it was conducted and in | terpreted: The index test was the EPDS which was | |
| self-rated. Nurses summed the scores of the index t | • | |
| assessment procedures. | * | |
| Were the index test results interpreted without | Yes | |
| knowledge of the results of the reference | | |
| standard? | | |
| If a threshold was used, was it pre-specified? | Yes | |
| | | |
| Could the conduct or interpretation of the index | RISK: LOW | |
| test have introduced bias? | | |
| DOMAIN 2: INDEX TEST(S) | | |
| | | |
| B. Concerns regarding applicability | | |
| Is there concern that the index test, its conduct, | CONCERN: LOW | |
| or interpretation differ from the review | | |
| question? | | |
| DOMAIN 3: REFERENCE STANDARD | | |
| DOWAIN S. REFERENCE STANDARD | | |
| A. Risk of bias | | |
| Describe the reference standard and how it was conducted and interpreted: The reference standard was the | | |
| Composite International Diagnostic Interview which yielded diagnoses according to DSM-IV criteria | | |
| Is the reference standard likely to correctly | Yes | |
| classify the target condition? | | |
| Were the reference standard results interpreted | Unclear | |
| without knowledge of the results of the index | | |
| test? | | |
| | | |
| Could the reference standard, its conduct, or its | RISK: UNCLEAR | |

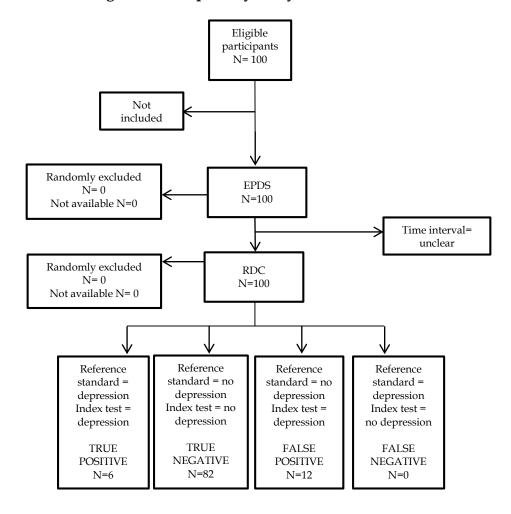
| 1 63 | | | |
|---|--------------|--|--|
| interpretation have introduced bias? | | | |
| DOMAIN 3: REFERENCE STANDARD | | | |
| B. Concerns regarding applicability | | | |
| Is there concern that the target condition as | CONCERN: LOW | | |
| defined by the reference standard does not | | | |
| match the review question? | | | |
| DOMAIN 4: FLOW AND TIMING | | | |
| A. Risk of bias | | | |
| Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from | | | |
| the 2×2 table (refer to flow diagram): Out of 4148 eligible women, 533 had an EPDS score ≥12 and | | | |
| entered the clinical assessment stage. 344/533 were administered the reference standard and the | | | |
| index test again. Women who scored below 12 on the initial screening EPDS were not included. | | | |
| | | | |
| Describe the time interval and any interventions between index test(s) and reference standard: The index test | | | |
| was administered straight after the reference standard. | | | |
| Was there an appropriate interval between index | Yes | | |
| test(s) and reference standard? | ies | | |
| test(s) and reference standard? | | | |
| Did all patients receive a reference standard? | No | | |
| | | | |
| Did patients receive the same reference standard? | Yes | | |
| Were all patients included in the analysis? | No | | |
| Could the patient flow have introduced bias? | RISK: HIGH | | |

1.1.42MURRAY1990B

Phase 1: state the review question:

| 1 | |
|--|--|
| Patients (setting, intended use of index test, | What are the most appropriate methods/ |
| presentation, prior testing) | instruments for the identification of mental |
| | health problems in women who are antenatal or |
| | postnatal? |
| Index test(s) | EPDS |
| | |
| Reference standard and target condition | Reference standard was the Research Diagnostic |
| | Criteria diagnosis of depression during |
| | pregnancy. |

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments DOMAIN 1: PATIENT SELECTION A. Risk of bias Describe methods of patient selection: The study was carried out at the antenatal clinic of the North Staffordshire Maternity Hospital in Stoke-on-Trent; a large hospital serving a population of 400,000 which has 6000 deliveries per year. Women were included according to their availability and practical constraints of conducting research at a busy antenatal clinic. Was a consecutive or random sample of patients Yes enrolled? Was a case-control design avoided? Yes Did the study avoid inappropriate exclusions? Yes Could the selection of patients have introduced **RISK: LOW** bias? DOMAIN 1: PATIENT SELECTION B. Concerns regarding applicability Describe included patients (prior testing, presentation, intended use of index test and setting): Women were between 28 and 34 weeks gestation. The index test was used as a screening tool for antenatal depression. Is there concern that the included patients do **CONCERN: LOW** not match the review question? **DOMAIN 2: INDEX TEST(S)** If more than one index test was used, please complete for each test. A. Risk of bias Describe the index test and how it was conducted and interpreted: The index test was the EPDS a 10-item self-report scale which was administered by the clinic sister. Participants were asked not to discuss their responses with anyone. Were the index test results interpreted without Unclear knowledge of the results of the reference standard? If a threshold was used, was it pre-specified? Yes Could the conduct or interpretation of the index **RISK: UNCLEAR**

test have introduced bias?

DOMAIN 2: INDEX TEST(S)

B. Concerns regarding applicability

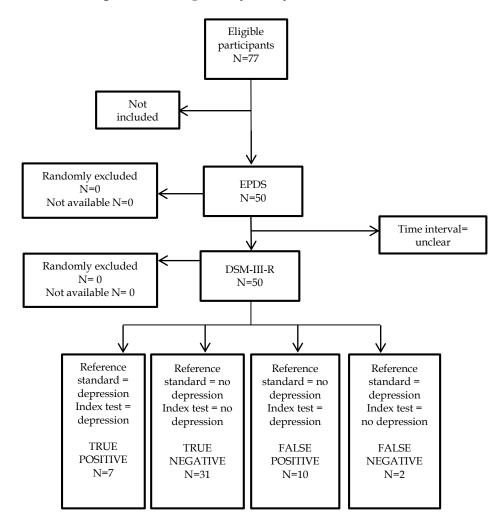
| Is there concern that the index test, its conduct, | CONCERN: LOW | | | |
|--|--|--|--|--|
| or interpretation differ from the review | | | | |
| question? | | | | |
| | | | | |
| DOMAIN 3: REFERENCE STANDARD | | | | |
| A. Risk of bias | | | | |
| Describe the reference standard and how it was conducted | ed and interpreted: The reference standard was the | | | |
| | | | | |
| RDC criteria for depression. Participants were interviewed in a small room at the clinic by the research psychiatrist who was blind to EPDS score. | | | | |
| Is the reference standard likely to correctly | Yes | | | |
| classify the target condition? | | | | |
| , | | | | |
| Were the reference standard results interpreted | Yes | | | |
| without knowledge of the results of the index | | | | |
| test? | | | | |
| | | | | |
| Could the reference standard, its conduct, or its | RISK: LOW | | | |
| interpretation have introduced bias? | | | | |
| DOMAIN 3: REFERENCE STANDARD | | | | |
| DOMAIN 5. REFERENCE STANDARD | | | | |
| B. Concerns regarding applicability | | | | |
| Is there concern that the target condition as | CONCERN: LOW | | | |
| defined by the reference standard does not | | | | |
| match the review question? | | | | |
| DOMAIN A. FLOW AND TIMING | | | | |
| DOMAIN 4: FLOW AND TIMING | | | | |
| A. Risk of bias | | | | |
| Describe any patients who did not receive the index test | s) and/or reference standard or who were excluded from | | | |
| the 2×2 table (refer to flow diagram): 100 women were administered both the index test and the reference | | | | |
| standard. The authors do not state whether any participants were excluded, lost to follow-up or | | | | |
| refused to participate. | | | | |
| | | | | |
| Describe the time interval and any interventions between index test(s) and reference standard: The interval | | | | |
| between the index test and reference standard was not reported. | | | | |
| | | | | |
| Was there an appropriate interval between index | Unclear | | | |
| test(s) and reference standard? | | | | |
| Did all matients massive a melemones standard? | Unclear | | | |
| Did all patients receive a reference standard? | Unclear | | | |
| Did patients receive the same reference standard? | Yes | | | |
| | | | | |
| Were all patients included in the analysis? | Unclear | | | |
| | | | | |
| Could the patient flow have introduced bias? | RISK: UNCLEAR | | | |

1.1.43MUZIK2000

Phase 1: state the review question:

| Thuse 1. state the feview question. | |
|--|--|
| Patients (setting, intended use of index test, | What are the most appropriate methods/ |
| presentation, prior testing) | instruments for the identification of mental |
| | health problems in women who are antenatal or |
| | postnatal? |
| Index test(s) | EPDS |
| | |
| Reference standard and target condition | Reference standard was the Structured Clinical |
| | Interview for DSM-III-R and the condition was |
| | postpartum depression. |

Phase 2: draw a flow diagram for the primary study



| Phase 3: risk of bias and applicability judgments | | | |
|--|--|--|--|
| DOMAIN 1: PATIENT SELECTION | 11 17 0 | | |
| | | | |
| A. Risk of bias | | | |
| Describe methods of patient selection: Participants wer | | | |
| postpartum depression in Austria. In order to ensu | | | |
| women with EPDS total scores above 7 (completed | either 3 or 6 months postpartum) were invited to | | |
| participate in the present study. | | | |
| | | | |
| Was a consecutive or random sample of patients | No | | |
| enrolled? | | | |
| TAY . 1 1 1 10 | | | |
| Was a case-control design avoided? | Yes | | |
| Did the study avoid inappropriate exclusions? | No | | |
| Did the study avoid mappropriate exclusions: | No | | |
| Could the selection of patients have introduced | RISK: HIGH | | |
| bias? | | | |
| | | | |
| DOMAIN 1: PATIENT SELECTION | | | |
| n c 11 11111 | | | |
| B. Concerns regarding applicability | interested was after day took and authors). Dayti sincerto | | |
| Describe included patients (prior testing, presentation, | , | | |
| were drawn from a larger epidemiological study o | | | |
| ensure adequate rates of postpartum depression, women with EPDS total scores above 7 (completed | | | |
| either 3 or 6 months postpartum) were invited to p | either 3 or 6 months postpartum) were invited to participate in the present study. The EPDS was used | | |
| as a screening tool for postnatal depression at 3 or 6 months postpartum. | | | |
| | | | |
| Is there concern that the included patients do | CONCERN: LOW | | |
| not match the review question? | | | |
| DOMAIN 2. INDEV TECT/C) | | | |
| DOMAIN 2: INDEX TEST(S) | | | |
| If more than one index test was used, please complete for each test. | | | |
| in more than one much test was used, please complete for each test. | | | |
| A. Risk of bias | | | |
| Describe the index test and how it was conducted and interpreted: The index test was the German version of | | | |
| the EPDS, a 10 item self-report scale. | - | | |
| Were the index test results interpreted without | Unclear | | |
| knowledge of the results of the reference | | | |
| standard? | | | |
| | | | |
| If a threshold was used, was it pre-specified? | Yes | | |
| Could the conduct or interpretation of the index | RISK: UNCLEAR | | |
| test have introduced bias? | | | |
| | | | |
| DOMAIN 2: INDEX TEST(S) | | | |
| | | | |

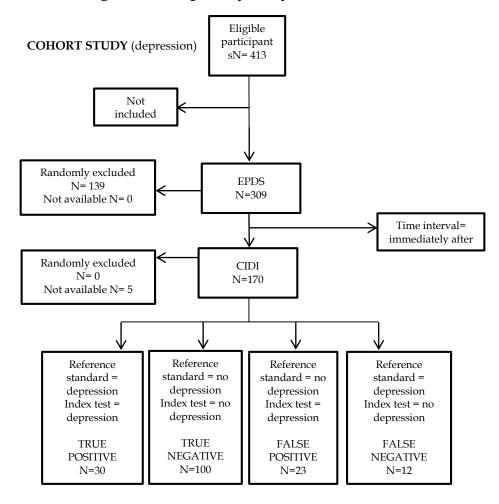
| B. Concerns regarding applicability | | |
|---|--|--|
| Is there concern that the index test, its conduct, or interpretation differ from the review question? | CONCERN: UNCLEAR | |
| DOMAIN 3: REFERENCE STANDARD | | |
| A. Risk of bias | | |
| Describe the reference standard and how it was conducted Structured Clinical Interview for DSM-III-R which | | |
| Is the reference standard likely to correctly | Yes | |
| classify the target condition? | | |
| Were the reference standard results interpreted | Unclear | |
| without knowledge of the results of the index | | |
| test? | | |
| Could the reference standard, its conduct, or its | RISK: UNCLEAR | |
| interpretation have introduced bias? | | |
| DOMAIN 3: REFERENCE STANDARD | | |
| | | |
| B. Concerns regarding applicability Is there concern that the target condition as | CONCERN: LOW | |
| defined by the reference standard does not | CONCERN. LOW | |
| match the review question? | | |
| DOMAIN 4: FLOW AND TIMING | | |
| A. Risk of bias | | |
| Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from | | |
| the 2×2 table (refer to flow diagram): Out of 77 women who were contacted, 50 agreed to participate. | | |
| Only women who scored above 7 on the EPDS wer | e invited to receive the reference standard. | |
| Describe the time interval and any interventions betwee | n index test(s) and reference standard: The time | |
| interval between the index test and the reference st | andard is unclear. | |
| Was there an appropriate interval between index | Unclear | |
| test(s) and reference standard? | | |
| | | |
| Did all patients receive a reference standard? | No | |
| Did patients receive the same reference standard? | Yes | |
| Were all patients included in the analysis? | Unclear | |
| Could the patient flow have introduced bias? | RISK: HIGH | |

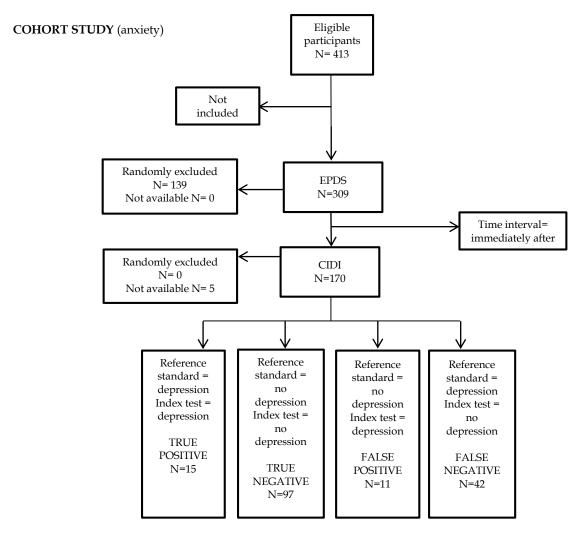
1.1.44PHILLIPS2009

Phase 1: state the review question:

| Patients (setting, intended use of index test, presentation, prior testing) | What are the most appropriate methods/ instruments for the identification of mental health problems in women who are antenatal or |
|---|---|
| Index test(s) | postnatal? EPDS |
| Reference standard and target condition | Reference standard was the DSM-IV and the condition was depression and anxiety disorders. |

Phase 2: draw a flow diagram for the primary study





Phase 3: risk of bias and applicability judgments

DOMAIN 1: PATIENT SELECTION

A. Risk of bias

Describe methods of patient selection: Women admitted to a parent-infant unit during a two year period were invited to participate in the study. The first 170 of the 309 participants who agreed to take part and completed the EPDS were also asked to participate in a structured clinical interview.

| Was a consecutive or random sample of patients enrolled? | Yes |
|--|-----------|
| Was a case-control design avoided? | Yes |
| Did the study avoid inappropriate exclusions? | Yes |
| Could the selection of patients have introduced | RISK: LOW |

| bias? | |
|--|--|
| DOMAIN 1: PATIENT SELECTION | |
| B. Concerns regarding applicability | |
| Describe included patients (prior testing, presentation, i | ntended use of index test and setting): Participants |
| were women with infants aged up to 12 months ad | , |
| ~ - | • |
| south west of Sydney, Australia. The index test was | s used as a screening tool for postnatal depressive |
| and anxiety disorders. | |
| Is there concern that the included patients do | CONCERN: LOW |
| not match the review question? | |
| 1 | |
| DOMAIN 2: INDEX TEST(S) | |
| If more than one index test was used, please comp | olete for each test. |
| in more than one mack test was used, prease comp | victor cucir test. |
| A. Risk of bias | |
| Describe the index test and how it was conducted and in | ternreted: The EPDS is a self-report screening |
| measure for depressive symptoms in the perinatal | , |
| reference standard. | period. The mack test was completed serore the |
| Were the index test results interpreted without | Unclear |
| | Citical |
| knowledge of the results of the reference | |
| standard? | |
| If a threshold was used, was it pre-specified? | Yes |
| , 1 1 | |
| Could the conduct or interpretation of the index | RISK: UNCLEAR |
| test have introduced bias? | |
| | |
| DOMAIN 2: INDEX TEST(S) | |
| B. Concerns regarding applicability | |
| 0 0 11 | |
| Is there concern that the index test, its conduct, | CONCERN: LOW |
| or interpretation differ from the review | |
| question? | |
| question. | |
| DOMAIN 3: REFERENCE STANDARD | |
| | |
| A. Risk of bias | |
| Describe the reference standard and how it was conducted | ed and interpreted: Interviews were conducted by a |
| Psychologist (JP) undergoing Doctoral level trainin | • |
| training in diagnostic interviewing) and who was b | |
| Is the reference standard likely to correctly | Yes |
| classify the target condition? | |
| the miget contained. | |
| Were the reference standard results interpreted | Yes |
| _ | 103 |
| without knowledge of the results of the index | |
| test? | |

| Could the reference standard, its conduct, or its interpretation have introduced bias? | RISK: LOW |
|---|--------------|
| DOMAIN 3: REFERENCE STANDARD B. Concerns regarding applicability | |
| Is there concern that the target condition as defined by the reference standard does not match the review question? | CONCERN: LOW |
| DOMAIN 4: FLOW AND TIMING | |

A. Risk of bias

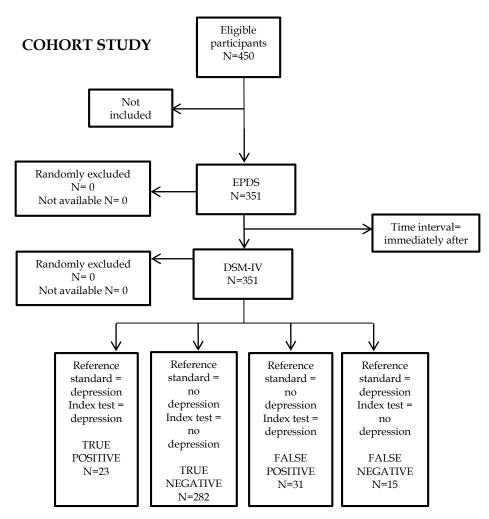
Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): Out of 413 women who agreed to participate 101 declined or were unable to participate. 309/362 women completed the EPDS of which 166 completed the reference standard.

Describe the time interval and any interventions between index test(s) and reference standard: The reference standard was completed after the index test.

| Was there an appropriate interval between index test(s) and reference standard? | Yes |
|---|------------|
| Did all patients receive a reference standard? | No |
| Did patients receive the same reference standard? | Yes |
| Were all patients included in the analysis? | No |
| Could the patient flow have introduced bias? | RISK: HIGH |

1.1.45PITANUPONG2007

| Patients (setting, intended use of index test, presentation, prior testing) | What are the most appropriate methods/ instruments for the identification of mental health problems in women who are antenatal or postnatal? |
|---|--|
| Index test(s) | EPDS |
| Reference standard and target condition | Reference standard was the DSM-IV and the condition was |



Phase 2: draw a flow diagram for the primary study

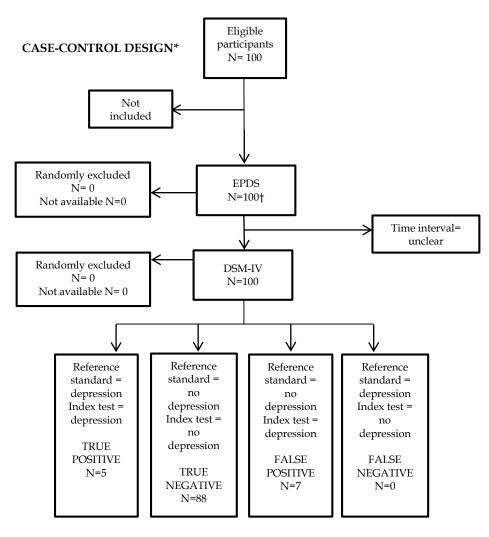
| Phase 3: risk of bias and applicability judgments | | |
|---|---|--|
| DOMAIN 1: PATIENT SELECTION | | |
| | | |
| | | |
| A. Risk of bias | | |
| Describe methods of patient selection: A consecutive of | ohort of pregnant women with 36-40 weeks of | |
| gestation who planned to deliver and receive follow up care during the postpartum period in a | | |
| university hospital in the South of Thailand from October 2003 to July 2004 were invited to participate | | |
| in the study. | | |
| | | |
| Was a consecutive or random sample of patients | Yes | |
| enrolled? | | |
| | | |
| Was a case-control design avoided? | Yes | |

| Clinical evidence – completed methodology checklists | | |
|---|----------------------|--|
| Did the study avoid inappropriate exclusions? | Yes | |
| Could the selection of patients have introduced bias? | RISK: LOW | |
| DOMAIN 1: PATIENT SELECTION | | |
| B. Concerns regarding applicability | | |
| Describe included patients (prior testing, presentation, intended use of index test and setting): Participants were pregnant women with 36-40 weeks gestation who planned to deliver and receive follow-up care during the postpartum period. Women who had language problems and current treatment for psychiatric problems were excluded. | | |
| Is there concern that the included patients do not match the review question? | CONCERN: LOW | |
| DOMAIN 2: INDEX TEST(S) | | |
| If more than one index test was used, please com | plete for each test. | |
| A. Risk of bias | | |
| Describe the index test and how it was conducted and interpreted: The index test was the Thai version of the EPDS. Women completed the self-report Thai EPDS in a private area before or while waiting for a routine postpartum check-up. | | |
| Were the index test results interpreted without | Unclear | |
| knowledge of the results of the reference standard? | | |
| If a threshold was used, was it pre-specified? | Yes | |
| Could the conduct or interpretation of the index test have introduced bias? | RISK: UNCLEAR | |
| DOMAIN 2: INDEX TEST(S) | | |
| B. Concerns regarding applicability | | |
| Is there concern that the index test, its conduct, or interpretation differ from the review question? | CONCERN: LOW | |
| DOMAIN 3: REFERENCE STANDARD | | |
| A. Risk of bias | | |
| Describe the reference standard and how it was conducted and interpreted: The reference standard was a semi-structured interview according to the DSM-IV criteria which was administered by two psychiatrists. The psychiatrist who performed the interview did not know the EPDS score and established the diagnosis. | | |
| Is the reference standard likely to correctly classify the target condition? | Yes | |
| Were the reference standard results interpreted | Yes | |
| | | |

| without knowledge of the results of the index | | |
|--|--------------|--|
| test? | | |
| | | |
| Could the reference standard, its conduct, or its | RISK: LOW | |
| interpretation have introduced bias? | | |
| • | | |
| DOMAIN 3: REFERENCE STANDARD | | |
| | | |
| B. Concerns regarding applicability | | |
| Is there concern that the target condition as | CONCERN: LOW | |
| defined by the reference standard does not | | |
| match the review question? | | |
| | | |
| DOMAIN 4: FLOW AND TIMING | | |
| | | |
| A. Risk of bias | | |
| Describe any patients who did not receive the index test | | |
| the 2×2 table (refer to flow diagram): Of 450 women who agreed to participate, 351 completed both the | | |
| index test and the reference standard. | | |
| | | |
| Describe the time interval and any interventions between index test(s) and reference standard: The reference | | |
| standard was administered straight after the index test. | | |
| | | |
| Was there an appropriate interval between index | Yes | |
| test(s) and reference standard? | | |
| | | |
| Did all patients receive a reference standard? | No | |
| | | |
| Did patients receive the same reference standard? | Yes | |
| THY 11 | 7.7 | |
| Were all patients included in the analysis? | No | |
| | DICK HIGH | |
| Could the patient flow have introduced bias? | RISK: HIGH | |

1.1.46REGMI2002

| Patients (setting, intended use of index test, | What are the most appropriate methods/ |
|--|---|
| presentation, prior testing) | instruments for the identification of mental |
| | health problems in women who are antenatal or |
| | postnatal? |
| Index test(s) | EPDS |
| | |
| Reference standard and target condition | Reference standard was the DSM-IV and the |
| | condition was postnatal depression |



Phase 2: draw a flow diagram for the primary study

DOMAIN 1: PATIENT SELECTION

A. Risk of bias

Describe methods of patient selection: A consecutive sample of 100 women was recruited from a public postnatal clinic at Tribhuvan University Teaching Hospital in Kathmandu, Nepal. Postpartum women were used for validation assessment. All those with a score of 13 or more (EPDS positive) and every fifth woman who scored 12 or less went through a structured interview in their own language

^{*}The number of participants who were cases or controls is not reported

[†] The authors do not report how many controls were excluded after having completed the EPDS.

| to assess the presence of a major depressive episode using DSM-IV. | | |
|--|--|--|
| Was a consecutive or random sample of patients enrolled? | Yes | |
| Was a case-control design avoided? | No | |
| Did the study avoid inappropriate exclusions? | Yes | |
| Could the selection of patients have introduced bias? | RISK: HIGH | |
| DOMAIN 1: PATIENT SELECTION | | |
| B. Concerns regarding applicability Describe included patients (prior testing, presentation, their children for standard immunization 2-3 mont screening tool for postnatal depression. | intended use of index test and setting): Women brining hs post-delivery. The index test was used as a | |
| Is there concern that the included patients do not match the review question? | CONCERN: LOW | |
| DOMAIN 2: INDEX TEST(S) | | |
| If more than one index test was used, please complete for each test. | | |
| A. Risk of bias | I THE STATE OF THE | |
| Describe the index test and how it was conducted and in self-report questionnaire. It is unclear how the test | | |
| Were the index test results interpreted without | Unclear | |
| knowledge of the results of the reference standard? | | |
| If a threshold was used, was it pre-specified? | Yes | |
| Could the conduct or interpretation of the index | RISK: UNCLEAR | |
| test have introduced bias? | | |
| DOMAIN 2: INDEX TEST(S) | | |
| B. Concerns regarding applicability | | |
| Is there concern that the index test, its conduct, | CONCERN: UNCLEAR | |
| or interpretation differ from the review question? | | |
| DOMAIN 3: REFERENCE STANDARD | | |
| A. Risk of bias | | |
| Describe the reference standard and how it was conduct | • | |
| structured interview according to DSM-IV criteria. conducted or interpreted. | It is unclear how the reference standard was | |

Clinical evidence – completed methodology checklists

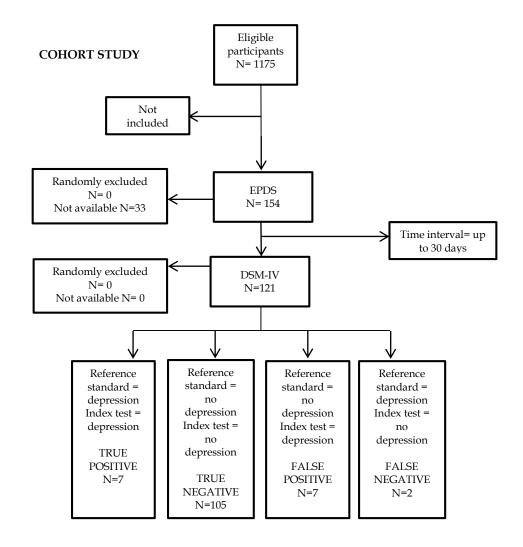
| Ciment contents to marious of the contents of | |
|---|----------------------|
| Is the reference standard likely to correctly | Unclear |
| classify the target condition? | |
| classify the target contains. | |
| Were the reference standard results interpreted | Unclear |
| 1 | Official |
| without knowledge of the results of the index | |
| test? | |
| | Drov. Invol. D. D. |
| Could the reference standard, its conduct, or its | RISK: UNCLEAR |
| interpretation have introduced bias? | |
| | |
| DOMAIN 3: REFERENCE STANDARD | |
| | |
| B. Concerns regarding applicability | |
| Is there concern that the target condition as | CONCERN: UNCLEAR |
| defined by the reference standard does not | |
| match the review question? | |
| - | |
| DOMAIN 4: FLOW AND TIMING | |
| | |
| A. Risk of bias | |
| Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from | |
| the 2×2 table (refer to flow diagram): All 100 women who were recruited agreed to take part and none | |
| withdrew. Only participants who scored above 13 and every fifth woman who scored 12 or less went | |
| | |
| through to the reference standard. It is unclear how many women were excluded. | |
| Describe the time integral and any integrantions between index took(s) and networks at -1 -1 -1 -1 -1 | |
| Describe the time interval and any interventions between index test(s) and reference standard: The time | |
| interval between the index test and reference stand | ard is not reported. |
| TA7 (1 | TT 1 |
| Was there an appropriate interval between index | Unclear |
| test(s) and reference standard? | |
| | |
| Did all patients receive a reference standard? | No |
| | |
| Did patients receive the same reference standard? | Yes |
| | |
| Were all patients included in the analysis? | No |
| | |
| 1 | |
| Could the patient flow have introduced bias? | RISK: HIGH |

1.1.47RUBERTSSON2011

Phase 1: state the review question:

| Patients (setting, intended use of index test, presentation, prior testing) | What are the most appropriate methods/ instruments for the identification of mental health problems in women who are antenatal or postnatal? |
|---|---|
| Index test(s) | EPDS |
| Reference standard and target condition | Reference standard was the Primary Care Evaluation of Mental disorders and the condition was depression during pregnancy. |

Phase 2: draw a flow diagram for the primary study



| Phase 3: risk of bias and applicability judgment | S |
|--|---|
|--|---|

DOMAIN 1: PATIENT SELECTION

A. Risk of bias

Describe methods of patient selection: All twenty-five antenatal care clinics operating in a county of mid-Sweden with ten communities and approximately 250.000 inhabitants were invited to recruit Swedish-speaking women at their first antenatal visit in early pregnancy between June 2008 and June 2009. The women were recruited by their midwives and consented to participate by signing a document with their personal code and contact details. A random sample of 154 women was chosen for interview by telephone.

| Was a consecutive or random sample of patients enrolled? | Yes |
|--|-----------|
| Was a case-control design avoided? | Yes |
| Did the study avoid inappropriate exclusions? | Yes |
| Could the selection of patients have introduced | RISK: LOW |
| bias? | |

DOMAIN 1: PATIENT SELECTION

B. Concerns regarding applicability

not match the review question?

Is there concern that the included patients do

Describe included patients (prior testing, presentation, intended use of index test and setting): Participants were Swedish-speaking women at their first antenatal visit in early pregnancy. The index test was used as a screening tool for depression during pregnancy.

CONCERN: LOW

| 4 | |
|---|---|
| DOMAIN 2: INDEX TEST(S) | |
| If more than one index test was used, please complete for each test. | |
| A. Risk of bias | |
| Describe the index test and how it was conducted and in of the EPDS, a 10-item self-report scale. | terpreted: The index test was the Swedish version |
| Were the index test results interpreted without | Unclear |
| knowledge of the results of the reference | |
| standard? | |
| | |
| If a threshold was used, was it pre-specified? | Yes |
| Could the conduct or interpretation of the index | RISK: UNCLEAR |
| test have introduced bias? | |
| | |
| DOMAIN 2: INDEX TEST(S) | |

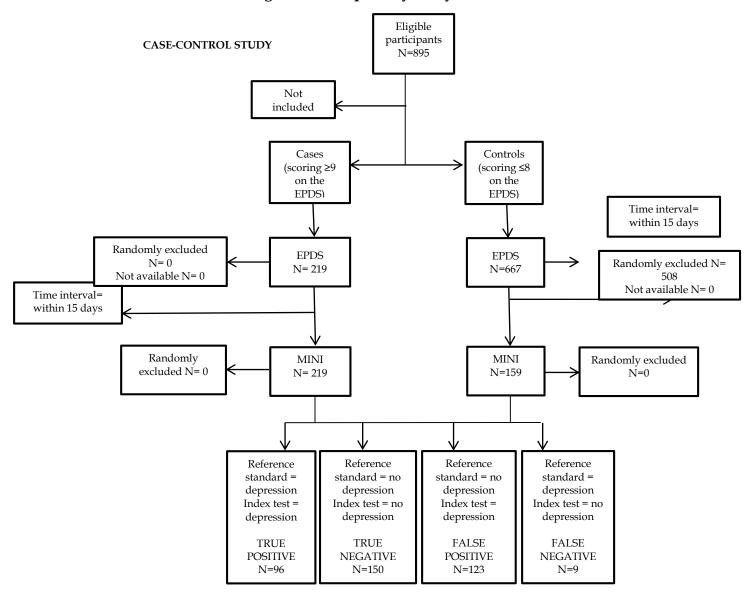
| Completed memoriology encountries | | |
|---|---------------|--|
| B. Concerns regarding applicability | | |
| Is there concern that the index test, its conduct, or interpretation differ from the review question? | CONCERN: LOW | |
| DOMAIN 3: REFERENCE STANDARD | | |
| A Diele of him | | |
| A. Risk of bias Describe the reference standard and how it was conducted and interpreted: The reference standard was the Primary Care Evaluation of Mental disorders, a psychiatric structured diagnostic interview designed for primary healthcare which uses DSM-IV criteria for diagnoses. The interviews were conducted by three experienced health professionals, all of whom were trained in interview techniques, counselling therapy, sensitive questioning and in the reference standard. The interviewing team was supervised by a psychiatrist with whom diagnosis, referrals and the telephone procedure were discussed. | | |
| Is the reference standard likely to correctly classify the target condition? | Yes | |
| Were the reference standard results interpreted without knowledge of the results of the index test? | Unclear | |
| Could the reference standard, its conduct, or its interpretation have introduced bias? | RISK: UNCLEAR | |
| DOMAIN 3: REFERENCE STANDARD B. Concerns regarding applicability | | |
| Is there concern that the target condition as defined by the reference standard does not match the review question? | CONCERN: LOW | |
| DOMAIN 4: FLOW AND TIMING | | |
| A Diele of him | | |
| A. Risk of bias Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): 154 women from a sample of 1,175 eligible women were randomly selected of which 121 completed both the index test and the reference standard. Describe the time interval and any interventions between index test(s) and reference standard: The reference standard was completed within 30 days of the index test. | | |
| Was there an appropriate interval between index | No | |
| test(s) and reference standard? | | |
| Did all patients receive a reference standard? | No | |
| Did patients receive the same reference standard? | No | |
| Were all patients included in the analysis? | No | |

| Could the patient flow have introduced bias? | RISK: HIGH |
|--|------------|
| | |

1.1.48SANTOS2007

| Patients (setting, intended use of index test, presentation, prior testing) | What are the most appropriate methods/ instruments for the identification of mental health problems in women who are antenatal or postnatal? |
|---|--|
| Index test(s) | EPDS |
| Reference standard and target condition | Reference standard was the ICD-10 and the condition was postnatal depression. |

Phase 2: draw a flow diagram for the primary study



DOMAIN 1: PATIENT SELECTION A. Risk of bias Describe methods of patient selection: A cross-sectional study was carried out during the three-month follow-up of a birth cohort in the city of Pelotas, southern Brazil, which included all births in that city in 2004. Two sample selection strategies were used. All mothers scoring at least 9 points on the 30point EPDS were included in the study. Then, a systematic 20% sample of mothers scoring < 9 was obtained by recruiting every fifth mother. All mothers selected to participate in the validation study underwent a diagnostic interview (gold standard). Was a consecutive or random sample of patients Yes enrolled? Was a case-control design avoided? No Did the study avoid inappropriate exclusions? No RISK: HIGH Could the selection of patients have introduced bias? **DOMAIN 1: PATIENT SELECTION** B. Concerns regarding applicability Describe included patients (prior testing, presentation, intended use of index test and setting): Participants were mothers whose infants reached age three months between 1 January and 31 March 2005. The index test was used as a screening tool for postnatal depression.

CONCERN: LOW Is there concern that the included patients do

| _ | |
|---|---------------|
| DOMAIN 2: INDEX TEST(S) | |
| | |
| If more than one index test was used, please complete for each test. | |
| | |
| A. Risk of bias | |
| Describe the index test and how it was conducted and interpreted: The index test was the Portuguese | |
| version of the EPDS, a self-report 10 item questionnaire. Mothers responded to the EPDS | |
| questionnaire at home or at the medical school. | |
| Were the index test results interpreted without | Unclear |
| knowledge of the results of the reference | |
| standard? | |
| | |
| If a threshold was used, was it pre-specified? | Yes |
| | |
| Could the conduct or interpretation of the index | RISK: UNCLEAR |
| test have introduced bias? | |
| | |
| DOMAIN 2: INDEX TEST(S) | |
| . , | |

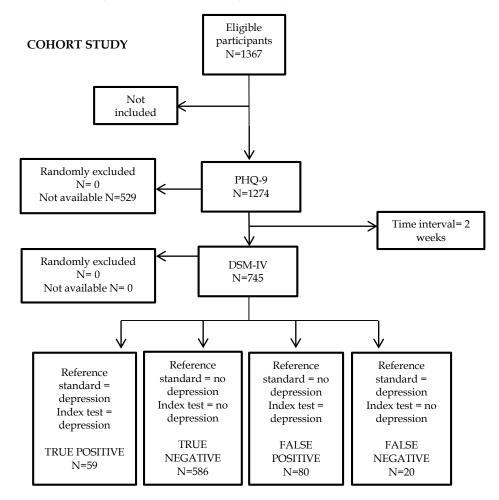
not match the review question?

| Ciliteta Completed methodology checkness | | |
|--|---|--|
| B. Concerns regarding applicability | | |
| Is there concern that the index test, its conduct, or interpretation differ from the review question? | CONCERN: LOW | |
| DOMAIN 3: REFERENCE STANDARD | | |
| A. Risk of bias | | |
| Describe the reference standard and how it was conducted diagnostic interview based on ICD-10 diagnostic critical health professional (psychiatrist, psychologist, or padministration of the semi-structured interview and | iteria. Mothers were re-interviewed by a mental sychiatry resident), previously trained for the | |
| Is the reference standard likely to correctly | Yes | |
| classify the target condition? | | |
| Were the reference standard results interpreted without knowledge of the results of the index test? | Yes | |
| Could the reference standard, its conduct, or its interpretation have introduced bias? | RISK: LOW | |
| DOMAIN 3: REFERENCE STANDARD | | |
| B. Concerns regarding applicability | | |
| Is there concern that the target condition as | CONCERN: LOW | |
| defined by the reference standard does not | | |
| match the review question? | | |
| DOMAIN 4: FLOW AND TIMING | | |
| A. Risk of bias | | |
| Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from | | |
| the 2×2 table (refer to flow diagram): 886 participants completed the EPDS of which 378 also completed | | |
| the reference standard. | | |
| Describe the time interval and any interventions between index test(s) and reference standard: The reference | | |
| standard was administered within 15 days of the index test. | | |
| Was there an appropriate interval between index | No | |
| test(s) and reference standard? | | |
| Did all patients receive a reference standard? | No | |
| Did patients receive the same reference standard? | Yes | |
| Were all patients included in the analysis? | No | |
| Could the patient flow have introduced bias? | RISK: HIGH | |

1.1.49SIDEBOTTOM2012

| Patients (setting, intended use of index test, presentation, prior testing) | What are the most appropriate methods/ instruments for the identification of mental health problems in women who are antenatal or postnatal? |
|---|---|
| Index test(s) | PHQ-9 |
| Reference standard and target condition | Reference standard was the DSM-IV and the condition was antenatal depression. |

Phase 2: draw a flow diagram for the primary study



| Phase 3: risk of bias and applicability judgments | | |
|---|--|--|
| DOMAIN 1: PATIENT SELECTION | | |
| | | |
| | | |
| A. Risk of bias | | |
| Describe methods of patient selection: The study samp | le consisted of consecutive women seeking | |
| prenatal care at three community health centres du | ring a three year period. | |
| | | |
| Was a consecutive or random sample of patients | Yes | |
| enrolled? | | |
| Was a case-control design avoided? | Yes | |
| was a case-control design avoided: | ies | |
| Did the study avoid inappropriate exclusions? | Yes | |
| , | | |
| Could the selection of patients have introduced | RISK: LOW | |
| bias? | | |
| DOMAIN 1: PATIENT SELECTION | | |
| DOMINI I TITLE I SELECTION | | |
| B. Concerns regarding applicability | | |
| Describe included patients (prior testing, presentation, | ntended use of index test and setting): Participants | |
| were women seeking prenatal care at three commu | nity health centres which were federally qualified | |
| and serving predominantly low-income patients. P | articipants were excluded if they did not speak | |
| English. | | |
| Is there concern that the included patients do | CONCERN: LOW | |
| not match the review question? | CONCERN. LOW | |
| not mater the review question: | | |
| DOMAIN 2: INDEX TEST(S) | | |
| | | |
| If more than one index test was used, please comp | plete for each test. | |
| A. Risk of bias | | |
| Describe the index test and how it was conducted and in | terpreted: The index test was the PHO-9 which | |
| was conducted at the end of the prenatal intake ap | , | |
| based on PHQ-9 scoring recommendations. The index test was used as a screening tool for | | |
| depression during pregnancy. | | |
| Were the index test results interpreted without | Yes | |
| knowledge of the results of the reference | | |
| standard? | | |
| If a threshold was used, was it pre-specified? | Yes | |
| if a tileshold was used, was it pre-specified: | 165 | |
| Could the conduct or interpretation of the index | RISK: LOW | |
| test have introduced bias? | | |
| | | |
| DOMAIN 2: INDEX TEST(S) | | |
| B. Concerns regarding applicability | | |

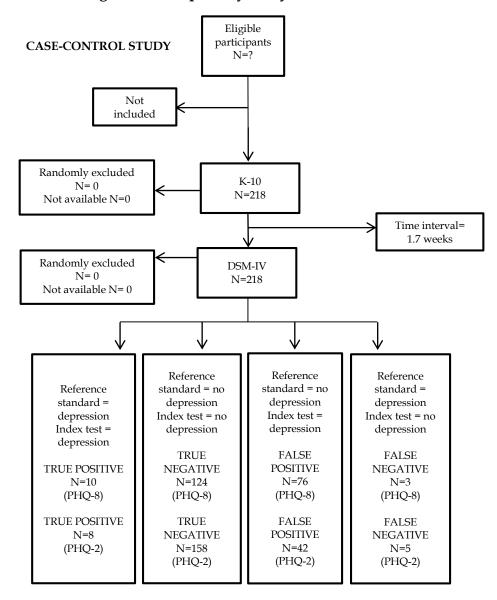
| Is there concern that the index test, its conduct, | CONCERN: LOW |
|--|---|
| or interpretation differ from the review | |
| question? | |
| • | |
| DOMAIN 3: REFERENCE STANDARD | |
| | |
| A. Risk of bias | 1 1' (1 1 1 1 1 |
| Describe the reference standard and how it was conduct | |
| structured clinician diagnostic interview for DSM-l diagnostic interview were contacted by telephone l | |
| interview appointment. If the prospective participa | |
| assistant identified her next clinic appointment thro | |
| person. The lay research assistant received SCID tra | |
| with an academic psychologist who had substantia | |
| interviews, and feedback. She conducted all SCID i | |
| PHQ-9. | |
| Is the reference standard likely to correctly | Unclear |
| classify the target condition? | |
| , 0 | |
| Were the reference standard results interpreted | Yes |
| without knowledge of the results of the index | |
| test? | |
| | |
| Could the reference standard, its conduct, or its | RISK: UNCLEAR |
| interpretation have introduced bias? | |
| | |
| | |
| DOMAIN 3: REFERENCE STANDARD | |
| | |
| B. Concerns regarding applicability | CONCERN: LINCLEAR |
| B. Concerns regarding applicability Is there concern that the target condition as | CONCERN: UNCLEAR |
| B. Concerns regarding applicability Is there concern that the target condition as defined by the reference standard does not | CONCERN: UNCLEAR |
| B. Concerns regarding applicability Is there concern that the target condition as | CONCERN: UNCLEAR |
| B. Concerns regarding applicability Is there concern that the target condition as defined by the reference standard does not match the review question? | CONCERN: UNCLEAR |
| B. Concerns regarding applicability Is there concern that the target condition as defined by the reference standard does not | CONCERN: UNCLEAR |
| B. Concerns regarding applicability Is there concern that the target condition as defined by the reference standard does not match the review question? DOMAIN 4: FLOW AND TIMING A. Risk of bias | |
| B. Concerns regarding applicability Is there concern that the target condition as defined by the reference standard does not match the review question? DOMAIN 4: FLOW AND TIMING | |
| B. Concerns regarding applicability Is there concern that the target condition as defined by the reference standard does not match the review question? DOMAIN 4: FLOW AND TIMING A. Risk of bias | (s) and/or reference standard or who were excluded |
| B. Concerns regarding applicability Is there concern that the target condition as defined by the reference standard does not match the review question? DOMAIN 4: FLOW AND TIMING A. Risk of bias Describe any patients who did not receive the index test. | (s) and/or reference standard or who were excluded |
| B. Concerns regarding applicability Is there concern that the target condition as defined by the reference standard does not match the review question? DOMAIN 4: FLOW AND TIMING A. Risk of bias Describe any patients who did not receive the index test from the 2×2 table (refer to flow diagram): Out of 1274 completed the reference standard. | (s) and/or reference standard or who were excluded women who completed the index test, 745 also |
| B. Concerns regarding applicability Is there concern that the target condition as defined by the reference standard does not match the review question? DOMAIN 4: FLOW AND TIMING A. Risk of bias Describe any patients who did not receive the index test from the 2×2 table (refer to flow diagram): Out of 1274 completed the reference standard. Describe the time interval and any interventions between | (s) and/or reference standard or who were excluded women who completed the index test, 745 also n index test(s) and reference standard: The reference |
| B. Concerns regarding applicability Is there concern that the target condition as defined by the reference standard does not match the review question? DOMAIN 4: FLOW AND TIMING A. Risk of bias Describe any patients who did not receive the index test from the 2×2 table (refer to flow diagram): Out of 1274 completed the reference standard. | (s) and/or reference standard or who were excluded women who completed the index test, 745 also n index test(s) and reference standard: The reference |
| B. Concerns regarding applicability Is there concern that the target condition as defined by the reference standard does not match the review question? DOMAIN 4: FLOW AND TIMING A. Risk of bias Describe any patients who did not receive the index test from the 2×2 table (refer to flow diagram): Out of 1274 completed the reference standard. Describe the time interval and any interventions betwee standard was administered within two weeks of the | (s) and/or reference standard or who were excluded women who completed the index test, 745 also n index test(s) and reference standard: The reference e index test. |
| B. Concerns regarding applicability Is there concern that the target condition as defined by the reference standard does not match the review question? DOMAIN 4: FLOW AND TIMING A. Risk of bias Describe any patients who did not receive the index test from the 2×2 table (refer to flow diagram): Out of 1274 completed the reference standard. Describe the time interval and any interventions betwee standard was administered within two weeks of the Was there an appropriate interval between index | (s) and/or reference standard or who were excluded women who completed the index test, 745 also n index test(s) and reference standard: The reference |
| B. Concerns regarding applicability Is there concern that the target condition as defined by the reference standard does not match the review question? DOMAIN 4: FLOW AND TIMING A. Risk of bias Describe any patients who did not receive the index test from the 2×2 table (refer to flow diagram): Out of 1274 completed the reference standard. Describe the time interval and any interventions betwee standard was administered within two weeks of the | (s) and/or reference standard or who were excluded women who completed the index test, 745 also n index test(s) and reference standard: The reference e index test. |
| B. Concerns regarding applicability Is there concern that the target condition as defined by the reference standard does not match the review question? DOMAIN 4: FLOW AND TIMING A. Risk of bias Describe any patients who did not receive the index test from the 2×2 table (refer to flow diagram): Out of 1274 completed the reference standard. Describe the time interval and any interventions betwee standard was administered within two weeks of the Was there an appropriate interval between index test(s) and reference standard? | (s) and/or reference standard or who were excluded women who completed the index test, 745 also n index test(s) and reference standard: The reference e index test. |
| B. Concerns regarding applicability Is there concern that the target condition as defined by the reference standard does not match the review question? DOMAIN 4: FLOW AND TIMING A. Risk of bias Describe any patients who did not receive the index test from the 2×2 table (refer to flow diagram): Out of 1274 completed the reference standard. Describe the time interval and any interventions betwee standard was administered within two weeks of the Was there an appropriate interval between index | (s) and/or reference standard or who were excluded women who completed the index test, 745 also n index test(s) and reference standard: The reference e index test. |
| B. Concerns regarding applicability Is there concern that the target condition as defined by the reference standard does not match the review question? DOMAIN 4: FLOW AND TIMING A. Risk of bias Describe any patients who did not receive the index test from the 2×2 table (refer to flow diagram): Out of 1274 completed the reference standard. Describe the time interval and any interventions betwee standard was administered within two weeks of the Was there an appropriate interval between index test(s) and reference standard? Did all patients receive a reference standard? | (s) and/or reference standard or who were excluded women who completed the index test, 745 also n index test(s) and reference standard: The reference e index test. No |
| B. Concerns regarding applicability Is there concern that the target condition as defined by the reference standard does not match the review question? DOMAIN 4: FLOW AND TIMING A. Risk of bias Describe any patients who did not receive the index test from the 2×2 table (refer to flow diagram): Out of 1274 completed the reference standard. Describe the time interval and any interventions betwee standard was administered within two weeks of the Was there an appropriate interval between index test(s) and reference standard? | (s) and/or reference standard or who were excluded women who completed the index test, 745 also n index test(s) and reference standard: The reference e index test. |
| B. Concerns regarding applicability Is there concern that the target condition as defined by the reference standard does not match the review question? DOMAIN 4: FLOW AND TIMING A. Risk of bias Describe any patients who did not receive the index test from the 2×2 table (refer to flow diagram): Out of 1274 completed the reference standard. Describe the time interval and any interventions betwee standard was administered within two weeks of the Was there an appropriate interval between index test(s) and reference standard? Did all patients receive a reference standard? | (s) and/or reference standard or who were excluded women who completed the index test, 745 also n index test(s) and reference standard: The reference e index test. No |

| Could the patient flow have introduced bias? | RISK: HIGH |
|--|------------|
| | |

1.1.50SMITH2010

| Patients (setting, intended use of index test, presentation, prior testing) | What are the most appropriate methods/ instruments for the identification of mental health problems in women who are antenatal or postnatal? |
|---|---|
| Index test(s) | PHQ-2 and PHQ-8 |
| Reference standard and target condition | Reference standard was the World Mental Health Composite International Diagnostic Interview (CIDI) and the condition was depression during pregnancy. |

Phase 2: draw a flow diagram for the primary study



DOMAIN 1: PATIENT SELECTION

A. Risk of bias

Describe methods of patient selection: Subjects in this analysis were the first 218 women screened for participation and enrolled in the Yale Pink and Blue Study, a longitudinal cohort study investigating the effects of depression and antidepressant treatment on birth outcomes. Subjects were recruited from obstetrical offices or from hospital-based clinics in Connecticut and Western Massachusetts between 2004 and 2007. A total of 36 prenatal care sites served as sources of recruitment, 32 private obstetrician's offices and four publicly-funded obstetrical clinics in health centres and hospitals. Brochures and posters advertising the study targeting women in their first trimester of pregnancy were placed at each obstetrical office. From interested volunteers, women who endorsed depressed mood or treatment for depression within the previous 5 years and women who had experienced a traumatic event and had symptoms of re-experiencing that event were invited to participate. One out of every three women who were not taking antidepressants and were neither diagnosed with nor treated for a depressive disorder in the previous 5 years were also randomly selected.

| Was a consecutive or random sample of patients enrolled? | Yes |
|--|------------|
| Was a case-control design avoided? | No |
| Did the study avoid inappropriate exclusions? | No |
| Could the selection of patients have introduced | RISK: HIGH |
| bias? | |

DOMAIN 1: PATIENT SELECTION

B. Concerns regarding applicability

Describe included patients (prior testing, presentation, intended use of index test and setting): Women were eligible to participate in if they were intending to deliver at a participating hospital, were at least 17 years of age, had not yet completed 16 weeks of pregnancy and were willing to provide informed consent. Women were ineligible if they had a known multi-foetal pregnancy, were requiring insulin for diabetes, did not have access to a telephone, did not speak English or Spanish, were planning on relocating or intended to terminate their pregnancy.

| Is there concern that the included patients do | CONCERN: LOW |
|--|--------------|
| not match the review question? | |
| | |

DOMAIN 2: INDEX TEST(S)

If more than one index test was used, please complete for each test.

A. Risk of bias

| Describe the index test and how it was conducted and interpreted: The index test was the PHQ-8 which was administered by trained research assistants before 17 completed weeks of pregnancy. | | |
|--|---|--|
| Were the index test results interpreted without | Yes | |
| knowledge of the results of the reference | | |
| standard? | | |
| Startata. | | |
| If a threshold was used, was it pre-specified? | Yes | |
| Could the conduct or interpretation of the index | RISK: LOW | |
| test have introduced bias? | | |
| | | |
| DOMAIN 2: INDEX TEST(S) | | |
| B. Concerns regarding applicability | | |
| Is there concern that the index test, its conduct, | CONCERN: LOW | |
| or interpretation differ from the review | | |
| question? | | |
| DOMAIN 3: REFERENCE STANDARD | | |
| DOWAIN 5. REFERENCE 51 ANDARD | | |
| A. Risk of bias | | |
| Describe the reference standard and how it was conduct | ed and interpreted: The reference standard was the | |
| World Mental Health Composite International Dia | • , , | |
| was administered by bachelors and masters level in | · | |
| of didactic training followed by no less than six pra | <u> </u> | |
| interviews of each type before becoming eligible to | | |
| audiotaped, reviewed by a supervisor and coded w | | |
| Is the reference standard likely to correctly | Yes | |
| classify the target condition? | | |
| Were the reference standard results interpreted | Unclear | |
| without knowledge of the results of the index | | |
| test? | | |
| test | | |
| Could the reference standard, its conduct, or its | RISK: UNCLEAR | |
| interpretation have introduced bias? | | |
| DOMAIN 3: REFERENCE STANDARD | | |
| B. Concerns regarding applicability | | |
| Is there concern that the target condition as | CONCERN: LOW | |
| defined by the reference standard does not | | |
| match the review question? | | |
| The second secon | | |
| DOMAIN 4: FLOW AND TIMING | | |
| | | |
| A D. 1 (1) | | |
| A. Risk of bias | (a) and (an informacia abandand assemble series and a della | |
| Describe any patients who did not receive the index test | • | |
| | who received the index test also received the | |

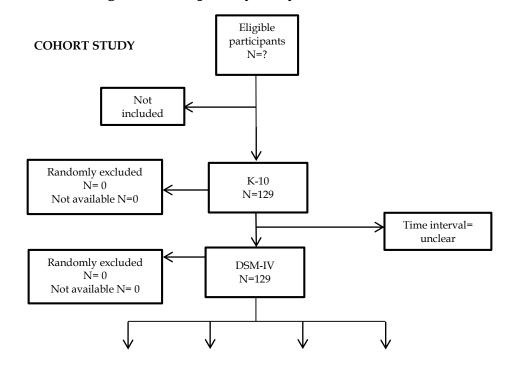
| Describe the time interval and any interventions between index test(s) and reference standard: The reference standard was administered on average 1.7 weeks after the index test. | | |
|---|------------|--|
| Was there an appropriate interval between index | No | |
| test(s) and reference standard? | | |
| Did all patients receive a reference standard? | Yes | |
| Did patients receive the same reference standard? | Yes | |
| Were all patients included in the analysis? | Yes | |
| Could the patient flow have introduced bias? | RISK: HIGH | |

1.1.51SPIES2009

Phase 1: state the review question:

| Patients (setting, intended use of index test, | What are the most appropriate methods/ |
|--|---|
| presentation, prior testing) | instruments for the identification of mental |
| | health problems in women who are antenatal or |
| | postnatal? |
| Index test(s) | Kessler 10 |
| | |
| Reference standard and target condition | Reference standard was the DSM-IV and the |
| | condition was antenatal mood and anxiety |
| | disorders. |

Phase 2: draw a flow diagram for the primary study



| Reference | Reference | Reference | Reference |
|--|---|---|--|
| standard = | standard = no | standard = no | standard = |
| depression | depression | depression | depression |
| Index test = | Index test = no | Index test = | Index test = no |
| depression | depression | depression | depression |
| TRUE POSITIVE N=1 (Panic disorder) TRUE POSITIVE N=1 (Social anxiety) TRUE POSITIVE N=2 (PTSD) | TRUE NEGATIVE N=124 (Panic disorder) TRUE NEGATIVE N=96 (Social anxiety) TRUE NEGATIVE NEGATIVE NEGATIVE N=100 (PTSD) | FALSE POSITIVE N=3 (Panic disorder) FALSE POSITIVE N=32 (Social anxiety) FALSE POSITIVE N=25 (PTSD) | FALSE NEGATIVE N=1 (Panic disorder) FALSE NEGATIVE N=0 (Social anxiety) FALSE NEGATIVE NEGATIVE NEGATIVE NEGATIVE N=2 (PTSD) |

DOMAIN 1: PATIENT SELECTION

A. Risk of bias

Describe methods of patient selection: Data were drawn from an existing cohort of women taking part in a larger prospective study of maternal stress in pregnancy. All women presenting for their first antenatal visit at a gestational age of less than 20 weeks and with low risk pregnancies were invited to take part in the study.

| Was a consecutive or random sample of patients | Yes |
|---|-----------|
| enrolled? | |
| Was a case-control design avoided? | Yes |
| Did the study avoid inappropriate exclusions? | Yes |
| Could the selection of patients have introduced | RISK: LOW |
| bias? | |

DOMAIN 1: PATIENT SELECTION

B. Concerns regarding applicability

Describe included patients (prior testing, presentation, intended use of index test and setting): Participants were healthy women over the age of 18 who presented for care at midwife obstetric units (MOUs) in the Tygerberg area of Cape Town, South Africa. All women presenting for their first antenatal visit at a gestational age of less than 20 weeks and with low risk pregnancies were invited to take part in the study. The index test was used as a screening tool for common mental disorders during pregnancy.

| Is there concern that the included patients do | CONCERN: LOW |
|--|--------------|
| not match the review question? | |
| | |

DOMAIN 2: INDEX TEST(S) If more than one index test was used, please complete for each test. A. Risk of bias Describe the index test and how it was conducted and interpreted: The index test was the Afrikaans version of the K-10. Participants completed the K10 in their home language. To correct for the wide variations in the reading level of our sample, the interviewer read each item of the K10 with all participants. Were the index test results interpreted without Unclear knowledge of the results of the reference standard? If a threshold was used, was it pre-specified? Yes Could the conduct or interpretation of the index **RISK: UNCLEAR** test have introduced bias? **DOMAIN 2: INDEX TEST(S)** B. Concerns regarding applicability Is there concern that the index test, its conduct, **CONCERN: HIGH** or interpretation differ from the review question? **DOMAIN 3: REFERENCE STANDARD** A. Risk of bias Describe the reference standard and how it was conducted and interpreted: The reference standard was the structured clinician diagnostic interview for DSM-IV. The reference standard was administered in the subject's home language. All SCID assessments were conducted by the same researcher. Is the reference standard likely to correctly Yes classify the target condition? Were the reference standard results interpreted Unclear without knowledge of the results of the index test? Could the reference standard, its conduct, or its **RISK: UNCLEAR** interpretation have introduced bias? **DOMAIN 3: REFERENCE STANDARD** B. Concerns regarding applicability Is there concern that the target condition as **CONCERN: LOW** defined by the reference standard does not match the review question? **DOMAIN 4: FLOW AND TIMING**

A. Risk of bias

Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): 129 women received both the index test and the reference standard. It is unclear whether any participants were lost to follow-up, were excluded or refused to participate.

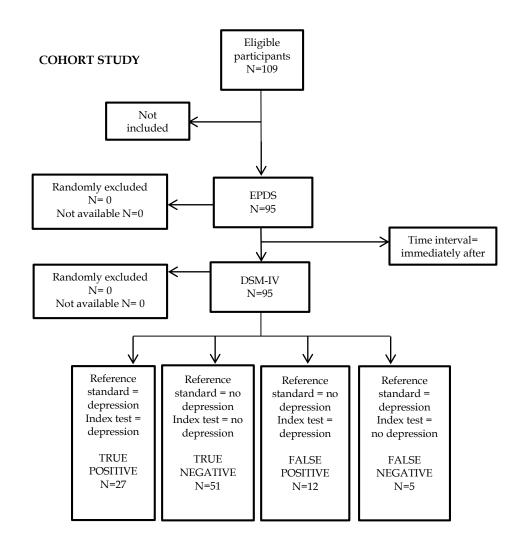
Describe the time interval and any interventions between index test(s) and reference standard: The time interval between the reference standard and the index test is unclear.

| Was there an appropriate interval between index test(s) and reference standard? | Unclear |
|---|---------------|
| Did all patients receive a reference standard? | Yes |
| Did patients receive the same reference standard? | Yes |
| Were all patients included in the analysis? | Unclear |
| Could the patient flow have introduced bias? | RISK: UNCLEAR |

1.1.52TANDON2012

| Patients (setting, intended use of index test, | What are the most appropriate methods/ |
|--|---|
| presentation, prior testing) | instruments for the identification of mental |
| | health problems in women who are antenatal or |
| | postnatal? |
| Index test(s) | EPDS |
| | |
| Reference standard and target condition | Reference standard was the DSM-IV and the |
| | condition was antenatal depression. |

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

| DOMAIN 1. | PATIENT SELECTION | |
|-----------|-------------------|--|
| DUMAIN I. | TATIENT SELECTION | |

A. Risk of bias

Describe methods of patient selection: Study investigators were given the names and contact information of 146 women meeting inclusion criteria who were enrolled in three Baltimore City home visitation programs. Of these 146 women, 109 were contacted by phone by the fieldwork interviewer.

| Was a consecutive or random sample of patients enrolled? | Yes |
|--|-----|
| Was a case-control design avoided? | Yes |
| Did the study avoid inappropriate exclusions? | Yes |

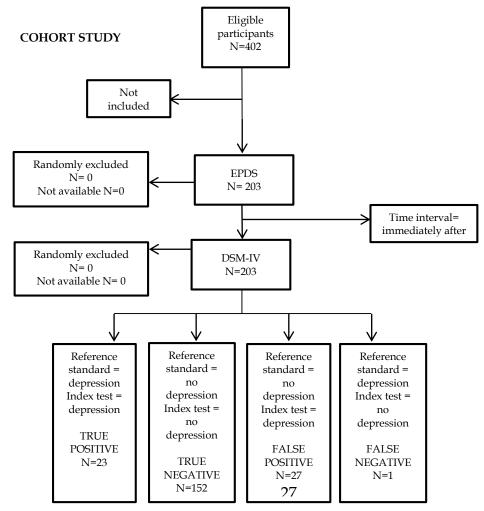
| completed memoriology encenties | | |
|---|--|--|
| Could the selection of patients have introduced | RISK: LOW | |
| bias? | | |
| | | |
| DOMAIN 1: PATIENT SELECTION | | |
| B. Concerns regarding applicability | | |
| Describe included patients (prior testing, presentation, i | ntended use of index test and setting): Participants | |
| were women among a low-income African America | an population in a low-income urban community | |
| enrolled in a home visitation programme. Women | | |
| pregnant or had a child less than six months old. The | | |
| depression during the perinatal period | 8 | |
| depression during the permanar period | | |
| Is there concern that the included patients do | CONCERN: LOW | |
| not match the review question? | | |
| • | | |
| DOMAIN 2: INDEX TEST(S) | | |
| | | |
| If more than one index test was used, please comp | plete for each test. | |
| 4 D. 1 (1) | | |
| A. Risk of bias | (| |
| Describe the index test and how it was conducted and in | | |
| fieldwork interviewer, a licensed clinical social wor each study participant to administer the three scree | , | |
| took place at the home visiting program office or cl | | |
| neighbourhood library. All screening and clinical in | | |
| Were the index test results interpreted without | Yes | |
| knowledge of the results of the reference | 163 | |
| standard? | | |
| Standard: | | |
| If a threshold was used, was it pre-specified? | Yes | |
| Could the sendest or intermedation of the index | RISK: LOW | |
| Could the conduct or interpretation of the index test have introduced bias? | KISK: LOW | |
| test nave introduced bias? | | |
| DOMAIN 2: INDEX TEST(S) | | |
| | | |
| B. Concerns regarding applicability | | |
| | CONCERN MACH | |
| Is there concern that the index test, its conduct, | CONCERN: HIGH | |
| or interpretation differ from the review | | |
| question? | | |
| DOMAIN 3: REFERENCE STANDARD | | |
| | | |
| A. Risk of bias | | |
| Describe the reference standard and how it was conducted | | |
| Structured Clinical Interview for DSM-IV. The field | | |
| worker (LCSW-C), scheduled a time to meet with each study participant to administer the three | | |
| screening tools and clinical interview. All interviews took place at the home visiting program office | | |
| or client's home except for three which took place a | · | |
| Is the reference standard likely to correctly | Yes | |

| classify the target condition? | | |
|--|--|--|
| Were the reference standard results interpreted | No | |
| without knowledge of the results of the index | | |
| test? | | |
| test: | | |
| Could the reference standard, its conduct, or its | RISK: HIGH | |
| interpretation have introduced bias? | | |
| DOMAIN 3: REFERENCE STANDARD | | |
| B. Concerns regarding applicability | | |
| Is there concern that the target condition as | CONCERN: LOW | |
| defined by the reference standard does not | | |
| match the review question? | | |
| 1 | | |
| DOMAIN 4: FLOW AND TIMING | | |
| | | |
| A. Risk of bias | | |
| Describe any patients who did not receive the index test | (s) and/or reference standard or who were excluded | |
| from the 2×2 table (refer to flow diagram): 109 women | were contacted of which 95 agreed to participate. | |
| | | |
| Describe the time interval and any interventions between index test(s) and reference standard: The reference | | |
| standard was administered straight after the index test. | | |
| | Lac | |
| Was there an appropriate interval between index | Yes | |
| test(s) and reference standard? | | |
| | | |
| Did all patients receive a reference standard? | Yes | |
| D:1 :: | V. | |
| Did patients receive the same reference standard? | Yes | |
| Were all patients included in the analysis? | Yes | |
| | | |
| Could the patient flow have introduced bias? | RISK: LOW | |

1.1.53TENG2005

| Patients (setting, intended use of index test, | What are the most appropriate methods/ |
|--|---|
| presentation, prior testing) | instruments for the identification of mental |
| | health problems in women who are antenatal or |
| | postnatal? |
| Index test(s) | EPDS |
| | |
| Reference standard and target condition | Reference standard was the DSM-IV and the |
| | condition was postnatal depression. |

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

| DOMAIN 1: PATIENT SELECTION | |
|--|--|
| A. Risk of bias | |
| Describe methods of patient selection: Participants were | re recruited from Taiwanese women who were |
| admitted to the maternity wards of the Departmen | t of Obstetrics and Gynaecology over a 6-month |
| period. | |
| Was a consecutive or random sample of patients enrolled? | Yes |
| Was a case-control design avoided? | Yes |
| Did the study avoid inappropriate exclusions? | Yes |
| Could the selection of patients have introduced bias? | RISK: LOW |

DOMAIN 1: PATIENT SELECTION B. Concerns regarding applicability Describe included patients (prior testing, presentation, intended use of index test and setting): Participants were postpartum Taiwanese women who had a good command of the native language. Is there concern that the included patients do **CONCERN: LOW** not match the review question? **DOMAIN 2: INDEX TEST(S)** If more than one index test was used, please complete for each test. A. Risk of bias Describe the index test and how it was conducted and interpreted: The index test was the Taiwanese version of the EPDS, a 10-item self-report scale. Participants completed the EPDS six weeks after giving birth. Were the index test results interpreted without Unclear knowledge of the results of the reference standard? If a threshold was used, was it pre-specified? Yes Could the conduct or interpretation of the index **RISK: UNCLEAR** test have introduced bias? **DOMAIN 2: INDEX TEST(S)** B. Concerns regarding applicability Is there concern that the index test, its conduct, **CONCERN: LOW** or interpretation differ from the review question? **DOMAIN 3: REFERENCE STANDARD** A. Risk of bias Describe the reference standard and how it was conducted and interpreted: The reference standard was the Mini-International Neuropsychiatric Interview and DSM-IV criteria. After completing the index test participants were interviewed by psychiatric specialists who were blind to the scores of the questionnaires. Some participants received the questionnaires face-to-face (N=175) and the others completed them over the phone (N=28). Is the reference standard likely to correctly Yes classify the target condition? Were the reference standard results interpreted Yes without knowledge of the results of the index test? Could the reference standard, its conduct, or its **RISK: LOW** interpretation have introduced bias?

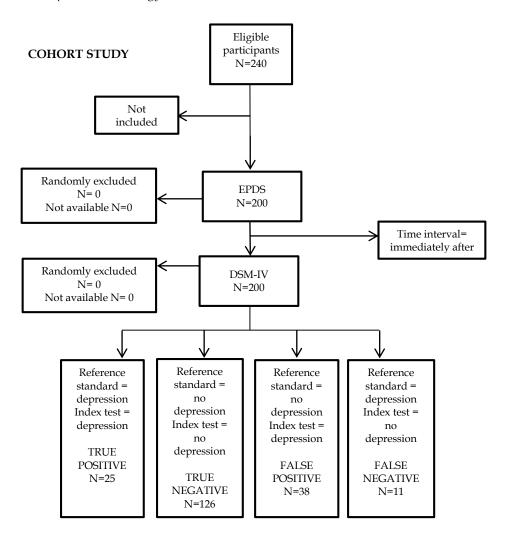
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|---|---|--|
| DOMAIN 3: REFERENCE STANDARD | | |
| | | |
| B. Concerns regarding applicability | | |
| Is there concern that the target condition as | CONCERN: LOW | |
| defined by the reference standard does not | | |
| match the review question? | | |
| | | |
| DOMAIN 4: FLOW AND TIMING | | |
| A D. 1 411 | | |
| A. Risk of bias | () 1/ (| |
| Describe any patients who did not receive the index test | | |
| the 2×2 table (refer to flow diagram): Out of 402 eligible | le women, 203 completed both the index test and | |
| the reference standard. | | |
| | | |
| Describe the time interval and any interventions betwee | • | |
| standard was administered immediately after the index test. | | |
| 747 -1 | | |
| Was there an appropriate interval between index | Yes | |
| test(s) and reference standard? | | |
| | | |
| Did all patients receive a reference standard? | Yes | |
| | NT. | |
| Did patients receive the same reference standard? | No | |
| Ware all nationts included in the analysis? | No | |
| Were all patients included in the analysis? | No | |
| Could the patient flow have introduced bias? | RISK: HIGH | |
| Could the patient now have introduced blas: | MOR, IIIOII | |

1.1.54THIAGAYSON2013

Phase 1: state the review question:

| Patients (setting, intended use of index test, presentation, prior testing) | What are the most appropriate methods/ instruments for the identification of mental health problems in women who are antenatal or postnatal? |
|---|---|
| Index test(s) | EPDS |
| Reference standard and target condition | Reference standard was the Mini International Neuropsychiatric Interview and the condition was depression and anxiety disorders during pregnancy. |

Phase 2: draw a flow diagram for the primary study



| Phase 3: risk of bias and applicability judgments | | |
|--|-----|--|
| DOMAIN 1: PATIENT SELECTION | | |
| A. Risk of bias | | |
| Describe methods of patient selection: Participants were recruited during a six month period from a public maternity hospital in Singapore and included high risk pregnancies. Patients were recruited using convenience sampling from the four inpatient obstetric wards and the labour ward. | | |
| Was a consecutive or random sample of patients enrolled? | Yes | |
| Was a case-control design avoided? | Yes | |
| Did the study avoid inappropriate exclusions? | Yes | |

| Could the selection of patients have introduced bias? | RISK: LOW | |
|--|--|--|
| DOMAIN 1: PATIENT SELECTION | | |
| | | |
| B. Concerns regarding applicability | | |
| Describe included patients (prior testing, presentation, i | ntended use of index test and setting): Participants | |
| were high-risk pregnant women at 23 weeks or mo | re gestation. The index test was used as a | |
| screening tool for clinical depression during pregna | 0 | |
| 99 | - 7 | |
| Is there concern that the included patients do | CONCERN: LOW | |
| not match the review question? | | |
| • | | |
| DOMAIN 2: INDEX TEST(S) | | |
| | | |
| If more than one index test was used, please comp | olete for each test. | |
| 4 B. 1 (1) | | |
| A. Risk of bias | | |
| Describe the index test and how it was conducted and in | , | |
| administered 10-item questionnaire. The index test | | |
| Were the index test results interpreted without | Unclear | |
| knowledge of the results of the reference | | |
| standard? | | |
| | | |
| If a threshold was used, was it pre-specified? | Yes | |
| Could the conduct or intermutation of the index | RISK: UNCLEAR | |
| Could the conduct or interpretation of the index | RISK: UNCLEAR | |
| test have introduced bias? | | |
| DOMAIN 2: INDEX TEST(S) | | |
| 2 01,2221 (2, 22 (2, 22 (2) | | |
| B. Concerns regarding applicability | | |
| | | |
| Is there concern that the index test, its conduct, | CONCERN: LOW | |
| or interpretation differ from the review | | |
| question? | | |
| | | |
| DOMAIN 3: REFERENCE STANDARD | | |
| | | |
| A. Risk of bias | | |
| Describe the reference standard and how it was conducted and interpreted: The reference standard was the | | |
| Mini International Neuropsychiatric Interview whi | | |
| who was trained in its' usage. The reference standa | rd was administered before the index test. | |
| | | |
| Is the reference standard likely to correctly | Yes | |
| classify the target condition? | | |
| | | |
| Were the reference standard results interpreted | Yes | |
| without knowledge of the results of the index | | |
| test? | | |
| | | |

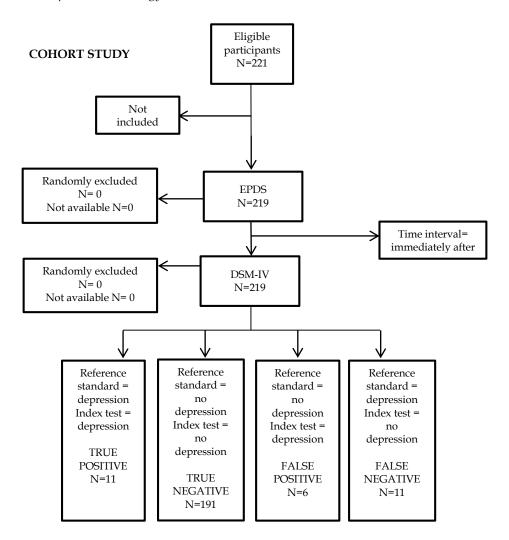
| Cimical conducted - completed methodology checklists | | |
|---|---|--|
| Could the reference standard, its conduct, or its | RISK: LOW | |
| interpretation have introduced bias? | | |
| | | |
| DOMAIN 3: REFERENCE STANDARD | | |
| | | |
| B. Concerns regarding applicability | | |
| Is there concern that the target condition as | CONCERN: LOW | |
| defined by the reference standard does not | | |
| match the review question? | | |
| | | |
| DOMAIN 4: FLOW AND TIMING | | |
| | | |
| A. Risk of bias | | |
| Describe any patients who did not receive the index test | (s) and/or reference standard or who were excluded from | |
| the 2×2 table (refer to flow diagram): Out of 240 eligib | le women, 200 completed the index test and the | |
| reference standard. | - | |
| | | |
| Describe the time interval and any interventions betwee | en index test(s) and reference standard: The index test | |
| was administered straight after the reference standard. | | |
| was walling server stangile after the reference standard. | | |
| Was there an appropriate interval between index | Yes | |
| test(s) and reference standard? | | |
| test(s) and reference standard: | | |
| Did all patients receive a reference standard? | Yes | |
| Did an patients receive a reference standard. | | |
| Did patients receive the same reference standard? | Yes | |
| Dia padello receive the ballic reference ballound. | | |
| Were all patients included in the analysis? | Yes | |
| The same partition included in the distribution | | |
| Could the patient flow have introduced bias? | RISK: LOW | |
| r | | |
| | | |

1.1.55TOREKI2013

Phase 1: state the review question:

| Patients (setting, intended use of index test, | What are the most appropriate methods/ |
|--|---|
| presentation, prior testing) | instruments for the identification of mental |
| | health problems in women who are antenatal or |
| | postnatal? |
| Index test(s) | EPDS |
| | |
| Reference standard and target condition | Reference standard was the DSM-IV and the |
| | condition was depression during pregnancy. |

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

A. Risk of bias

Describe methods of patient selection: Participants were pregnant women who attended the Department of Obstetrics and Gynaecology, University of Szeged, for a prenatal visit at roughly 12 weeks' gestation during a six month period. They all gave informed consent to participate. The sample was randomly selected from women residing within the Szeged locality. Two women were excluded because they were suffering from psychiatric conditions other than antepartum depression.

| Was a consecutive or random sample of patients enrolled? | Yes |
|--|-----|
| Was a case-control design avoided? | Yes |

| Clinical evidence – completed methodology checklists | |
|---|----------------------|
| Did the study avoid inappropriate exclusions? | Yes |
| Could the selection of patients have introduced bias? | RISK: LOW |
| DOMAIN 1: PATIENT SELECTION | |
| B. Concerns regarding applicability | |
| Describe included patients (prior testing, presentation, intended use of index test and setting): Participants were pregnant women attending antepartum check-up at roughly 12 weeks' gestation. The index test was used as a screening tool for antepartum depression. | |
| Is there concern that the included patients do not match the review question? | CONCERN: LOW |
| DOMAIN 2: INDEX TEST(S) | |
| If more than one index test was used, please comp | plete for each test. |
| A. Risk of bias | |
| Describe the index test and how it was conducted and interpreted: The index test was the Hungarian version of the EPDS which was self-completed without the principal investigator being able to see their responses. | |
| Were the index test results interpreted without | Yes |
| knowledge of the results of the reference standard? | |
| If a threshold was used, was it pre-specified? | Yes |
| Could the conduct or interpretation of the index test have introduced bias? | RISK: LOW |
| DOMAIN 2: INDEX TEST(S) | |
| B. Concerns regarding applicability | |
| Is there concern that the index test, its conduct, or interpretation differ from the review question? | CONCERN: LOW |
| DOMAIN 3: REFERENCE STANDARD | |
| A. Risk of bias | |
| Describe the reference standard and how it was conducted and interpreted: The reference standard was the Structured Clinical Interview for DSM-IV disorders. The principal investigator carried out the reference standard whilst blind to index test scores. | |
| Is the reference standard likely to correctly classify the target condition? | Yes |
| Were the reference standard results interpreted without knowledge of the results of the index | Yes |

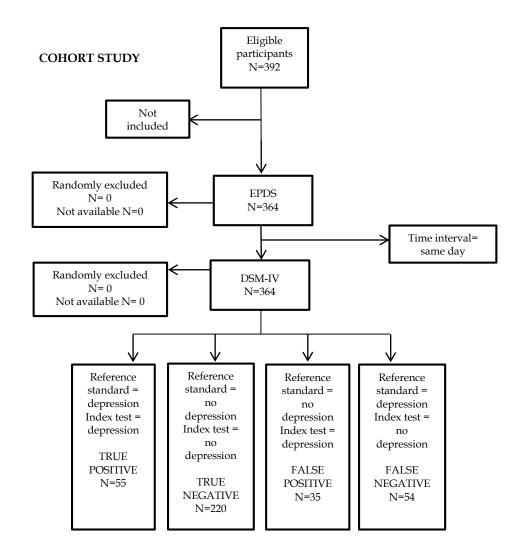
| complete temperature and the second s | |
|--|---|
| test? | |
| Could the reference standard, its conduct, or its | RISK: LOW |
| interpretation have introduced bias? | |
| • | |
| DOMAIN 3: REFERENCE STANDARD | |
| 20 11 11 111 | |
| B. Concerns regarding applicability | CONCERN LOW |
| Is there concern that the target condition as | CONCERN: LOW |
| defined by the reference standard does not | |
| match the review question? | |
| DOMAIN 4: FLOW AND TIMING | |
| DOMAIN 4. FLOW AND TIMING | |
| A. Risk of bias | |
| Describe any patients who did not receive the index test | (s) and/or reference standard or who were excluded from |
| the 2×2 table (refer to flow diagram): Out of 221 women who were invited, 219 received both the index | |
| test and the reference standard. | |
| | |
| Describe the time interval and any interventions between | en index test(s) and reference standard: The reference |
| standard was administered straight after the index test had been completed. | |
| | T., |
| Was there an appropriate interval between index | Yes |
| test(s) and reference standard? | |
| Did all matients massive a majoranes standard? | Yes |
| Did all patients receive a reference standard? | ies |
| Did patients receive the same reference standard? | Yes |
| r | |
| Were all patients included in the analysis? | Yes |
| | |
| Could the patient flow have introduced bias? | RISK: LOW |
| | |

1.1.56TRAN2011

Phase 1: state the review question:

| Patients (setting, intended use of index test, presentation, prior testing) | What are the most appropriate methods/ instruments for the identification of mental health problems in women who are antenatal or postnatal? |
|---|---|
| Index test(s) | EPDS |
| Reference standard and target condition | Reference standard was the structured clinical interview for DSM-IV (SCID) and the condition was perinatal common mental disorders. |

Phase 2: draw a flow diagram for the primary study



Phase 3: risk of bias and applicability judgments

| DOMAINA PATTENTE CELECTION | incitis |
|---|---|
| DOMAIN 1: PATIENT SELECTION | |
| A. Risk of bias | |
| Describe methods of patient selection: Participants wer | e all women who met study criteria and were |
| registered at the participating commune health state | • |
| | |
| Was a consecutive or random sample of patients | Yes |
| enrolled? | |
| | |
| Was a case-control design avoided? | Yes |
| Did the study avoid incommon into avaluations? | N/ |
| Did the study avoid inappropriate exclusions? | Yes |
| Could the selection of patients have introduced | RISK: LOW |
| bias? | |
| | |
| DOMAIN 1: PATIENT SELECTION | |
| n c | |
| B. Concerns regarding applicability | internal description for the first and a survey. Description of |
| Describe included patients (prior testing, presentation, | |
| were women who were at least 28 weeks pregnant | C C |
| for pregnancy or new born health at the participati | ng health centre. |
| Is there concern that the included patients do | CONCERN: LOW |
| _ | CONCERN. LOW |
| not match the review question? | |
| DOMAIN 2: INDEX TEST(S) | |
| DOMAIN 2. INDEX TEST(3) | |
| If more than one index test was used, please complete for each test. | |
| | |
| A Distriction | |
| A. Risk of bias | |
| Describe the index test and how it was conducted and interpreted: The index test was the Vietnamese version of the EPDS which was delivered as an individual structured interview at the health centre or | |
| | |
| at the patients' home by a Vietnamese health research worker. The index test and the reference standard were conducted on the same day and both the psychiatrist and research workers were | |
| blinded to the data generated in each other's interviews. | |
| Were the index test results interpreted without | Yes |
| knowledge of the results of the reference | |
| standard? | |
| | |
| If a threshold was used, was it pre-specified? | Yes |
| | |
| Could the conduct or interpretation of the index | RISK: LOW |
| test have introduced bias? | |
| DOMAIN 2. INDEX TECT/C | |
| DOMAIN 2: INDEX TEST(S) | |
| B. Concerns regarding applicability | |
| | |
| | |

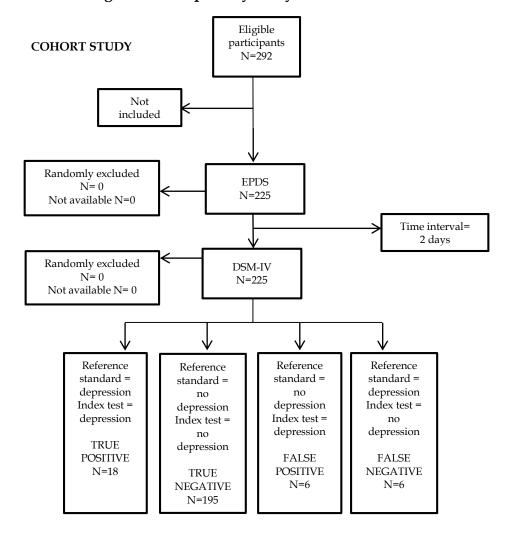
| Is there concern that the index test, its conduct, or interpretation differ from the review question? | CONCERN: LOW | |
|--|--------------|--|
| DOMAIN 3: REFERENCE STANDARD | | |
| A. Risk of bias | | |
| Describe the reference standard and how it was conducted and interpreted: The reference standard was the Structured Clinical Interview for DSM-IV disorders which was administered by a Vietnamese psychiatrist. The index test and the reference standard were conducted on the same day and both the psychiatrist and research workers were blinded to the data generated in each other's interviews. | | |
| Is the reference standard likely to correctly classify the target condition? | Yes | |
| Were the reference standard results interpreted without knowledge of the results of the index test? | Yes | |
| Could the reference standard, its conduct, or its interpretation have introduced bias? | RISK: LOW | |
| DOMAIN 3: REFERENCE STANDARD B. Concerns regarding applicability | | |
| Is there concern that the target condition as defined by the reference standard does not match the review question? | CONCERN: LOW | |
| DOMAIN 4: FLOW AND TIMING | | |
| A. Risk of bias | | |
| Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): Out of 392 eligible women, 364 agreed to participate and received the index test and the reference standard. Describe the time interval and any interventions between index test(s) and reference standard: The index test and the reference standard were administered on the same day. | | |
| Was there an appropriate interval between index test(s) and reference standard? | Yes | |
| Did all patients receive a reference standard? | Yes | |
| Did patients receive the same reference standard? | Yes | |
| Were all patients included in the analysis? | Yes | |
| Could the patient flow have introduced bias? | RISK: LOW | |

1.1.57UWAKWE2003

Phase 1: state the review question:

| 1 | |
|---|--|
| Patients (setting, intended use of index test, presentation, prior testing) | What are the most appropriate methods/ instruments for the identification of mental health problems in women who are antenatal or postnatal? |
| Index test(s) | EPDS |
| Reference standard and target condition | Reference standard was the ICD-10 Symptom Check List and the condition was depression. |

Phase 2: draw a flow diagram for the primary study



| Phase 3: risk of bias and applicability judgments | |
|--|---|
| DOMAIN 1: PATIENT SELECTION | |
| | |
| | |
| A. Risk of bias | |
| Describe methods of patient selection: Participants were | re recruited from the wards and postnatal clinics of |
| Nnamdi Azikiwe University Teaching Hospital Nr | newi, Nigeria during a five month period. |
| | · · · · · · · · · · · · · · · · · · · |
| Was a consecutive or random sample of patients | Yes |
| enrolled? | |
| Was a case control design avoided? | V |
| Was a case-control design avoided? | Yes |
| Did the study avoid inappropriate exclusions? | Yes |
| Tr T | |
| Could the selection of patients have introduced | RISK: LOW |
| bias? | |
| DOMAIN 1: PATIENT SELECTION | |
| DOMAIN I, FATIENT SELECTION | |
| B. Concerns regarding applicability | |
| Describe included patients (prior testing, presentation, | intended use of index test and setting): Participants |
| were postnatal Nigerian women who were still in | the maternity ward up to 7 days after delivery or |
| who attended the postnatal clinics. The index test was | was used as a screening tool for postnatal |
| depression | |
| | T |
| Is there concern that the included patients do | CONCERN: LOW |
| not match the review question? | |
| DOMAIN 2: INDEX TEST(S) | |
| 2 0 1 1 1 1 1 2 1 1 1 2 2 1 1 2 2 1 (0) | |
| If more than one index test was used, please complete for each test. | |
| | |
| A. Risk of bias | stammeted. The index test was the EDDC a self |
| Describe the index test and how it was conducted and interpreted: The index test was the EPDS, a self- | |
| report 10-item scale. Literate subjects (those able to read and write both English and Igbo) completed the scales under the guidance/supervision of the resident doctors who provided clarifications where | |
| | and completed their questionnaire in English. Non- |
| literate subjects (who could read or write neither Igbo nor English) had the questions read out to them | |
| in Igbo and their responses were scored on the que | |
| Were the index test results interpreted without | Yes |
| knowledge of the results of the reference | |
| standard? | |
| If a threshold was used was it are specified? | Vac |
| If a threshold was used, was it pre-specified? | Yes |
| Could the conduct or interpretation of the index | RISK: LOW |
| test have introduced bias? | |
| | |
| DOMAIN 2: INDEX TEST(S) | |

| Clinical educatice - completed methodology checklists | | |
|---|---------------|--|
| B. Concerns regarding applicability | | |
| Is there concern that the index test, its conduct, or interpretation differ from the review question? | CONCERN: HIGH | |
| DOMAIN 3: REFERENCE STANDARD | | |
| A. Risk of bias | | |
| Describe the reference standard and how it was conducted and interpreted: The reference standard was the ICD-10 Symptom Check List. Each depression interview (either with the translated Igbo or English version of the interview schedule) lasted about 30 min or less. Diagnoses were directly ICD-10 made. One of the study authors, a psychiatrist and an experienced psychiatric nurse who has been using the study instruments later interviewed the subjects within less than 48 h following screening. | | |
| Is the reference standard likely to correctly classify the target condition? | Yes | |
| Were the reference standard results interpreted without knowledge of the results of the index test? | Unclear | |
| Could the reference standard, its conduct, or its interpretation have introduced bias? | RISK: UNCLEAR | |
| DOMAIN 3: REFERENCE STANDARD B. Concerns regarding applicability | | |
| Is there concern that the target condition as | CONCERN: LOW | |
| defined by the reference standard does not | | |
| match the review question? | | |
| DOMAIN 4: FLOW AND TIMING | | |
| A. Risk of bias | | |
| Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): Out of 292 eligible women, 225 received the index test and the reference standard. | | |
| Describe the time interval and any interventions between index test(s) and reference standard: The reference standard was administered within 2 days of the index test. | | |
| Was there an appropriate interval between index | Yes | |
| test(s) and reference standard? | | |
| Did all patients receive a reference standard? | Yes | |
| Did patients receive the same reference standard? | No | |

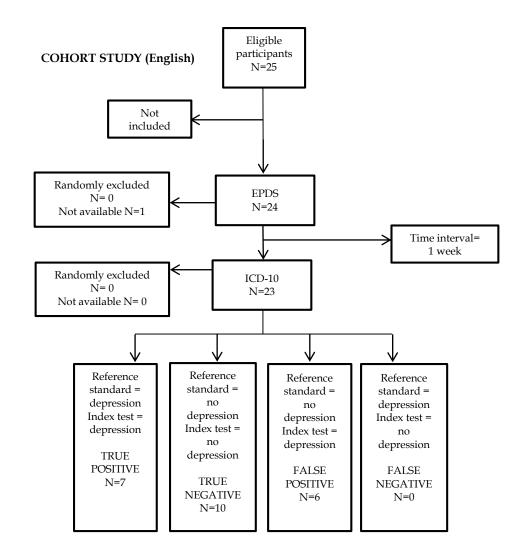
| Were all patients included in the analysis? | No |
|--|------------|
| Could the patient flow have introduced bias? | RISK: HIGH |

1.1.58WERRETT2006

Phase 1: state the review question:

| Patients (setting, intended use of index test, presentation, prior testing) | What are the most appropriate methods/ instruments for the identification of mental health problems in women who are antenatal or postnatal? |
|---|---|
| Index test(s) | EPDS (English and Punjabi versions) |
| Reference standard and target condition | Reference standard was the ICD-10 criteria and the condition was postnatal depression. |

Phase 2: draw a flow diagram for the primary study



| Phase 3: risk of bias and applicability judgments | | |
|---|---|--|
| DOMAIN 1: PATIENT SELECTION | | |
| | | |
| A. Risk of bias | | |
| | nics at healthcare trusts in the West Midlands, UK, | |
| • | are a high proportion of Punjabi speakers. Using a | |
| sample of convenience 25 bilingual (English and P | unjabi speaking) new mothers were recruited. | |
| Was a consecutive or random sample of patients | Yes | |
| enrolled? | | |
| Was a case-control design avoided? | Yes | |
| Did the study avoid inappropriate exclusions? | Yes | |
| Could the selection of patients have introduced | RISK: LOW | |
| bias? | | |
| DOMAIN 1: PATIENT SELECTION | | |
| B. Concerns regarding applicability | | |
| Describe included patients (prior testing, presentation, | , | |
| were bilingual (English and Punjabi speaking) new | mothers. The index tool was used as a screening | |
| tool for postnatal depression. | | |
| Is there concern that the included patients do | CONCERN: LOW | |
| not match the review question? | | |
| DOMAIN 2: INDEX TEST(S) | | |
| If more than one index test was used, please com | plete for each test. | |
| | | |
| A. Risk of bias Describe the index test and how it was conducted and in | nterpreted: The index test was the EPDS, a self- | |
| report questionnaire which was administered in English and in Punjabi. Both the English and Punjabi | | |
| versions of the EPDS scale were available in written form. The English EPDS was administered to | | |
| mothers for self-completion. Mothers who could read and write Punjabi recorded their responses using the Punjabi script. Those unable to read or write Punjabi were given a phonetics sheet (that is, | | |
| the Punjabi words spelt out in English) to record their responses to a tape-recorded version of the | | |
| Punjabi EPDS. To ensure confidentiality the Punjabi EPDS was administered via a personal stereo headset. Health visitors administered both versions of the EPDS as part of their routine practice. | | |
| Were the index test results interpreted without | Yes | |
| knowledge of the results of the reference | | |
| standard? | 1 | |
| | | |

RISK: LOW

Could the conduct or interpretation of the index

| test have introduced bias? | | |
|--|---|--|
| DOMAIN 2: INDEX TEST(S) | | |
| B. Concerns regarding applicability | | |
| Is there concern that the index test, its conduct, or interpretation differ from the review | CONCERN: LOW | |
| question? | | |
| DOMAIN 3: REFERENCE STANDARD | | |
| | | |
| A. Risk of bias | J. J. J. J. Th | |
| Describe the reference standard and how it was conducted and interpreted: The reference standard was the ICD-10 criteria. One week after completion of the EPDS at the 5–8 week measure, a researcher, blind to the EPDS scores, administered the composite international diagnostic interview to the participants. Interviews were conducted in English at either the respondents' homes or at their health centre. | | |
| Is the reference standard likely to correctly classify the target condition? | Yes | |
| Were the reference standard results interpreted | Yes | |
| without knowledge of the results of the index test? | | |
| Could the reference standard, its conduct, or its | RISK: LOW | |
| interpretation have introduced bias? | | |
| DOMAIN 3: REFERENCE STANDARD | | |
| B. Concerns regarding applicability | | |
| Is there concern that the target condition as | CONCERN: LOW | |
| defined by the reference standard does not | | |
| match the review question? | | |
| DOMAIN 4: FLOW AND TIMING | | |
| A. Risk of bias | | |
| Describe any patients who did not receive the index test | (s) and/or reference standard or who were excluded from | |
| the 2×2 table (refer to flow diagram): 24 out of 25 eligil | ble participants completed both the English and | |
| Punjabi version of the EPDS, and 23 agreed to receive the reference standard. | | |
| Describe the time interval and any interventions between index test(s) and reference standard: The index | | |
| standard was administered one week after the index test. | | |
| Was there an appropriate interval between index | Yes | |
| test(s) and reference standard? | | |
| Did all patients receive a reference standard? | No | |
| Did patients receive the same reference standard? | Yes | |

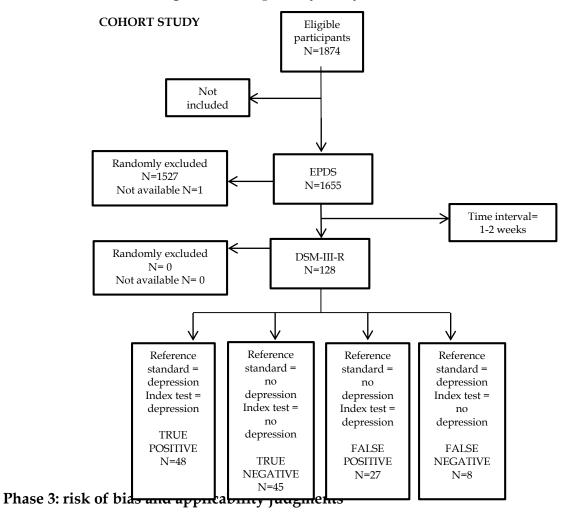
| Were all patients included in the analysis? | No |
|--|-----------|
| Could the patient flow have introduced bias? | RISK: LOW |

1.1.59WICKBERG1996

Phase 1: state the review question:

| Patients (setting, intended use of index test, presentation, prior testing) | What are the most appropriate methods/ instruments for the identification of mental health problems in women who are antenatal or postnatal? |
|---|--|
| Index test(s) | EPDS |
| Reference standard and target condition | Reference standard was the DSM-III-R and the condition was postnatal depression |

Phase 2: draw a flow diagram for the primary study



| Clinical evidence – completed methodology checklists | | |
|--|---|--|
| DOMAIN 1: PATIENT SELECTION | | |
| | | |
| | | |
| A. Risk of bias | | |
| Describe methods of patient selection: Participants wen | | |
| parts of Goteborg (the second largest city in Swede | , | |
| vicinity of Goteborg). All Swedish-speaking mothe EPDS during routine visits to the Child Health Clir | | |
| scored above 11.5 at 2 months and/or 3 months po | | |
| 10 and 11 and 21 women scoring ≤9 were included | | |
| 8 | | |
| Was a consecutive or random sample of patients | Yes | |
| enrolled? | | |
| Was a case-control design avoided? | No | |
| was a case control design avoided: | INO | |
| Did the study avoid inappropriate exclusions? | No | |
| Could the selection of patients have introduced | RISK: HIGH | |
| bias? | KISK. HIGH | |
| | | |
| DOMAIN 1: PATIENT SELECTION | | |
| B. Concerns regarding applicability | | |
| Describe included patients (prior testing, presentation, t | intended use of index test and setting): Participants | |
| were Swedish speaking mothers at 2 and 3 months | | |
| screening tool for depression. | | |
| | Leaverny revi | |
| Is there concern that the included patients do | CONCERN: LOW | |
| not match the review question? | | |
| DOMAIN 2: INDEX TEST(S) | | |
| | | |
| If more than one index test was used, please comp | plete for each test. | |
| A. Risk of bias | | |
| Describe the index test and how it was conducted and interpreted: The index test was the Swedish version | | |
| of the EPDS, a 10-item self-report scale. The women completed the EPDS during routine check-ups at | | |
| the Child Health Clinic, and were asked to fill in the scale without discussing their answers with | | |
| anyone else. Were the index test results interpreted without | Yes | |
| knowledge of the results of the reference | | |
| e e e e e e e e e e e e e e e e e e e | | |
| | | |
| If a threshold was used, was it pre-specified? | Yes | |
| Could the conduct or intermutation of the index | | |
| COMMITTED CONTINCTOR INTERPRETATION OF THE INCIDE | RISK-LOW | |
| standard? If a threshold was used, was it pre-specified? | Yes | |
| Could the conduct or interpretation of the index | RISK: LOW | |

DOMAIN 2: INDEX TEST(S)

| Clinical evidence – completed methodology checklists | | | |
|--|---------------------------|--|--|
| B. Concerns regarding applicability | | | |
| Is there concern that the index test, its conduct, or interpretation differ from the review question? | CONCERN: LOW | | |
| DOMAIN 3: REFERENCE STANDARD | | | |
| A. Risk of bias | | | |
| Describe the reference standard and how it was conducted and interpreted: The reference standard was the DSM-III-R criteria for major depression. One to two weeks after having completed the EPDS, the women were interviewed and assessed with the MADRS in their homes by an experienced clinical psychologist who had been trained in the use of the MADRS. The MADRS interview was extended to cover the key points of the DSM-III-R criteria for major depression. The interviewer was blind to the women's EPDS score at the time when the interview took place. The whole interview lasted for approximately 45 min. | | | |
| Is the reference standard likely to correctly classify the target condition? | Yes | | |
| Were the reference standard results interpreted | Yes | | |
| without knowledge of the results of the index test? | | | |
| Could the reference standard, its conduct, or its | RISK: LOW | | |
| interpretation have introduced bias? | | | |
| DOMAIN 3: REFERENCE STANDARD | | | |
| B. Concerns regarding applicability | | | |
| Is there concern that the target condition as | CONCERN: LOW | | |
| defined by the reference standard does not | | | |
| match the review question? | | | |
| DOMAIN 4: FLOW AND TIMING | DOMAIN 4: FLOW AND TIMING | | |
| A. Risk of bias | | | |
| Describe any patients who did not receive the index test(s) and/or reference standard or who were excluded from the 2×2 table (refer to flow diagram): 1874 women were eligible and 1655 completed the EPDS twice. 61 women who scored above 11.5 on the EPDS at both time-points, 30 women who scored above 11.5 on the EPDS at 3 months postpartum, 16 women who scored 10 and 11 and 21 women scoring ≤12 on the EPDS were invited to take the reference standard. | | | |
| Describe the time interval and any interventions between index test(s) and reference standard: The reference standard was administered one to two weeks after the index test. | | | |
| Was there an appropriate interval between index test(s) and reference standard? | No | | |
| Did all nationte receive a reference standard? | Mo | | |

Clinical evidence – completed methodology checklists

| Did patients receive the same reference standard? | Yes |
|---|------------|
| Were all patients included in the analysis? | No |
| Could the patient flow have introduced bias? | RISK: HIGH |
| | |

1.1.60YOSHIDA2001

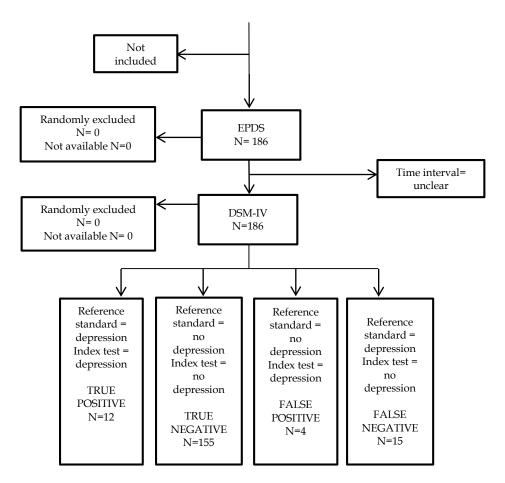
Phase 1: state the review question:

| Patients (setting, intended use of index test, presentation, prior testing) | What are the most appropriate methods/ instruments for the identification of mental health problems in women who are antenatal or postnatal? |
|---|--|
| Index test(s) | EPDS |
| Reference standard and target condition | Reference standard was the diagnosis of depression according to the Research Diagnostic Criteria. |

Phase 2: draw a flow diagram for the primary study

Eligible participants N=?

COHORT STUDY



Phase 3: risk of bias and applicability judgments

DOMAIN 1: PATIENT SELECTION

A. Risk of bias

Describe methods of patient selection: Participants The subjects consisted of two groups of Japanese women. The first group consisted of Japanese women living in England who gave birth to their babies abroad, while the second group consisted of Japanese women who gave birth to their babies in Japan. Subjects in the English group were recruited from the Japanese community, mainly in London, and most were wives of Japanese businessman working in England at the time of the study. Ninety-eight women completed the study. Subjects in the Japanese group were recruited from consecutive admissions to the perinatal maternity ward of Kyushu University Hospital. Eighty-eight women completed the study

| Was a consecutive or random sample of patients enrolled? | Yes |
|--|-----|
| Was a case-control design avoided? | Yes |
| Did the study avoid inappropriate exclusions? | Yes |

| Could the selection of patients have introduced | RISK: LOW |
|--|--|
| bias? | |
| 240 | |
| DOMAIN 1: PATIENT SELECTION | |
| B. Concerns regarding applicability | |
| Describe included patients (prior testing, presentation, i | ntended use of index test and setting): Participants |
| were Japanese women who gave birth either in the | , |
| screening tool for postnatal depression | 7 1 |
| | |
| Is there concern that the included patients do | CONCERN: LOW |
| not match the review question? | |
| | |
| DOMAIN 2: INDEX TEST(S) | |
| If more than one index test was used, please comp | olete for each test. |
| | , |
| A. Risk of bias | |
| Describe the index test and how it was conducted and in | , |
| of the EPDS, a self-report questionnaire which was | |
| Were the index test results interpreted without | Unclear |
| knowledge of the results of the reference | |
| standard? | |
| T(.1 1.11 1.12 1.12 1.12 1.12 1.12 1.12 | |
| If a threshold was used, was it pre-specified? | Yes |
| Could the conduct or interpretation of the index | RISK: LOW |
| test have introduced bias? | |
| | |
| DOMAIN 2: INDEX TEST(S) | |
| B. Concerns regarding applicability | |
| b. Concerns regarding approaching | |
| Is there concern that the index test, its conduct, | CONCERN: UNCLEAR |
| or interpretation differ from the review | |
| question? | |
| | |
| DOMAIN 3: REFERENCE STANDARD | |
| A. Risk of bias | |
| Describe the reference standard and how it was conducted | ed and interpreted: The reference standard was the |
| Research Diagnostic Criteria for depression. At 3 m | |
| undertaken and the EPDS was administered in both | 1 , |
| | |
| Is the reference standard likely to correctly | Yes |
| classify the target condition? | |
| | |
| Were the reference standard results interpreted | Unclear |
| without knowledge of the results of the index | |
| test? | |

| Cimical coluence - completed methodology encektisis | | | |
|---|---|--|--|
| Could the reference standard, its conduct, or its | RISK: UNCLEAR | | |
| interpretation have introduced bias? | | | |
| • | | | |
| DOMAIN 3: REFERENCE STANDARD | | | |
| | | | |
| B. Concerns regarding applicability | | | |
| Is there concern that the target condition as | CONCERN: LOW | | |
| defined by the reference standard does not | | | |
| match the review question? | | | |
| | | | |
| | | | |
| DOMAIN 4: FLOW AND TIMING | | | |
| | | | |
| A. Risk of bias | | | |
| <i>o</i> , | (s) and/or reference standard or who were excluded from | | |
| the 2×2 table (refer to flow diagram): 186 women recei | | | |
| unclear if any participants were excluded, lost to for | ollow-up or refused to participate. | | |
| | | | |
| Describe the time interval and any interventions betwee | • | | |
| standard was administered before the index test. It is unclear how long the time interval between the | | | |
| two measures was. | | | |
| | | | |
| Was there an appropriate interval between index | Unclear | | |
| test(s) and reference standard? | | | |
| | | | |
| Did all patients receive a reference standard? | Unclear | | |
| | | | |
| Did patients receive the same reference standard? | Yes | | |
| | | | |
| Were all patients included in the analysis? | Unclear | | |

RISK: UNCLEAR

Could the patient flow have introduced bias?

1.2 EXPERIENCE OF CARE

1.2.1 ANTONYSAMY2009

| 359-362. Guidance topic: Antenatal and postnatal mental | Key research question/ | aim: Experience of inpatient unit |
|--|------------------------|---|
| health: clinical management and service guidance | , , | |
| Checklist completed by: Odette Megnin-Viggars | | |
| Section 1: theoretical approach | | |
| 1.1 Is a qualitative approach appropriate? For example: Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings (in healthcare this would apply to how care is organised and patient experiences of care)? Or could a quantitative approach better have addressed the research question? | Appropriate | Comments: the qualitative part of the study highlighted issues that were not captured by completion of the satisfaction questionnaire |
| 1.2 Is the study clear in what it seeks to do? For example: Is the purpose of the study discussed – aims/objectives/research question(s)? Are the values/assumptions/theory underpinning the purpose of the study discussed? | Clear | Comments: None |
| Section 2: study design | | |
| 2.1 How defensible/rigorous is the research design/methodology? For example: Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? | Defensible | Comments: None |
| Section 3: data collection | | |
| 3.1 How well was the data collection carried out? For example: Are the data collection methods clearly described? Were the data collected appropriate to address the research question? | Appropriate | Comments: None |
| Section 4: validity | | |
| 4.1 Is the context clearly described? For example: Are the characteristics of the participants and settings clearly defined? Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors consider the influence of the setting where the study took place)? | Clear | Comments: the investigator collecting the data (AS) was not a member of the hospital staff for the duration of the study and only attended the unit for the purpose of data |

| | 1 | collection |
|---|--------------------------------------|---|
| 4.2 Were the methods reliable? For example: Were data collected by more than one method? Were other studies considered with discussion about similar/different results? | Reliable | collection Comments: Both quantitative and qualitative methodologies were used |
| Section 5: analysis | | |
| 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across groups/sites? | Rich | Comments: None |
| 5.2 Is the analysis reliable? For example: Did more than one researcher theme and code transcripts/data? If so, how were differences resolved? Were negative/discrepant results addressed or ignored? Is it clear how the themes and concepts were derived from the data? | Not sure/not reported | Comments: No double-coding is reported |
| 5.3 Are the findings convincing? For example: Are the findings clearly presented? Are the findings internally coherent (that is, are the results credible in relation to the study question)? Are extracts from the original data included (for example, direct quotes from participants)? Are the data appropriately referenced so that the sources of the extracts can be identified? Is the reporting clear and coherent? | Convincing | Comments: None |
| 5.4 Are the conclusions adequate? For example: How clear are the links between data, interpretation and conclusions? Are the conclusions plausible and coherent? Have alternative explanations been explored and discounted? Are the implications of the research clearly defined? Is there adequate discussion of any limitations encountered? | Adequate | Comments: None |
| Section 6: ethics | <u> </u> | |
| 6.1 Was the study approved by an ethics committee? | Not sure/not reported/not applicable | Comments: Ethical approval not reported |

| 6.2 Is the role of the researcher clearly described? | Not sure/not reported | Comments: Not |
|--|-----------------------|---------------|
| For example: | | reported |
| Has the relationship between the researcher and the | | |
| participants been adequately described? | | |
| Is how the research was explained and presented to the | | |
| participants described? | | |
| | | |

1.2.2 AYERS2006

| Bibliographic reference: Ayers S, Eagle A, Waring H. Tl disorder on women and their relationships: a qualitativ 398. | | | |
|---|--|----------------|--|
| Guidance topic: Antenatal and postnatal mental health: clinical management and service guidance | Key research question/aim: Factors that diminish EoC | | |
| Checklist completed by: Odette Megnin-Viggars | | | |
| Section 1: theoretical approach | | | |
| 1.1 Is a qualitative approach appropriate? For example: Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings (in healthcare this would apply to how care is organised and patient experiences of care)? Or could a quantitative approach better have addressed the research question? | Appropriate | Comments: None | |
| 1.2 Is the study clear in what it seeks to do? For example: Is the purpose of the study discussed – aims/objectives/research question(s)? Are the values/assumptions/theory underpinning the purpose of the study discussed? | Clear | Comments: None | |
| Section 2: study design | | | |
| 2.1 How defensible/rigorous is the research design/methodology? For example: Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? | Defensible | Comments: None | |

| Section 3: data collection | | |
|--|-------------|--------------------------------|
| 3.1 How well was the data collection carried out? | Appropriate | Comments: None |
| For example: | | |
| Are the data collection methods clearly described? | | |
| Were the data collected appropriate to address the | | |
| research question? | | |
| Toolar question | | |
| Section 4: validity | | |
| 4.1 Is the context clearly described? | Clear | Comments: None |
| For example: | | |
| Are the characteristics of the participants and settings | | |
| clearly defined? | | |
| Were observations made in a variety of circumstances | | |
| and from a range of respondents? | | |
| Was context bias considered (that is, did the authors | | |
| | | |
| consider the influence of the setting where the study | | |
| took place)? | | |
| 4.2 Were the methods reliable? | Not sure | Comments: Data were |
| | INOU SUITE | |
| For example: | | collected with only one method |
| Were data collected by more than one method? Were other studies considered with discussion about | | metnoa |
| | | |
| similar/different results? | | |
| Section 5: analysis | | |
| 5.1 Are the data 'rich'? | Rich | Comments: None |
| For example: | Rich | Comments. I vone |
| How well are the contexts of the data described? | | |
| | | |
| Has the diversity of perspective and content been | | |
| explored? | | |
| Has the detail of the data that were collected been | | |
| demonstrated? | | |
| Are responses compared and contrasted across | | |
| groups/sites? | | |
| 5.2 Is the analysis reliable? | Reliable | Comments: Two |
| For example: | Milabit | researchers read the |
| Did more than one researcher theme and code | | |
| | | transcripts |
| transcripts/data? | | independently to |
| If so, how were differences resolved? | | identify emergent |
| Were negative/discrepant results addressed or | | themes |
| ignored? | | |
| Is it clear how the themes and concepts were derived | | |
| from the data? | | |
| | | |
| 5.3 Are the findings convincing? | Convincing | Comments: None |
| For example: | | |
| Are the findings clearly presented? | | |
| Are the findings internally coherent (that is, are the | | |
| results credible in relation to the study question)? | | |
| Are extracts from the original data included (for | | |
| example, direct quotes from participants)? | | |
| Are the data appropriately referenced so that the | | |
| The the data appropriately referenced so that the | | |

| sources of the extracts can be identified? Is the reporting clear and coherent? | | |
|---|-----------------------|--|
| 5.4 Are the conclusions adequate? For example: How clear are the links between data, interpretation and conclusions? Are the conclusions plausible and coherent? Have alternative explanations been explored and discounted? Are the implications of the research clearly defined? Is there adequate discussion of any limitations encountered? | Adequate | Comments: None |
| Section 6: ethics | | |
| 6.1 Was the study approved by an ethics committee? | Yes | Comments: Ethical approval was obtained from the Local NHS Research Ethics Committee |
| 6.2 Is the role of the researcher clearly described? For example: Has the relationship between the researcher and the participants been adequately described? Is how the research was explained and presented to the participants described? | Not sure/not reported | Comments: Not reported |

1.2.3 BOATH2004

| Bibliographic reference: Boath E, Bradley E, Henshaw C postnatal depression. Journal of Psychosomatic Obsteti | | | |
|---|-------------------------|--------------------|--|
| Guidance topic: Antenatal and postnatal mental | Key research question/a | aim: Experience of | |
| health: clinical management and service guidance | antidepressants | | |
| Checklist completed by: Odette Megnin-Viggars | | | |
| Section 1: theoretical approach | | | |
| 1.1 Is a qualitative approach appropriate? | Appropriate | Comments: None | |
| For example: | | | |
| Does the research question seek to understand | | | |
| processes or structures, or illuminate subjective | | | |
| experiences or meanings (in healthcare this would | | | |
| apply to how care is organised and patient experiences | | | |
| of care)? Or could a quantitative approach better have | | | |
| addressed the research question? | | | |
| | | | |
| 1.2 Is the study clear in what it seeks to do? | Clear | Comments: None | |
| For example: | | | |
| Is the purpose of the study discussed - | | | |
| aims/objectives/research question(s)? | | | |
| Are the values/assumptions/theory underpinning the | | | |
| purpose of the study discussed? | | | |
| | | | |

| C1: 01 1: | | |
|---|-----------------------|--|
| Section 2: study design | D (111 | |
| 2.1 How defensible/rigorous is the research design/methodology? For example: Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? | Defensible | Comments: None |
| Section 3: data collection | | |
| 3.1 How well was the data collection carried out? For example: Are the data collection methods clearly described? Were the data collected appropriate to address the research question? | Appropriate | Comments: None |
| Section 4: validity | | |
| 4.1 Is the context clearly described? For example: Are the characteristics of the participants and settings clearly defined? Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors consider the influence of the setting where the study took place)? | Clear | Comments: None |
| 4.2 Were the methods reliable? For example: Were data collected by more than one method? Were other studies considered with discussion about similar/different results? | Not sure | Comments: Data were collected with only one method |
| Section 5: analysis | | |
| 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across groups/sites? | Rich | Comments: None |
| 5.2 Is the analysis reliable? For example: Did more than one researcher theme and code transcripts/data? If so, how were differences resolved? Were negative/discrepant results addressed or ignored? Is it clear how the themes and concepts were derived from the data? | Not sure/Not reported | Comments: No double-coding is reported |

| 5.3 Are the findings convincing? For example: Are the findings clearly presented? Are the findings internally coherent (that is, are the results credible in relation to the study question)? Are extracts from the original data included (for example, direct quotes from participants)? Are the data appropriately referenced so that the sources of the extracts can be identified? Is the reporting clear and coherent? | Convincing | Comments: None |
|--|-----------------------|---|
| 5.4 Are the conclusions adequate? For example: How clear are the links between data, interpretation and conclusions? Are the conclusions plausible and coherent? Have alternative explanations been explored and discounted? Are the implications of the research clearly defined? Is there adequate discussion of any limitations encountered? | Adequate | Comments: None |
| Section 6: ethics | | |
| 6.1 Was the study approved by an ethics committee? | Yes | Comments: North and South East Staffordshire Research Ethics Committees |
| 6.2 Is the role of the researcher clearly described? For example: Has the relationship between the researcher and the participants been adequately described? Is how the research was explained and presented to the participants described? | Not sure/not reported | Comments: Not reported |

1.2.4 BREUSTEDT2013

| Bibliographic reference: Breustedt S, Puckering C. A qualitative evaluation of women's experiences of the | | | |
|---|--------------------------------|-----------------------|--|
| mellow bumps antenatal intervention. British Journal of Midwifery. 2013;21:187-194. | | | |
| Guidance topic: Antenatal and postnatal mental | Key research question/aim: Fac | tors that improve EoC | |
| health: clinical management and service guidance | | | |
| Checklist completed by: Odette Megnin-Viggars | | | |
| Section 1: theoretical approach | | | |
| 1.1 Is a qualitative approach appropriate? | Appropriate | Comments: None | |
| For example: | | | |
| Does the research question seek to understand | | | |
| processes or structures, or illuminate subjective | | | |
| experiences or meanings (in healthcare this would | | | |
| apply to how care is organised and patient experiences | | | |
| of care)? Or could a quantitative approach better have | | | |
| addressed the research question? | | | |

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|---|-----------------------|--|
| 1.2 Is the study clear in what it seeks to do? For example: Is the purpose of the study discussed – aims/objectives/research question(s)? Are the values/assumptions/theory underpinning the purpose of the study discussed? | Clear | Comments: None |
| Section 2: study design | | |
| 2.1 How defensible/rigorous is the research design/methodology? For example: Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? | Defensible | Comments: None |
| Section 3: data collection | | |
| 3.1 How well was the data collection carried out? For example: Are the data collection methods clearly described? Were the data collected appropriate to address the research question? | Appropriate | Comments: None |
| Section 4: validity | | |
| 4.1 Is the context clearly described? For example: Are the characteristics of the participants and settings clearly defined? Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors consider the influence of the setting where the study took place)? | Clear | Comments: None |
| 4.2 Were the methods reliable? For example: Were data collected by more than one method? Were other studies considered with discussion about similar/different results? | Not sure | Comments: Data were collected with only one method |
| Section 5: analysis | | |
| 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across groups/sites? | Rich | Comments: None |
| 5.2 Is the analysis reliable? For example: | Not sure/Not reported | Comments: No double-coding is reported |

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|--|-----------------------|-------------------|
| Did more than one researcher theme and code | | |
| transcripts/data? | | |
| If so, how were differences resolved? | | |
| Were negative/discrepant results addressed or | | |
| ignored? | | |
| Is it clear how the themes and concepts were derived | | |
| from the data? | | |
| E 2 Are the Codings commissing? | Considera | Comments: None |
| 5.3 Are the findings convincing? For example: | Convincing | Comments. None |
| Are the findings clearly presented? | | |
| | | |
| Are the findings internally coherent (that is, are the | | |
| results credible in relation to the study question)? | | |
| Are extracts from the original data included (for | | |
| example, direct quotes from participants)? | | |
| Are the data appropriately referenced so that the | | |
| sources of the extracts can be identified? | | |
| Is the reporting clear and coherent? | | |
| 5.4 Are the conclusions adequate? | Adequate | Comments: None |
| For example: | Tuequite | Comments: None |
| How clear are the links between data, interpretation | | |
| and conclusions? | | |
| Are the conclusions plausible and coherent? | | |
| Have alternative explanations been explored and | | |
| discounted? | | |
| Are the implications of the research clearly defined? | | |
| Is there adequate discussion of any limitations | | |
| encountered? | | |
| Cheounteleu: | | |
| Section 6: ethics | | |
| 6.1 Was the study approved by an ethics committee? | Yes | Comments: West of |
| _ | | Scotland Ethics |
| | | Committee |
| 6.2 Is the role of the researcher clearly described? | Not sure/not reported | Comments: Not |
| For example: | _ | reported |
| Has the relationship between the researcher and the | | _ |
| participants been adequately described? | | |
| Is how the research was explained and presented to the | | |
| participants described? | | |
| | | |
| | | |

1.2.5 CHEWGRAHAM2009

| Bibliographic reference: Chew-Graham CA, Sharp D, Chamberlain E, Folkes L, Turner KM. Disclosure of | | |
|--|--|--|
| symptoms of postnatal depression, the perspectives of health professionals and women: a qualitative study. | | |
| BMC Family Practice. 2009;10:7. | | |
| Guidance topic: Antenatal and postnatal mental Key research question/aim: Barriers to access | | |
| health: clinical management and service guidance | | |
| Checklist completed by: Odette Megnin-Viggars | | |
| Section 1: theoretical approach | | |

| 1.1 Is a qualitative approach appropriate? | Appropriate | Comments: |
|---|-------------|--|
| For example: Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings (in healthcare this would apply to how care is organised and patient experiences of care)? Or could a quantitative approach better have addressed the research question? | | Quantitative data collected as part of HTA |
| 1.2 Is the study clear in what it seeks to do? For example: Is the purpose of the study discussed – aims/objectives/research question(s)? Are the values/assumptions/theory underpinning the purpose of the study discussed? | Clear | Comments: None |
| Section 2: study design | | |
| 2.1 How defensible/rigorous is the research design/methodology? For example: Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? | Defensible | Comments: None |
| Section 3: data collection | | |
| 3.1 How well was the data collection carried out? For example: Are the data collection methods clearly described? Were the data collected appropriate to address the research question? | Appropriate | Comments: None |
| Section 4: validity | | |
| 4.1 Is the context clearly described? For example: Are the characteristics of the participants and settings clearly defined? Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors consider the influence of the setting where the study took place)? | Unclear | Comments: Description of participant characteristics is very limited |
| 4.2 Were the methods reliable? For example: Were data collected by more than one method? Were other studies considered with discussion about similar/different results? | Not sure | Comments: Data were collected with only one method |
| Section 5: analysis | | |
| 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been | Rich | Comments: None |

| explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across groups/sites? | | |
|--|------------|---|
| 5.2 Is the analysis reliable? For example: Did more than one researcher theme and code transcripts/data? If so, how were differences resolved? Were negative/discrepant results addressed or ignored? Is it clear how the themes and concepts were derived from the data? | Reliable | Comments: Interpretation and coding of data was undertaken independently by all authors and with themes agreed through discussion |
| 5.3 Are the findings convincing? For example: Are the findings clearly presented? Are the findings internally coherent (that is, are the results credible in relation to the study question)? Are extracts from the original data included (for example, direct quotes from participants)? Are the data appropriately referenced so that the sources of the extracts can be identified? Is the reporting clear and coherent? | Convincing | Comments: None |
| 5.4 Are the conclusions adequate? For example: How clear are the links between data, interpretation and conclusions? Are the conclusions plausible and coherent? Have alternative explanations been explored and discounted? Are the implications of the research clearly defined? Is there adequate discussion of any limitations encountered? | Adequate | Comments: None |

| Section 6: ethics | | |
|--|-----------------------|--|
| 6.1 Was the study approved by an ethics committee? | Yes | Comments: Scotland A MREC Committee (MREC/03/0127), three local research ethics committees and research governance agreement from participating Primary Care Trusts (PCTs) in Bristol, Manchester and London |
| 6.2 Is the role of the researcher clearly described? For example: Has the relationship between the researcher and the participants been adequately described? Is how the research was explained and presented to the participants described? | Not sure/not reported | Comments: Not reported |

1.2.6 COOKE2012

| Bibliographic reference: Cooke S, Smith I, Turl E, Arnold E, Msetfi RM. Parent perspectives of clinical | | |
|---|-------------|-----------------|
| psychology access when experiencing distress. Community Practitioner. 2012;85:34-37. | | |
| Guidance topic: Antenatal and postnatal mental Key research question/aim: Barriers to access | | riers to access |
| health: clinical management and service guidance | | |
| Checklist completed by: Odette Megnin-Viggars | | |
| Section 1: theoretical approach | | |
| 1.1 Is a qualitative approach appropriate? | Appropriate | Comments: None |
| For example: | | |
| Does the research question seek to understand | | |
| processes or structures, or illuminate subjective | | |
| experiences or meanings (in healthcare this would | | |
| apply to how care is organised and patient experiences | | |
| of care)? Or could a quantitative approach better have | | |
| addressed the research question? | | |
| | | |
| 1.2 Is the study clear in what it seeks to do? | Clear | Comments: None |
| For example: | | |
| Is the purpose of the study discussed – | | |
| aims/objectives/research question(s)? | | |
| Are the values/assumptions/theory underpinning the | | |
| purpose of the study discussed? | | |
| | | |
| Section 2: study design | | |
| 2.1 How defensible/rigorous is the research | Defensible | Comments: None |
| design/methodology? | | |
| For example: | | |
| Are there clear accounts of the rationale/justification | | |
| for the sampling, data collection and data analysis | | |
| techniques used? | | |

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|--|-------------|--|
| | | |
| Section 3: data collection 3.1 How well was the data collection carried out? For example: Are the data collection methods clearly described? Were the data collected appropriate to address the research question? | Appropriate | Comments: None |
| Section 4: validity | | |
| 4.1 Is the context clearly described? For example: Are the characteristics of the participants and settings clearly defined? Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors consider the influence of the setting where the study took place)? | Unclear | Comments: Setting not reported |
| 4.2 Were the methods reliable? For example: Were data collected by more than one method? Were other studies considered with discussion about similar/different results? | Not sure | Comments: Data were collected with only one method |
| Section 5: analysis | | |
| 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across groups/sites? | Rich | Comments: None |
| 5.2 Is the analysis reliable? For example: Did more than one researcher theme and code transcripts/data? If so, how were differences resolved? Were negative/discrepant results addressed or ignored? Is it clear how the themes and concepts were derived from the data? | Reliable | Comments: Two authors compared theme interpretations |
| 5.3 Are the findings convincing? For example: Are the findings clearly presented? Are the findings internally coherent (that is, are the results credible in relation to the study question)? Are extracts from the original data included (for example, direct quotes from participants)? | Convincing | Comments: None |

| Are the data appropriately referenced so that the sources of the extracts can be identified? Is the reporting clear and coherent? | | |
|--|-----------------------|--|
| 5.4 Are the conclusions adequate? For example: How clear are the links between data, interpretation and conclusions? Are the conclusions plausible and coherent? Have alternative explanations been explored and discounted? Are the implications of the research clearly defined? Is there adequate discussion of any limitations encountered? | Adequate | Comments: None |
| Section 6: ethics | | |
| 6.1 Was the study approved by an ethics committee? | Yes | Comments: Lancaster University Division of Health Research and the NHS Research Ethics Committee |
| 6.2 Is the role of the researcher clearly described? For example: Has the relationship between the researcher and the participants been adequately described? Is how the research was explained and presented to the participants described? | Not sure/not reported | Comments: Not reported |

1.2.7 DEJONGE2001

| Bibliographic reference: de Jonge A. Support for teenag about the support they received as teenage mothers. Jon | | |
|---|---|----------------|
| Guidance topic: Antenatal and postnatal mental | Key research question/aim: Barriers to access | |
| health: clinical management and service guidance | | |
| Checklist completed by: Odette Megnin-Viggars | | |
| Section 1: theoretical approach | | |
| 1.1 Is a qualitative approach appropriate? | Appropriate | Comments: None |
| For example: | | |
| Does the research question seek to understand | | |
| processes or structures, or illuminate subjective | | |
| experiences or meanings (in healthcare this would | | |
| apply to how care is organised and patient experiences | | |
| of care)? Or could a quantitative approach better have | | |
| addressed the research question? | | |
| • | | |
| 1.2 Is the study clear in what it seeks to do? | Clear | Comments: None |
| For example: | | |
| Is the purpose of the study discussed – | | |
| aims/objectives/research question(s)? | | |
| Are the values/assumptions/theory underpinning the | | |

| | | <u> </u> |
|--|-----------------------|---|
| purpose of the study discussed? | | |
| Section 2: study design | | |
| 2.1 How defensible/rigorous is the research design/methodology? For example: Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? | Defensible | Comments: None |
| Section 3: data collection | | |
| 3.1 How well was the data collection carried out? For example: Are the data collection methods clearly described? Were the data collected appropriate to address the research question? | Appropriate | Comments: None |
| Section 4: validity | | |
| 4.1 Is the context clearly described? For example: Are the characteristics of the participants and settings clearly defined? Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors consider the influence of the setting where the study took place)? | Clear | Comments: None |
| 4.2 Were the methods reliable? For example: Were data collected by more than one method? Were other studies considered with discussion about similar/different results? | Reliable | Comments: Data were collected by inividual and paired interviews and a focus group (during pilot study) |
| Section 5: analysis | | |
| 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across groups/sites? | Rich | Comments: None |
| 5.2 Is the analysis reliable? For example: Did more than one researcher theme and code transcripts/data? If so, how were differences resolved? Were negative/discrepant results addressed or ignored? Is it clear how the themes and concepts were derived | Not sure/Not reported | Comments: No double-coding is reported |

| Comme | ents: None |
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| Comme | ents: None |
| | |
| approva | ents: Ethical al not reported ents: Not d |
| | reporte |

1.2.8 EDGE2005/2007/2008

Bibliographic reference: Edge D, Rogers A. Dealing with it: Black Caribbean women's response to adversity and psychological distress associated with pregnancy, childbirth, and early motherhood. Social Science and Medicine. 2005;61:15-25.

Edge D. Perinatal depression and Black Caribbean women: lessons for primary care. Primary Health Care. 2007;17:32-35.

Edge D. 'We don't see Black women here': an exploration of the absence of Black Caribbean women from clinical and epidemiological data on perinatal depression in the UK. Midwifery. 2008;24:379-389.

| Guidance topic: Antenatal and postnatal mental | Key research question/aim: Barriers to access |
|--|---|
| health: clinical management and service guidance | |
| Checklist completed by: Odette Megnin-Viggars | |

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|---|-----------------|--------------------------------|
| Section 1: theoretical approach | L A manageriate | Communic NI |
| 1.1 Is a qualitative approach appropriate? For example: | Appropriate | Comments: None |
| Does the research question seek to understand processes or structures, or illuminate subjective | | |
| experiences or meanings (in healthcare this would | | |
| apply to how care is organised and patient experiences | | |
| of care)? Or could a quantitative approach better have | | |
| addressed the research question? | | |
| 1 | | |
| 1.2 Is the study clear in what it seeks to do? | Clear | Comments: None |
| For example: | | |
| Is the purpose of the study discussed – | | |
| aims/objectives/research question(s)? | | |
| Are the values/assumptions/theory underpinning the | | |
| purpose of the study discussed? | | |
| Section 2: study design | | |
| 2.1 How defensible/rigorous is the research | Defensible | Comments: None |
| design/methodology? | | |
| For example: | | |
| Are there clear accounts of the rationale/justification | | |
| for the sampling, data collection and data analysis techniques used? | | |
| techniques useu: | | |
| Section 3: data collection | | |
| 3.1 How well was the data collection carried out? | Appropriate | Comments: None |
| For example: | | |
| Are the data collection methods clearly described? Were the data collected appropriate to address the | | |
| research question? | | |
| research question: | | |
| Section 4: validity | | |
| 4.1 Is the context clearly described? | Clear | Comments: None |
| For example: | | |
| Are the characteristics of the participants and settings | | |
| clearly defined? Were observations made in a variety of circumstances | | |
| and from a range of respondents? | | |
| Was context bias considered (that is, did the authors | | |
| consider the influence of the setting where the study | | |
| took place)? | | |
| 4.2 More the methods reliable? | Notauro | Commontos Data |
| 4.2 Were the methods reliable? For example: | Not sure | Comments: Data were |
| Were data collected by more than one method? | | collected with only one method |
| Were other studies considered with discussion about | | Inculou |
| similar/different results? | | |
| Casting Francisco | | |
| Section 5: analysis 5.1 Are the data 'rich'? | Rich | Comments: None |
| For example: | Nicit | Comments, None |
| How well are the contexts of the data described? | | |
| 110W Well are the contexts of the data described: | | |

| Cimen continue completen memonology checknoto | | |
|--|-----------------------|---|
| Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across groups/sites? | | |
| 5.2 Is the analysis reliable? For example: Did more than one researcher theme and code transcripts/data? If so, how were differences resolved? Were negative/discrepant results addressed or ignored? Is it clear how the themes and concepts were derived from the data? | Not sure/Not reported | Comments: No double-coding is reported |
| 5.3 Are the findings convincing? For example: Are the findings clearly presented? Are the findings internally coherent (that is, are the results credible in relation to the study question)? Are extracts from the original data included (for example, direct quotes from participants)? Are the data appropriately referenced so that the sources of the extracts can be identified? Is the reporting clear and coherent? | Convincing | Comments: None |
| 5.4 Are the conclusions adequate? For example: How clear are the links between data, interpretation and conclusions? Are the conclusions plausible and coherent? Have alternative explanations been explored and discounted? Are the implications of the research clearly defined? Is there adequate discussion of any limitations encountered? | Adequate | Comments: None |
| Section 6: ethics | | |
| 6.1 Was the study approved by an ethics committee? | Yes | Comments: Central Manchester Local Research Ethics Committee |
| 6.2 Is the role of the researcher clearly described? For example: Has the relationship between the researcher and the participants been adequately described? Is how the research was explained and presented to the participants described? | Not sure/not reported | Comments: Not reported |

1.2.9 EDGE2011

| Bibliographic reference: Edge D. 'It's leaflet, leaflet, leaflet | • | |
|--|-------------------------|-------------------------|
| perceptions of perinatal mental health care. British Journ | | |
| | Key research question/a | aim: Barriers to access |
| health: clinical management and service guidance | | |
| Checklist completed by: Odette Megnin-Viggars | | |
| Section 1: theoretical approach | 1. | |
| 1.1 Is a qualitative approach appropriate? | Appropriate | Comments: None |
| For example: | | |
| Does the research question seek to understand | | |
| processes or structures, or illuminate subjective | | |
| experiences or meanings (in healthcare this would | | |
| apply to how care is organised and patient experiences | | |
| of care)? Or could a quantitative approach better have | | |
| addressed the research question? | | |
| 1.2 Is the study clear in what it seeks to do? | Clear | Comments: None |
| For example: | | |
| Is the purpose of the study discussed – | | |
| aims/objectives/research question(s)? | | |
| Are the values/assumptions/theory underpinning the | | |
| purpose of the study discussed? | | |
| | | |
| Section 2: study design | D (11 | |
| 2.1 How defensible/rigorous is the research | Defensible | Comments: None |
| design/methodology? | | |
| For example: | | |
| Are there clear accounts of the rationale/justification | | |
| for the sampling, data collection and data analysis | | |
| techniques used? | | |
| Section 3: data collection | | |
| 3.1 How well was the data collection carried out? | Appropriate | Comments: None |
| For example: | | |
| Are the data collection methods clearly described? | | |
| Were the data collected appropriate to address the | | |
| research question? | | |
| Section 4: validity | | |
| 4.1 Is the context clearly described? | Clear | Comments: None |
| For example: | | |
| Are the characteristics of the participants and settings | | |
| clearly defined? | | |
| Were observations made in a variety of circumstances | | |
| and from a range of respondents? | | |
| Was context bias considered (that is, did the authors | | |
| consider the influence of the setting where the study | | |
| took place)? | | |
| 40 W d d 1 P 11 0 | NT (| |
| 4.2 Were the methods reliable? | Not sure | Comments: Data were |
| For example: | | collected with only one |
| Were data collected by more than one method? | | method |

| | T. | |
|--|-----------------------|---|
| Were other studies considered with discussion about similar/different results? | | |
| Section 5: analysis | | |
| 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across groups/sites? | Rich | Comments: None |
| 5.2 Is the analysis reliable? For example: Did more than one researcher theme and code transcripts/data? If so, how were differences resolved? Were negative/discrepant results addressed or ignored? Is it clear how the themes and concepts were derived from the data? | Not sure/Not reported | Comments: No double-coding is reported |
| 5.3 Are the findings convincing? For example: Are the findings clearly presented? Are the findings internally coherent (that is, are the results credible in relation to the study question)? Are extracts from the original data included (for example, direct quotes from participants)? Are the data appropriately referenced so that the sources of the extracts can be identified? Is the reporting clear and coherent? | Convincing | Comments: None |
| 5.4 Are the conclusions adequate? For example: How clear are the links between data, interpretation and conclusions? Are the conclusions plausible and coherent? Have alternative explanations been explored and discounted? Are the implications of the research clearly defined? Is there adequate discussion of any limitations encountered? | Adequate | Comments: None |
| Section 6: ethics | | |
| 6.1 Was the study approved by an ethics committee? | Yes | Comments: Local research and university ethics committees and research governance in participating NHS trusts |

| 6.2 Is the role of the researcher clearly described? | Not sure/not reported | Comments: Not | |
|--|-----------------------|---------------|--|
| For example: | | reported | |
| Has the relationship between the researcher and the | | | |
| participants been adequately described? | | | |
| Is how the research was explained and presented to the | | | |
| participants described? | | | |
| | | | |

1.2.10EDWARDS2005

| Bibliographic reference: Edwards E, Timmons S. A qual | | mong women suffering |
|--|---------------------------------|---|
| postnatal illness. Journal of Mental Health. 2005;14:471-Guidance topic: Antenatal and postnatal mental health: clinical management and service guidance | 481. Key research question/a | aim: Barriers to access |
| Checklist completed by: Odette Megnin-Viggars | | |
| Section 1: theoretical approach | T | |
| 1.1 Is a qualitative approach appropriate? For example: Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings (in healthcare this would apply to how care is organised and patient experiences of care)? Or could a quantitative approach better have addressed the research question? | Appropriate | Comments: None |
| 1.2 Is the study clear in what it seeks to do? For example: Is the purpose of the study discussed – aims/objectives/research question(s)? Are the values/assumptions/theory underpinning the purpose of the study discussed? | Clear | Comments: None |
| Section 2: study design | | |
| 2.1 How defensible/rigorous is the research design/methodology? For example: Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? | Defensible | Comments: None |
| Section 3: data collection | | |
| 3.1 How well was the data collection carried out? For example: Are the data collection methods clearly described? Were the data collected appropriate to address the research question? | Appropriate | Comments: None |
| Section 4: validity | | |
| 4.1 Is the context clearly described? <i>For example:</i> Are the characteristics of the participants and settings clearly defined? | Unclear | Comments: Very limited description of participant characteristics |

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|--|-----------------------|--|
| Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors consider the influence of the setting where the study took place)? | | |
| 4.2 Were the methods reliable? For example: Were data collected by more than one method? Were other studies considered with discussion about similar/different results? | Not sure | Comments: Data were collected with only one method |
| Section 5: analysis | | |
| 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across groups/sites? | Rich | Comments: None |
| 5.2 Is the analysis reliable? For example: Did more than one researcher theme and code transcripts/data? If so, how were differences resolved? Were negative/discrepant results addressed or ignored? Is it clear how the themes and concepts were derived from the data? | Not sure/Not reported | Comments: No double-coding is reported |
| 5.3 Are the findings convincing? For example: Are the findings clearly presented? Are the findings internally coherent (that is, are the results credible in relation to the study question)? Are extracts from the original data included (for example, direct quotes from participants)? Are the data appropriately referenced so that the sources of the extracts can be identified? Is the reporting clear and coherent? | Convincing | Comments: None |
| 5.4 Are the conclusions adequate? For example: How clear are the links between data, interpretation and conclusions? Are the conclusions plausible and coherent? Have alternative explanations been explored and discounted? Are the implications of the research clearly defined? Is there adequate discussion of any limitations | Adequate | Comments: None |

| encountered? | | |
|---|-------|--|
| Section 6: ethics | | |
| 6.1 Was the study approved by an ethics committee? | Yes | Comments: Local research and university ethics committees and research governance in participating NHS trusts |
| 6.2 Is the role of the researcher clearly described? For example: Has the relationship between the researcher and the participants been adequately described? Is how the research was explained and presented to the participants described? | Clear | Comments: Paper reports 'The researcher had already formed a therapeutic relationship with the women when they were patients on the mother and baby unit, and this previous rapport was felt to be beneficial as the interviews started with ease. While it is acknowledged that any interviewer will have an effect on the data, and this existing relationship may have been a source of bias, the benefits of the existing relationship outweighed the methodological costs.' |

1.2.11HALL2006

| Bibliographic reference: Hall P. Mothers' experiences of postnatal depression: an interpretative phenomenological analysis. Community Practitioner. 2006;79:256-260. | | | |
|---|---|----------------|--|
| | Key research question/aim: Barriers to access | | |
| Checklist completed by: Odette Megnin-Viggars | | | |
| Section 1: theoretical approach | | | |
| 1.1 Is a qualitative approach appropriate? For example: Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings (in healthcare this would apply to how care is organised and patient experiences of care)? Or could a quantitative approach better have addressed the research question? | Appropriate | Comments: None | |
| 1.2 Is the study clear in what it seeks to do? For example: | Clear | Comments: None | |

| Is the purpose of the study discussed – aims/objectives/research question(s)? Are the values/assumptions/theory underpinning the purpose of the study discussed? | | |
|--|-------------|---|
| | | |
| Section 2: study design | Defending | Carrage and a Nicora |
| 2.1 How defensible/rigorous is the research design/methodology? For example: Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? | Defensible | Comments: None |
| Section 3: data collection | | |
| 3.1 How well was the data collection carried out? For example: Are the data collection methods clearly described? Were the data collected appropriate to address the research question? | Appropriate | Comments: None |
| Section 4: validity | | |
| 4.1 Is the context clearly described? For example: Are the characteristics of the participants and settings clearly defined? Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors consider the influence of the setting where the study took place)? | Clear | Comments: None |
| 4.2 Were the methods reliable? For example: Were data collected by more than one method? Were other studies considered with discussion about similar/different results? | Not sure | Comments: Data were collected with only one method |
| Section 5: analysis | | |
| 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across groups/sites? | Rich | Comments: None |
| 5.2 Is the analysis reliable? For example: Did more than one researcher theme and code transcripts/data? If so, how were differences resolved? | Reliable | Comments: The process of extracting relevant information was checked by an independent researcher |

| Were negative/discrepant results addressed or ignored? Is it clear how the themes and concepts were derived from the data? | | |
|--|-----------------------|---|
| 5.3 Are the findings convincing? For example: Are the findings clearly presented? Are the findings internally coherent (that is, are the results credible in relation to the study question)? Are extracts from the original data included (for example, direct quotes from participants)? Are the data appropriately referenced so that the sources of the extracts can be identified? Is the reporting clear and coherent? | Convincing | Comments: None |
| 5.4 Are the conclusions adequate? For example: How clear are the links between data, interpretation and conclusions? Are the conclusions plausible and coherent? Have alternative explanations been explored and discounted? Are the implications of the research clearly defined? Is there adequate discussion of any limitations encountered? | Adequate | Comments: None |
| Section 6: ethics | | |
| 6.1 Was the study approved by an ethics committee? | Yes | Comments: Local research ethics committee and relevant clinical governance bodies |
| 6.2 Is the role of the researcher clearly described? For example: Has the relationship between the researcher and the participants been adequately described? Is how the research was explained and presented to the participants described? | Not sure/not reported | Comments: Not reported |

1.2.12HANLEY2006

| Bibliographic reference: Hanley J, Long B. A study of Welsh mothers' experiences of postnatal depression. | | | |
|---|-------------|----------------|--|
| Midwifery. 2006;22:147-157. | | | |
| Guidance topic: Antenatal and postnatal mental Key research question/aim: Factors that improve EoC | | | |
| health: clinical management and service guidance | | | |
| Checklist completed by: Odette Megnin-Viggars | | | |
| Section 1: theoretical approach | | | |
| 1.1 Is a qualitative approach appropriate? | Appropriate | Comments: None | |
| For example: | | | |
| Does the research question seek to understand | | | |

| processes or structures, or illuminate subjective experiences or meanings (in healthcare this would apply to how care is organised and patient experiences of care)? Or could a quantitative approach better have addressed the research question? | | |
|---|-------------|--|
| 1.2 Is the study clear in what it seeks to do? For example: Is the purpose of the study discussed – aims/objectives/research question(s)? Are the values/assumptions/theory underpinning the purpose of the study discussed? | Clear | Comments: None |
| Section 2: study design | | |
| 2.1 How defensible/rigorous is the research design/methodology? For example: Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? | Defensible | Comments: None |
| Section 3: data collection | | |
| 3.1 How well was the data collection carried out? For example: Are the data collection methods clearly described? Were the data collected appropriate to address the research question? | Appropriate | Comments: None |
| Section 4: validity | | |
| 4.1 Is the context clearly described? For example: Are the characteristics of the participants and settings clearly defined? Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors consider the influence of the setting where the study took place)? | Clear | Comments: None |
| 4.2 Were the methods reliable? For example: Were data collected by more than one method? Were other studies considered with discussion about similar/different results? | Not sure | Comments: Data were collected with only one method |
| Section 5: analysis | | |
| 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? | Rich | Comments: None |

| Are responses compared and contrasted across groups/sites? | | |
|--|-----------------------|---|
| 5.2 Is the analysis reliable? For example: Did more than one researcher theme and code transcripts/data? If so, how were differences resolved? Were negative/discrepant results addressed or ignored? Is it clear how the themes and concepts were derived from the data? | Not sure/Not reported | Comments: No double-coding is reported |
| 5.3 Are the findings convincing? For example: Are the findings clearly presented? Are the findings internally coherent (that is, are the results credible in relation to the study question)? Are extracts from the original data included (for example, direct quotes from participants)? Are the data appropriately referenced so that the sources of the extracts can be identified? Is the reporting clear and coherent? | Convincing | Comments: None |
| 5.4 Are the conclusions adequate? For example: How clear are the links between data, interpretation and conclusions? Are the conclusions plausible and coherent? Have alternative explanations been explored and discounted? Are the implications of the research clearly defined? Is there adequate discussion of any limitations encountered? | Adequate | Comments: None |
| Section 6: ethics | | |
| 6.1 Was the study approved by an ethics committee? | Yes | Comments: Local ethics committee |
| 6.2 Is the role of the researcher clearly described? For example: Has the relationship between the researcher and the participants been adequately described? Is how the research was explained and presented to the participants described? | Clear | Comments: Paper reports 'The researcher acknowledged the need to overcome the barriers often implicit in the interview context, and to identify any personal experiences. Using an informal schedule and approach, it was hoped that any barriers would be avoided, and an egalitarian relationship would be allowed to |

| | develop between the |
|--|---------------------|
| | researcher and the |
| | mother' |

1.2.13HERON2012

| Bibliographic reference: Heron J, Gilbert N, Dolman C, | Shah S, Beare I, Dearden S, et al | . Information and support | |
|---|-----------------------------------|----------------------------|--|
| needs during recovery from postpartum psychosis. Arc | | | |
| Guidance topic: Antenatal and postnatal mental | Key research question/aim: Ex | perience of inpatient unit | |
| health: clinical management and service guidance | | | |
| Checklist completed by: Odette Megnin-Viggars | | | |
| Section 1: theoretical approach | | | |
| 1.1 Is a qualitative approach appropriate? | Appropriate | Comments: None | |
| For example: | | | |
| Does the research question seek to understand | | | |
| processes or structures, or illuminate subjective | | | |
| experiences or meanings (in healthcare this would | | | |
| apply to how care is organised and patient experiences of care)? Or could a quantitative approach better have | | | |
| addressed the research question? | | | |
| addressed the research question: | | | |
| 1.2 Is the study clear in what it seeks to do? | Clear | Comments: None | |
| For example: | | | |
| Is the purpose of the study discussed – | | | |
| aims/objectives/research question(s)? | | | |
| Are the values/assumptions/theory underpinning the | | | |
| purpose of the study discussed? | | | |
| Castion Destroyer design | | | |
| Section 2: study design 2.1 How defensible/rigorous is the research | Defensible | Comments: None | |
| design/methodology? | Defensible | Comments: None | |
| For example: | | | |
| Are there clear accounts of the rationale/justification | | | |
| for the sampling, data collection and data analysis | | | |
| techniques used? | | | |
| _ | | | |
| Section 3: data collection | | | |
| 3.1 How well was the data collection carried out? | Appropriate | Comments: None | |
| For example: | | | |
| Are the data collection methods clearly described? | | | |
| Were the data collected appropriate to address the | | | |
| research question? | | | |
| Section 4: validity | | | |
| 4.1 Is the context clearly described? | Unclear | Comments: Setting not | |
| For example: | | reported | |
| Are the characteristics of the participants and settings | | | |
| clearly defined? | | | |
| Were observations made in a variety of circumstances | | | |
| and from a range of respondents? | | | |
| Was context bias considered (that is, did the authors | | | |
| consider the influence of the setting where the study | | | |

| took place)? | | |
|--|------------|--|
| 4.2 Were the methods reliable? For example: Were data collected by more than one method? Were other studies considered with discussion about similar/different results? | Not sure | Comments: Data were collected with only one method |
| Section 5: analysis | | |
| 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across groups/sites? | Rich | Comments: None |
| 5.2 Is the analysis reliable? For example: Did more than one researcher theme and code transcripts/data? If so, how were differences resolved? Were negative/discrepant results addressed or ignored? Is it clear how the themes and concepts were derived from the data? | Reliable | Comments: Individuals conducted coding and thematic development Independently. These independent analyses were then integrated, with disagreements negotiated through discussion |
| 5.3 Are the findings convincing? For example: Are the findings clearly presented? Are the findings internally coherent (that is, are the results credible in relation to the study question)? Are extracts from the original data included (for example, direct quotes from participants)? Are the data appropriately referenced so that the sources of the extracts can be identified? Is the reporting clear and coherent? | Convincing | Comments: None |
| 5.4 Are the conclusions adequate? For example: How clear are the links between data, interpretation and conclusions? Are the conclusions plausible and coherent? Have alternative explanations been explored and discounted? Are the implications of the research clearly defined? Is there adequate discussion of any limitations encountered? | Adequate | Comments: None |
| Section 6: ethics | | |
| 6.1 Was the study approved by an ethics committee? | Yes | Comments: |

| | | Birmingham and Solihull Mental Health Foundation Trust |
|---|-----------------------|---|
| 6.2 Is the role of the researcher clearly described? For example: Has the relationship between the researcher and the participants been adequately described? Is how the research was explained and presented to the participants described? | Not sure/not reported | Comments: Not reported |

1.2.14HUNT2009

| Bibliographic reference: Hunt K, France E, Ziebland S, I | ield K, Wyke S. 'My brain coulc | n't move from planning |
|---|---------------------------------|----------------------------|
| a birth to planning a funeral': a qualitative study of pare | | er ending a pregnancy |
| for fetal abnormality. International Journal of Nursing S | Studies. 2009;46:1111-1121. | |
| Guidance topic: Antenatal and postnatal mental | Key research question/aim: Ex | perience of termination of |
| health: clinical management and service guidance | pregnancy following diagnosis | of fetal abnormality |
| Checklist completed by: Odette Megnin-Viggars | | - |
| Section 1: theoretical approach | | |
| 1.1 Is a qualitative approach appropriate? | Appropriate | Comments: None |
| For example: | | |
| Does the research question seek to understand | | |
| processes or structures, or illuminate subjective | | |
| experiences or meanings (in healthcare this would | | |
| apply to how care is organised and patient experiences | | |
| of care)? Or could a quantitative approach better have | | |
| addressed the research question? | | |
| 1 | | |
| 1.2 Is the study clear in what it seeks to do? | Clear | Comments: None |
| For example: | | |
| Is the purpose of the study discussed – | | |
| aims/objectives/research question(s)? | | |
| Are the values/assumptions/theory underpinning the | | |
| purpose of the study discussed? | | |
| | | |
| Section 2: study design | | |
| 2.1 How defensible/rigorous is the research | Defensible | Comments: None |
| design/methodology? | | |
| For example: | | |
| Are there clear accounts of the rationale/justification | | |
| for the sampling, data collection and data analysis | | |
| techniques used? | | |
| | | |
| Section 3: data collection | | C |
| 3.1 How well was the data collection carried out? | Appropriate | Comments: None |
| For example: | | |
| Are the data collection methods clearly described? | | |
| Were the data collected appropriate to address the | | |
| research question? | | |
| | | |

| Section 4: validity | | |
|--|------------|---|
| 4.1 Is the context clearly described? For example: Are the characteristics of the participants and settings clearly defined? Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors consider the influence of the setting where the study took place)? | Unclear | Comments: Description of participant characteristics is very limited |
| 4.2 Were the methods reliable? For example: Were data collected by more than one method? Were other studies considered with discussion about similar/different results? | Not sure | Comments: Data were collected with only one method |
| Section 5: analysis | | |
| 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across groups/sites? | Rich | Comments: None |
| 5.2 Is the analysis reliable? For example: Did more than one researcher theme and code transcripts/data? If so, how were differences resolved? Were negative/discrepant results addressed or ignored? Is it clear how the themes and concepts were derived from the data? | Reliable | Comments: Randomly selected frameworks were independently verified against the full transcript by another member of the secondary analysis team |
| 5.3 Are the findings convincing? For example: Are the findings clearly presented? Are the findings internally coherent (that is, are the results credible in relation to the study question)? Are extracts from the original data included (for example, direct quotes from participants)? Are the data appropriately referenced so that the sources of the extracts can be identified? Is the reporting clear and coherent? | Convincing | Comments: None |
| 5.4 Are the conclusions adequate? For example: How clear are the links between data, interpretation and conclusions? | Adequate | Comments: None |

| Are the conclusions plausible and coherent? Have alternative explanations been explored and discounted? Are the implications of the research clearly defined? Is there adequate discussion of any limitations encountered? | | |
|---|-----------------------|--|
| Section 6: ethics | | |
| 6.1 Was the study approved by an ethics committee? | Yes | Comments: UK Multi- centre Research Ethics Committee |
| 6.2 Is the role of the researcher clearly described? For example: Has the relationship between the researcher and the participants been adequately described? Is how the research was explained and presented to the participants described? | Not sure/not reported | Comments: Not reported |

1.2.15MAPP2005A/2005B

| Bibliographic reference: Mapp T, Hudson K. Feelings an Journal of Midwifery. 2005a;13:30–35. | nd fears during obstetric emerge | ncies, part1. British | |
|--|----------------------------------|-----------------------|--|
| Mapp T. Feelings and fears post obstetric emergencies, part2. British Journal of Midwifery. 2005b;13:36–40. Guidance topic: Antenatal and postnatal mental health: clinical management and service guidance Checklist completed by: Odette Megnin-Viggars | | | |
| Section 1: theoretical approach | | | |
| 1.1 Is a qualitative approach appropriate? For example: Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings (in healthcare this would apply to how care is organised and patient experiences of care)? Or could a quantitative approach better have addressed the research question? | Appropriate | Comments: None | |
| 1.2 Is the study clear in what it seeks to do? For example: Is the purpose of the study discussed – aims/objectives/research question(s)? Are the values/assumptions/theory underpinning the purpose of the study discussed? | Clear | Comments: None | |
| Section 2: study design | | | |
| 2.1 How defensible/rigorous is the research design/methodology? For example: Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? | Defensible | Comments: None | |

| Costion 2. data called the | | |
|---|-----------------------|--|
| Section 3: data collection 3.1 How well was the data collection carried out? For example: Are the data collection methods clearly described? Were the data collected appropriate to address the research question? | Appropriate | Comments: None |
| Section 4: validity | | |
| 4.1 Is the context clearly described? For example: Are the characteristics of the participants and settings clearly defined? Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors consider the influence of the setting where the study took place)? | Unclear | Comments: Limited detail is reported with regards to participant characteristics |
| 4.2 Were the methods reliable? For example: Were data collected by more than one method? Were other studies considered with discussion about similar/different results? | Not sure | Comments: Data were collected with only one method |
| Section 5: analysis | | |
| 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across groups/sites? | Rich | Comments: None |
| 5.2 Is the analysis reliable? For example: Did more than one researcher theme and code transcripts/data? If so, how were differences resolved? Were negative/discrepant results addressed or ignored? Is it clear how the themes and concepts were derived from the data? | Not sure/not reported | Comments: No double-coding reported |
| 5.3 Are the findings convincing? For example: Are the findings clearly presented? Are the findings internally coherent (that is, are the results credible in relation to the study question)? Are extracts from the original data included (for example, direct quotes from participants)? | Convincing | Comments: None |

| Are the data appropriately referenced so that the sources of the extracts can be identified? Is the reporting clear and coherent? | | |
|---|-----------------------|---|
| 5.4 Are the conclusions adequate? For example: How clear are the links between data, interpretation and conclusions? Are the conclusions plausible and coherent? Have alternative explanations been explored and discounted? Are the implications of the research clearly defined? Is there adequate discussion of any limitations encountered? | Adequate | Comments: None |
| Section 6: ethics | | |
| 6.1 Was the study approved by an ethics committee? | Yes | Comments: Local Ethics Committee and the trust's Research and Development Committee |
| 6.2 Is the role of the researcher clearly described? For example: Has the relationship between the researcher and the participants been adequately described? Is how the research was explained and presented to the participants described? | Not sure/not reported | Comments: Not reported |

1.2.16MCCREIGHT2008

| Bibliographic reference: McCreight BS. Perinatal loss: a | qualitative study in Northern Ir | eland. Omega. 2008:57:1- |
|--|---------------------------------------|--------------------------|
| 19. | Tumbur e stady in Hormeni in | 2000,07.11 |
| Guidance topic: Antenatal and postnatal mental | Key research question/aim: Ex | perience of pregnancy |
| health: clinical management and service guidance | loss due to stillbirth or miscarriage | |
| Checklist completed by: Odette Megnin-Viggars | | |
| Section 1: theoretical approach | | |
| 1.1 Is a qualitative approach appropriate? For example: | Appropriate | Comments: None |
| Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings (in healthcare this would apply to how care is organised and patient experiences of care)? Or could a quantitative approach better have addressed the research question? | | |
| 1.2 Is the study clear in what it seeks to do? For example: Is the purpose of the study discussed – aims/objectives/research question(s)? Are the values/assumptions/theory underpinning the purpose of the study discussed? | Clear | Comments: None |

| Section 2: study design | | |
|--|-----------------------|--|
| 2.1 How defensible/rigorous is the research design/methodology? For example: Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? | Defensible | Comments: None |
| Section 3: data collection | | |
| 3.1 How well was the data collection carried out? For example: Are the data collection methods clearly described? Were the data collected appropriate to address the research question? | Appropriate | Comments: None |
| Section 4: validity | | |
| 4.1 Is the context clearly described? For example: Are the characteristics of the participants and settings clearly defined? Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors consider the influence of the setting where the study took place)? | Clear | Comments: None |
| 4.2 Were the methods reliable? For example: Were data collected by more than one method? Were other studies considered with discussion about similar/different results? | Reliable | Comments: Data was triangulated (involved comparison of interview data with observation notes taken at support group meetings and contact was initiated with 10 hospitals throughout Northern Ireland to investigate hospital practice and procedures) |
| Section 5: analysis | | |
| 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across groups/sites? | Rich | Comments: None |
| 5.2 Is the analysis reliable? For example: | Not sure/not reported | Comments: No double- coding reported |

| Did more than one researcher theme and code transcripts/data? If so, how were differences resolved? Were negative/discrepant results addressed or ignored? Is it clear how the themes and concepts were derived from the data? | | |
|--|-----------------------|--|
| 5.3 Are the findings convincing? For example: Are the findings clearly presented? Are the findings internally coherent (that is, are the results credible in relation to the study question)? Are extracts from the original data included (for example, direct quotes from participants)? Are the data appropriately referenced so that the sources of the extracts can be identified? Is the reporting clear and coherent? | Convincing | Comments: None |
| 5.4 Are the conclusions adequate? For example: How clear are the links between data, interpretation and conclusions? Are the conclusions plausible and coherent? Have alternative explanations been explored and discounted? Are the implications of the research clearly defined? Is there adequate discussion of any limitations encountered? | Adequate | Comments: None |
| Section 6: ethics | | |
| 6.1 Was the study approved by an ethics committee? | Yes | Comments: Research Ethics Committee, University of Ulster, Northern Ireland |
| 6.2 Is the role of the researcher clearly described? For example: Has the relationship between the researcher and the participants been adequately described? Is how the research was explained and presented to the participants described? | Not sure/not reported | Comments: Not reported |

1.2.17MCGRATH2013

| Bibliographic reference: McGrath L, Peters S, Wieck A, Wittkowski A. The process of recovery in women who | | | |
|---|--------------------------------|------------------------|--|
| experienced psychosis following childbirth. BMC Psychiatry. 2013;13:341. | | | |
| Guidance topic: Antenatal and postnatal mental | Key research question/aim: Fac | tors that diminish EoC | |
| nealth: clinical management and service guidance | | | |
| Checklist completed by: Odette Megnin-Viggars | | | |
| Section 1: theoretical approach | | | |
| 1.1 Is a qualitative approach appropriate? | Appropriate | Comments: None | |

| , | | |
|--|-------------|--|
| For example: Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings (in healthcare this would apply to how care is organised and patient experiences of care)? Or could a quantitative approach better have addressed the research question? | | |
| 1.2 Is the study clear in what it seeks to do? For example: Is the purpose of the study discussed – aims/objectives/research question(s)? Are the values/assumptions/theory underpinning the purpose of the study discussed? | Clear | Comments: None |
| Section 2: study design | | |
| 2.1 How defensible/rigorous is the research design/methodology? For example: Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? | Defensible | Comments: None |
| Section 3: data collection | | |
| 3.1 How well was the data collection carried out? For example: Are the data collection methods clearly described? Were the data collected appropriate to address the research question? | Appropriate | Comments: None |
| Section 4: validity | | |
| 4.1 Is the context clearly described? For example: Are the characteristics of the participants and settings clearly defined? Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors consider the influence of the setting where the study took place)? | Clear | Comments: None |
| 4.2 Were the methods reliable? For example: Were data collected by more than one method? Were other studies considered with discussion about similar/different results? | Not sure | Comments: Data were collected with only one method |
| Section 5: analysis | | |
| 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? | Rich | Comments: None |

| Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across groups/sites? | | |
|--|-----------------------|--|
| 5.2 Is the analysis reliable? For example: Did more than one researcher theme and code transcripts/data? If so, how were differences resolved? Were negative/discrepant results addressed or ignored? Is it clear how the themes and concepts were derived from the data? | Not sure/not reported | Comments: No double-coding reported |
| 5.3 Are the findings convincing? For example: Are the findings clearly presented? Are the findings internally coherent (that is, are the results credible in relation to the study question)? Are extracts from the original data included (for example, direct quotes from participants)? Are the data appropriately referenced so that the sources of the extracts can be identified? Is the reporting clear and coherent? | Convincing | Comments: None |
| 5.4 Are the conclusions adequate? For example: How clear are the links between data, interpretation and conclusions? Are the conclusions plausible and coherent? Have alternative explanations been explored and discounted? Are the implications of the research clearly defined? Is there adequate discussion of any limitations encountered? | Adequate | Comments: None |
| Section 6: ethics | | |
| 6.1 Was the study approved by an ethics committee? | Yes | Comments: University of Manchester's Research Governance Department, the local Research Ethics Committee (LREC reference: 11/H1003/8) and the relevant NHS Trust Research and Development Department |
| 6.2 Is the role of the researcher clearly described? For example: Has the relationship between the researcher and the participants been adequately described? | Cieai | Comments: Paper reports 'the main researcher (LM) considered her |

| Is how the research was explained and presented to the | 1 | motives, background |
|--|-------|--|
| participants described? | | and role as a researcher |
| | | and the ways in which |
| | | experiences and |
| | | knowledge might |
| | | influence the |
| | | generation, analysis |
| | l 1 3 | and interpretation of |
| | | data. She was a 28- |
| | | year-old White British |
| | l - | woman who had some |
| | | experience of working |
| | | with people with |
| | | psychosis in the context |
| | | of an Early |
| | | Intervention in |
| | | Psychosis service. A |
| | | 3 |
| | | recovery approach, |
| | | valued by service users, was one of the |
| | | |
| | | guiding principles used |
| | | within such teams. |
| | | Although she had no |
| | | experience of working |
| | | with someone who had |
| | | experienced psychosis |
| | | in the context of |
| | | childbirth, she reflected |
| | | upon the importance of |
| | | considering the context |
| | | in which psychosis was |
| | | experienced and the |
| | | effects not only for the |
| | | person themselves but |
| | | also their family at a |
| | | - |
| | j | joyful'. |
| | 1 | time, expected to be |

1.2.18NICHOLLS2007

| Bibliographic reference: Nicholls K, Ayers S. Childbirth-related post-traumatic stress disorder in couples: a | | |
|---|--|----------------|
| qualitative study. British Journal of Health Psychology. 2007;12:491–509. | | |
| Guidance topic: Antenatal and postnatal mental | Key research question/aim: Factors that diminish EoC | |
| health: clinical management and service guidance | | |
| Checklist completed by: Odette Megnin-Viggars | | |
| Section 1: theoretical approach | | |
| 1.1 Is a qualitative approach appropriate? | Appropriate | Comments: None |
| For example: | | |
| Does the research question seek to understand | | |
| processes or structures, or illuminate subjective | | |
| experiences or meanings (in healthcare this would | | |
| apply to how care is organised and patient experiences | | |

| of care)? Or could a quantitative approach better have addressed the research question? | | |
|---|-------------|--|
| 1.2 Is the study clear in what it seeks to do? For example: Is the purpose of the study discussed – aims/objectives/research question(s)? Are the values/assumptions/theory underpinning the purpose of the study discussed? | Clear | Comments: None |
| Section 2: study design | | |
| 2.1 How defensible/rigorous is the research design/methodology? For example: Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? | Defensible | Comments: None |
| Section 3: data collection | | |
| 3.1 How well was the data collection carried out? For example: Are the data collection methods clearly described? Were the data collected appropriate to address the research question? | Appropriate | Comments: None |
| Section 4: validity | | |
| 4.1 Is the context clearly described? For example: Are the characteristics of the participants and settings clearly defined? Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors consider the influence of the setting where the study took place)? | Clear | Comments: None |
| 4.2 Were the methods reliable? For example: Were data collected by more than one method? Were other studies considered with discussion about similar/different results? | Not sure | Comments: Data were collected with only one method |
| Section 5: analysis | | |
| 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across groups/sites? | Rich | Comments: None |

| E O In the analysis validated | Dalialda | Commonto, C. 1 1 |
|--|-----------------------|------------------------|
| 5.2 Is the analysis reliable? | Reliable | Comments: Codes and |
| For example: | | themes were identified |
| Did more than one researcher theme and code | | and agreed by the |
| transcripts/data? | | authors. In addition, |
| If so, how were differences resolved? | | transcripts were |
| Were negative/discrepant results addressed or | | independently |
| ignored? | | coded by a third |
| Is it clear how the themes and concepts were derived | | researcher and |
| from the data? | | percentage agreement |
| | | was 89% |
| 5.3 Are the findings convincing? | Convincing | Comments: None |
| For example: | | |
| Are the findings clearly presented? | | |
| Are the findings internally coherent (that is, are the | | |
| results credible in relation to the study question)? | | |
| Are extracts from the original data included (for | | |
| example, direct quotes from participants)? | | |
| Are the data appropriately referenced so that the | | |
| sources of the extracts can be identified? | | |
| Is the reporting clear and coherent? | | |
| is the reporting event unit concretion | | |
| 5.4 Are the conclusions adequate? | Adequate | Comments: None |
| For example: | | |
| How clear are the links between data, interpretation | | |
| and conclusions? | | |
| Are the conclusions plausible and coherent? | | |
| Have alternative explanations been explored and | | |
| discounted? | | |
| Are the implications of the research clearly defined? | | |
| Is there adequate discussion of any limitations | | |
| encountered? | | |
| encountered: | | |
| Section 6: ethics | | |
| 6.1 Was the study approved by an ethics committee? | Yes | Comments: Sussex |
| | | University |
| 6.2 Is the role of the researcher clearly described? | Not sure/not reported | Comments: Not |
| For example: | , 1 | reported |
| Has the relationship between the researcher and the | | • |
| participants been adequately described? | | |
| Is how the research was explained and presented to the | | |
| participants described? | | |
| r | | |
| | | |

1.2.19PARVIN2004

| Bibliographic reference: Parvin A, Jones CE, Hull SA. Experiences and understandings of social and emotional | | |
|--|--|--|
| distress in the postnatal period among Bangladeshi women living in Tower Hamlets. Family Practice. | | |
| 2004;21:254-260. | | |
| Guidance topic: Antenatal and postnatal mental Key research question/aim: Barriers to access | | |
| health: clinical management and service guidance | | |
| Checklist completed by: Odette Megnin-Viggars | | |
| Section 1: theoretical approach | | |

| 1.1 Is a qualitative approach appropriate? For example: Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings (in healthcare this would apply to how care is organised and patient experiences of care)? Or could a quantitative approach better have addressed the research question? | Appropriate | Comments: None |
|--|-------------|---|
| 1.2 Is the study clear in what it seeks to do? For example: Is the purpose of the study discussed – aims/objectives/research question(s)? Are the values/assumptions/theory underpinning the purpose of the study discussed? | Clear | Comments: None |
| Section 2: study design | | |
| 2.1 How defensible/rigorous is the research design/methodology? For example: Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? | Defensible | Comments: None |
| Section 3: data collection | | |
| 3.1 How well was the data collection carried out? For example: Are the data collection methods clearly described? Were the data collected appropriate to address the research question? | Appropriate | Comments: None |
| Section 4: validity | | |
| 4.1 Is the context clearly described? For example: Are the characteristics of the participants and settings clearly defined? Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors consider the influence of the setting where the study took place)? | Unclear | Comments: Description of participant characteristics is limited |
| 4.2 Were the methods reliable? For example: Were data collected by more than one method? Were other studies considered with discussion about similar/different results? | Not sure | Comments: Data were collected with only one method |
| Section 5: analysis | | |
| 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been | Rich | Comments: None |

| , | | |
|--|--------------------------------------|---|
| explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across groups/sites? | | |
| 5.2 Is the analysis reliable? For example: Did more than one researcher theme and code transcripts/data? If so, how were differences resolved? Were negative/discrepant results addressed or ignored? Is it clear how the themes and concepts were derived from the data? | Not sure/not reported | Comments: No double-coding is reported |
| 5.3 Are the findings convincing? For example: Are the findings clearly presented? Are the findings internally coherent (that is, are the results credible in relation to the study question)? Are extracts from the original data included (for example, direct quotes from participants)? Are the data appropriately referenced so that the sources of the extracts can be identified? Is the reporting clear and coherent? | Convincing | Comments: None |
| 5.4 Are the conclusions adequate? For example: How clear are the links between data, interpretation and conclusions? Are the conclusions plausible and coherent? Have alternative explanations been explored and discounted? Are the implications of the research clearly defined? Is there adequate discussion of any limitations encountered? | Adequate | Comments: None |
| Section 6: ethics | | |
| 6.1 Was the study approved by an ethics committee? | Not sure/not reported/not applicable | Comments: Ethical approval not reported |
| 6.2 Is the role of the researcher clearly described? For example: Has the relationship between the researcher and the participants been adequately described? Is how the research was explained and presented to the participants described? | Not sure/not reported | Comments: Not reported |

1.2.20PATEL2013

| Bibliographic reference: Patel S, Wittkowski A, Fox JR, | Wieck A. An exploration | of illness beliefs in mothers with |
|---|-------------------------|------------------------------------|
| postnatal depression. Midwifery. 2013;29:682-689. | | |
| Guidance topic: Antenatal and postnatal mental | Key research question/a | aim: Experience of |
| health: clinical management and service guidance | antidepressants | |
| Checklist completed by: Odette Megnin-Viggars | | |
| Section 1: theoretical approach | <u> </u> | |
| 1.1 Is a qualitative approach appropriate? | Appropriate | Comments: None |
| For example: | | |
| Does the research question seek to understand | | |
| processes or structures, or illuminate subjective | | |
| experiences or meanings (in healthcare this would | | |
| apply to how care is organised and patient experiences | | |
| of care)? Or could a quantitative approach better have | | |
| addressed the research question? | | |
| 1.2 Is the study clear in what it seeks to do? | Clear | Comments: None |
| For example: | Clear | Comments, None |
| Is the purpose of the study discussed – | | |
| aims/objectives/research question(s)? | | |
| Are the values/assumptions/theory underpinning the | | |
| purpose of the study discussed? | | |
| purpose of the study discussed: | | |
| Section 2: study design | | |
| 2.1 How defensible/rigorous is the research | Defensible | Comments: None |
| design/methodology? | | |
| For example: | | |
| Are there clear accounts of the rationale/justification for | or | |
| the sampling, data collection and data analysis | | |
| techniques used? | | |
| Section 3: data collection | | |
| 3.1 How well was the data collection carried out? | Appropriate | Comments: None |
| For example: | | |
| Are the data collection methods clearly described? | | |
| Were the data collected appropriate to address the | | |
| research question? | | |
| | | |
| Section 4: validity | | |
| 4.1 Is the context clearly described? | Clear | Comments: None |
| For example: | | |
| Are the characteristics of the participants and settings | | |
| clearly defined? | | |
| Were observations made in a variety of circumstances | | |
| and from a range of respondents? | | |
| Was context bias considered (that is, did the authors | | |
| consider the influence of the setting where the study | | |
| took place)? | | |
| 4.2 Were the methods reliable? | Not sure | Comments: Data were |
| For example: | TNOT SUITE | collected with only one |
| Were data collected by more than one method? | | method |
| There data concerca by more than one method: | | псию |

| Were other studies considered with discussion about | | |
|--|-----------------------|--|
| similar/different results? | | |
| Section 5: analysis | | |
| 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across groups/sites? | Rich | Comments: None |
| 5.2 Is the analysis reliable? For example: Did more than one researcher theme and code transcripts/data? If so, how were differences resolved? Were negative/discrepant results addressed or ignored? Is it clear how the themes and concepts were derived from the data? | Not sure/not reported | Comments: Independent researchers only checked through one transcript to verify agreement on codes |
| 5.3 Are the findings convincing? For example: Are the findings clearly presented? Are the findings internally coherent (that is, are the results credible in relation to the study question)? Are extracts from the original data included (for example, direct quotes from participants)? Are the data appropriately referenced so that the sources of the extracts can be identified? Is the reporting clear and coherent? | Convincing | Comments: None |
| 5.4 Are the conclusions adequate? For example: How clear are the links between data, interpretation and conclusions? Are the conclusions plausible and coherent? Have alternative explanations been explored and discounted? Are the implications of the research clearly defined? Is there adequate discussion of any limitations encountered? | Adequate | Comments: None |
| Section 6: ethics | | |
| 6.1 Was the study approved by an ethics committee? | Yes | Comments: Ethical |
| 6.2 Is the role of the researcher elecular described? | Clear | approval granted |
| 6.2 Is the role of the researcher clearly described? For example: Has the relationship between the researcher and the participants been adequately described? Is how the research was explained and presented to the | Clear | Comments: Paper reports 'One of the authors (SP) analysed all of the data under Supervision. She was a |

| participants described? | 27-year-old, unmarried |
|-------------------------|-------------------------|
| rr | British Indian woman |
| | without any children. |
| | While she had no |
| | |
| | personal experience of |
| | PND, as a Clinical |
| | Psychologist she had |
| | worked therapeutically |
| | with two individuals |
| | with PND. She found |
| | this intriguing because |
| | she reflected on the |
| | impact having a baby |
| | had on the clients' |
| | ability to engage in |
| | therapy at that time. |
| | She also had previous |
| | experience using the |
| | IPQ within a |
| | haematology service.' |

1.2.21RAYMOND2009

| Bibliographic reference: Raymond JE. 'Creating a safety net': women's experiences of antenatal depression and | | | |
|---|---|----------------|--|
| their identification of helpful community support and services during pregnancy. Midwifery. 2009;25:39-49. | | | |
| Guidance topic: Antenatal and postnatal mental | Key research question/aim: Modifications that improve | | |
| health: clinical management and service guidance | EoC | | |
| Checklist completed by: Odette Megnin-Viggars | | | |
| Section 1: theoretical approach | | | |
| 1.1 Is a qualitative approach appropriate? | Appropriate | Comments: None | |
| For example: | | | |
| Does the research question seek to understand | | | |
| processes or structures, or illuminate subjective | | | |
| experiences or meanings (in healthcare this would | | | |
| apply to how care is organised and patient experiences | | | |
| of care)? Or could a quantitative approach better have | | | |
| addressed the research question? | | | |
| • | | | |
| 1.2 Is the study clear in what it seeks to do? | Clear | Comments: None | |
| For example: | | | |
| Is the purpose of the study discussed – | | | |
| aims/objectives/research question(s)? | | | |
| Are the values/assumptions/theory underpinning the | | | |
| purpose of the study discussed? | | | |
| | | | |
| Section 2: study design | | | |
| 2.1 How defensible/rigorous is the research | Defensible | Comments: None | |
| design/methodology? | | | |
| For example: | | | |
| Are there clear accounts of the rationale/justification fo | r | | |
| the sampling, data collection and data analysis | | | |
| techniques used? | | | |

| | I | |
|--|-----------------------|--|
| Section 3: data collection | | |
| 3.1 How well was the data collection carried out? For example: Are the data collection methods clearly described? Were the data collected appropriate to address the research question? | Appropriate | Comments: None |
| Section 4: validity | | |
| 4.1 Is the context clearly described? For example: Are the characteristics of the participants and settings clearly defined? Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors consider the influence of the setting where the study took place)? | Clear | Comments: None |
| 4.2 Were the methods reliable? For example: Were data collected by more than one method? Were other studies considered with discussion about similar/different results? | Not sure | Comments: Data were collected with only one method |
| Section 5: analysis | | |
| 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across groups/sites? | Rich | Comments: None |
| 5.2 Is the analysis reliable? For example: Did more than one researcher theme and code transcripts/data? If so, how were differences resolved? Were negative/discrepant results addressed or ignored? Is it clear how the themes and concepts were derived from the data? | Not sure/not reported | Comments: No double-coding reported |
| 5.3 Are the findings convincing? For example: Are the findings clearly presented? Are the findings internally coherent (that is, are the results credible in relation to the study question)? Are extracts from the original data included (for example, direct quotes from participants)? Are the data appropriately referenced so that the | Convincing | Comments: None |

| sources of the extracts can be identified? Is the reporting clear and coherent? | | |
|---|-----------------------|---|
| 5.4 Are the conclusions adequate? For example: How clear are the links between data, interpretation and conclusions? Are the conclusions plausible and coherent? Have alternative explanations been explored and discounted? Are the implications of the research clearly defined? Is there adequate discussion of any limitations encountered? | Adequate | Comments: None |
| Section 6: ethics | | |
| 6.1 Was the study approved by an ethics committee? | Yes | Comments: Approval was gained from both the local acute Trust and the local Primary Care Trust, on whose premises the study was conducted |
| 6.2 Is the role of the researcher clearly described? For example: Has the relationship between the researcher and the participants been adequately described? Is how the research was explained and presented to the participants described? | Not sure/not reported | Comments: Not reported |

1.2.22ROBERTSON2003

| Bibliographic reference: Robertson E, Lyons A. Living v | vith puerperal psychosis: | a qualitative analysis. |
|---|---------------------------|-------------------------------|
| Psychology and Psychotherapy. 2003;76:411–431. | | |
| Guidance topic: Antenatal and postnatal mental | Key research question/a | im: Factors that diminish EoC |
| health: clinical management and service guidance | | |
| Checklist completed by: Odette Megnin-Viggars | | |
| Section 1: theoretical approach | | |
| 1.1 Is a qualitative approach appropriate? | Appropriate | Comments: None |
| For example: | | |
| Does the research question seek to understand | | |
| processes or structures, or illuminate subjective | | |
| experiences or meanings (in healthcare this would | | |
| apply to how care is organised and patient experiences | | |
| of care)? Or could a quantitative approach better have | | |
| addressed the research question? | | |
| 1 | | |
| 1.2 Is the study clear in what it seeks to do? | Clear | Comments: None |
| For example: | | |
| Is the purpose of the study discussed – | | |
| aims/objectives/research question(s)? | | |
| Are the values/assumptions/theory underpinning the | | |

| purpose of the study discussed? | | |
|--|-----------------------|--|
| Section 2: study design | | |
| 2.1 How defensible/rigorous is the research design/methodology? For example: Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? | Defensible | Comments: None |
| Section 3: data collection | | |
| 3.1 How well was the data collection carried out? For example: Are the data collection methods clearly described? Were the data collected appropriate to address the research question? | Appropriate | Comments: None |
| Section 4: validity | | |
| 4.1 Is the context clearly described? For example: Are the characteristics of the participants and settings clearly defined? Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors consider the influence of the setting where the study took place)? | Clear | Comments: None |
| 4.2 Were the methods reliable? For example: Were data collected by more than one method? Were other studies considered with discussion about similar/different results? | Not sure | Comments: Data were collected with only one method |
| Section 5: analysis | | |
| 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across groups/sites? | Rich | Comments: None |
| 5.2 Is the analysis reliable? For example: Did more than one researcher theme and code transcripts/data? If so, how were differences resolved? Were negative/discrepant results addressed or ignored? Is it clear how the themes and concepts were derived from the data? | Not sure/not reported | Comments: No double-coding reported |

| 5.3 Are the findings convincing? For example: Are the findings clearly presented? Are the findings internally coherent (that is, are the results credible in relation to the study question)? Are extracts from the original data included (for example, direct quotes from participants)? Are the data appropriately referenced so that the sources of the extracts can be identified? Is the reporting clear and coherent? | Convincing | Comments: None |
|--|-----------------------|---|
| 5.4 Are the conclusions adequate? For example: How clear are the links between data, interpretation and conclusions? Are the conclusions plausible and coherent? Have alternative explanations been explored and discounted? Are the implications of the research clearly defined? Is there adequate discussion of any limitations encountered? | Adequate | Comments: None |
| Section 6: ethics | | |
| 6.1 Was the study approved by an ethics committee? | Yes | Comments: Ethical approval not reported |
| 6.2 Is the role of the researcher clearly described? For example: Has the relationship between the researcher and the participants been adequately described? Is how the research was explained and presented to the participants described? | Not sure/not reported | Comments: Not reported |

1.2.23RYNINKS2014

| Bibliographic reference: Ryninks K, Roberts-Collins C, | Мс | Kenzie-McHarg K, Horsch A. | Mothers' experience of |
|--|-----|-------------------------------|------------------------|
| their contact with their stillborn infant: an interpretative | e p | henomenological analysis. BM | IC Pregnancy and |
| Childbirth. 2014;14:203. | | - | |
| Guidance topic: Antenatal and postnatal mental | K | ey research question/aim: Exp | erience of stillbirth |
| health: clinical management and service guidance | | | |
| Checklist completed by: Odette Megnin-Viggars | | | |
| Section 1: theoretical approach | | | |
| 1.1 Is a qualitative approach appropriate? | | Appropriate | Comments: None |
| For example: | | | |
| Does the research question seek to understand | | | |
| processes or structures, or illuminate subjective | | | |
| experiences or meanings (in healthcare this would | | | |
| apply to how care is organised and patient experiences | | | |
| of care)? Or could a quantitative approach better have | | | |
| addressed the research question? | | | |
| | | | |

| 1.2 Is the study clear in what it seeks to do? For example: Is the purpose of the study discussed - aim objectives/research question(s)? Are the values/assumptions/theory underpinning the purpose of the study discussed? Section 2: study design 2.1 How defensible/rigorous is the research design/methodology? For example: Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? Section 3: data collection 3.1 How well was the data collection carried out? For example: Are the data collected appropriate to address the research question? Section 4: validity 4.1 Is the context clearly described? For example: Are the characteristics of the participants and settings clearly defined? Were the characteristics of the participants and settings clearly defined? Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors consider the influence of the setting where the study took place)? 4.2 Were the methods reliable? For example: Were observations considered with discussion about similar/different results? Section 5: analysis Section 5: analysis Settion 5: analysis For example: How well are the data rich? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the diversity of perspective and content been explored? Has the diversity of perspective and content been explored? Has the diversity of perspective and content been explored? Has the diversity of perspective and content been explored? Has the diversity of perspective and content been explored? Has the diversity of perspective and content been explored? Has the diversity of perspective and content been explored? Has the diversity of perspective and content been explored? Has the diversity of perspective and content been explored? Has the diversity of perspective and content been explored? Has the diversity of perspective and content been explored? | | | |
|--|---------------------------------------|-------------|---------------------|
| Is the purpose of the study discussed – aims/objectives/research question(s)? Are the values/assumptions/theory underpinning the purpose of the study discussed? Section 2: study design 2: How defensible/rigorous is the research design/methodology? For example: Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? Section 3: data collection 3: How well was the data collection carried out? For example: Are the data collection methods clearly described? Were the data collected appropriate to address the research question? Section 4: validity 4:1 Is the context clearly described? For example: Are the characteristics of the participants and settings clearly defined? Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors consider the influence of the setting where the study took place)? 4:2 Were the methods reliable? For example: Were data collected by more than one method? Were other studies considered with discussion about similar/different results? Section 5: analysis 5:1 Are the data 'rich? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across groups/sites? Reliable Comments: Double-coding by two authors | | Clear | Comments: None |
| Are the values/ assumptions/ theory underpinning the purpose of the study discussed? Section 2: study design 2: How dernishle/rigorous is the research design/methodology? For example: Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? Section 3: data collection 3.1 How well was the data collection carried out? For example: Are the data collection methods clearly described? Were the data collected appropriate to address the research question? Section 4: validity 4.1 Is the context clearly described? For example: Are the characteristics of the participants and settings clearly defined? Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors considered the influence of the setting where the study took place)? 4.2 Were the methods reliable? For example: 4.2 Were the methods reliable? For example: 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the diversity of perspective and content been explored? Has the diversity of perspective and content been explored? Has the diversity of perspective and content been explored? Has the diversity of perspective and content been explored? Has the diversity of perspective and content been explored? Has the diversity of perspective and content been explored? Has the diversity of perspective and content been explored? Has the diversity of perspective and content been explored? Are responses compared and contrasted across groups/ sites? Comments: Double-coding by two authors | | | |
| Section 2: study design 2.1 How defensible/rigorous is the research design/methodology? For example: Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? Section 3: data collection 3: How well was the data collection carried out? For example: Are the data collected appropriate to address the research question? Section 4: validity 4.1 Is the context clearly described? Were the data collected appropriate to address the research question? Section 4: validity 4.1 Is the context clearly described? For example: Are the characteristics of the participants and settings clearly defined? Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors consider the influence of the setting where the study took place)? 4.2 Were the methods reliable? For example: Were dother studies considered with discussion about similar/different results? Section 5: analysis 5.1 Are the data 'ithi?' For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across groups/sites? Reliable Comments: Double-coding by two authors | aims/objectives/research question(s)? | | |
| Section 2: study design 2.1 How defensible/rigorous is the research design/methodology? For example: Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? Section 3: data collection 3.1 How well was the data collection carried out? For example: Are the data collection methods clearly described? Were the data collected appropriate to address the research question? Section 4: validity 4.1 Is the context clearly described? For example: Are the characteristics of the participants and settings clearly defined? Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors consider the influence of the setting where the study took place)? 4.2 Were the methods reliable? For example: Were other studies considered with discussion about similarly different results? Section 5: analysis 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across groups/sites? 5.2 Is the analysis reliable? For example: Comments: Double-coding by two authors | | | |
| 2.1 How defensible/rigorous is the research design/methodology? For example: Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? Section 3: data collection 3.1 How well was the data collection carried out? For example: Are the data collected appropriate to address the research question? Were the data collected appropriate to address the research question? Section 4: validity 4.1 Is the context clearly described? For example: Are the characteristics of the participants and settings clearly defined? Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors consider the influence of the setting where the study took place)? 4.2 Were the methods reliable? For example: Were other studies considered with discussion about similar/ different results? Section 5: analysis Section 5: analysis Source of the data vich 7: For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Are responses compared and contrasted across groups/sites? Reliable Comments: Double-coding by two authors Comments: Double-coding by two authors | purpose of the study discussed? | | |
| design/methodology? For example: Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? Section 3: data collection 3: How well was the data collection carried out? For example: Are the data collection methods clearly described? Were the data collected appropriate to address the research question? Section 4: validity 4.1 Is the context clearly described? For example: Are the characteristics of the participants and settings clearly defined? Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors consider the influence of the setting where the study took place)? Not sure Comments: Data were collected by more than one method? Were observations ended with discussion about similar/different results? Section 5: analysis 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the diversity of perspective and content been demonstrated? Are responses compared and contrasted across groups/sites? Seliable Comments: Double-coding by two authors | | | |
| For example: Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? Section 3: data collection 3.1 How well was the data collection carried out? For example: Are the data collected appropriate to address the research question? Were the data collected appropriate to address the research question? Section 4: validity 4.1 Is the context clearly described? For example: Are the characteristics of the participants and settings clearly defined? Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors consider the influence of the setting where the study took place)? 4.2 Were the methods reliable? For example: Were other studies considered with discussion about similar/different results? Section 5: analysis 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across groups/ sites? 5.2 Is the analysis reliable? For example: Comments: Double-coding by two authors | | Defensible | Comments: None |
| Are the clar accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? 3.1 How well was the data collection carried out? For example: Any the data collection methods clearly described? Were the data collected appropriate to address the research question? Section 4: validity 4.1 Is the context clearly described? For example: Are the characteristics of the participants and settings clearly defined? Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors consider the influence of the setting where the study took place)? 4.2 Were the methods reliable? For example: Were data collected by more than one method? Were other studies considered with discussion about similar/different results? 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across groups/sites? 5.2 Is the analysis reliable? For example: Comments: Double-coding by two authors | | | |
| the sampling, data collection and data analysis techniques used? Section 3: data collection 3.1 How well was the data collection carried out? For example: Are the data collected appropriate to address the research question? Section 4: validity 4.1 Is the context clearly described? For example: Are the characteristics of the participants and settings clearly defined? Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors consider the influence of the setting where the study took place?) 4.2 Were the methods reliable? For example: Were other studies considered with discussion about similar/different results? Section 5: analysis 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across groups/sites? Reliable Comments: Double-coding by two authors | 1 | | |
| Section 3: data collection 3.1 How well was the data collection carried out? For example: Are the data collected appropriate to address the research question? Were the data collected appropriate to address the research question? Section 4: validity 4.1 Is the context clearly described? For example: Are the characteristics of the participants and settings clearly defined? Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors consider the influence of the setting where the study took place)? 4.2 Were the methods reliable? For example: Were data collected by more than one method? Were other studies considered with discussion about similar/different results? Section 5: analysis 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across groups/sites? Reliable Comments: Double-coding by two authors | | | |
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| Are the data collection methods clearly described? Were the data collected appropriate to address the research question? Section 4: validity 4.1 Is the context clearly described? For example: Are the characteristics of the participants and settings clearly defined? Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors consider the influence of the setting where the study took place)? 4.2 Were the methods reliable? For example: Were observations exidered with discussion about similar/ different results? Section 5: analysis 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the diversity of perspective and content been demonstrated? Are responses compared and contrasted across groups/sites? 8. Reliable Comments: Double-coding by two authors | | Арргориате | Comments, none |
| Were the data collected appropriate to address the research question? | , | | |
| Section 4: validity 4.1 Is the context clearly described? For example: Are the characteristics of the participants and settings clearly defined? Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors consider the influence of the setting where the study took place)? 4.2 Were the methods reliable? For example: Were data collected by more than one method? Were other studies considered with discussion about similar/different results? Section 5: analysis 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across groups/sites? 8. Reliable Comments: Double-coding by two authors | | | |
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| clearly defined? Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors consider the influence of the setting where the study took place)? 4.2 Were the methods reliable? For example: Were data collected by more than one method? Were other studies considered with discussion about similar/different results? Not sure Comments: Data were collected with only one method Were other studies considered with discussion about similar/different results? Section 5: analysis 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across groups/ sites? Reliable Comments: Double-coding by two authors | • | | |
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| consider the influence of the setting where the study took place)? 4.2 Were the methods reliable? For example: Were data collected by more than one method? Were other studies considered with discussion about similar/different results? Section 5: analysis 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across groups/sites? Reliable Comments: Double-coding by two authors | | | |
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| 4.2 Were the methods reliable? For example: Were data collected by more than one method? Were other studies considered with discussion about similar/different results? Section 5: analysis 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across groups/sites? Reliable Comments: Double-coding by two authors | | | |
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| Were data collected by more than one method? Were other studies considered with discussion about similar/different results? Section 5: analysis 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across groups/sites? Reliable Comments: Double-coding by two authors | 4.2 Were the methods reliable? | Not sure | Comments: Data were |
| Were other studies considered with discussion about similar/different results? Section 5: analysis 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across groups/sites? Reliable Comments: Double-coding by two authors | , | | |
| Section 5: analysis 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across groups/sites? Reliable Comments: Double-coding by two authors | • | | method |
| Section 5: analysis 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across groups/sites? For example: Rich Comments: None Rich Comments: None Reliable Comments: Double-coding by two authors | | | |
| 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across groups/sites? S.2 Is the analysis reliable? For example: Rich Comments: None Rich Comments: None Reliable Comments: None Reliable Comments: None | similar/different results? | | |
| For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across groups/sites? 5.2 Is the analysis reliable? For example: Reliable Comments: Double-coding by two authors | Section 5: analysis | | |
| How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across groups/sites? 5.2 Is the analysis reliable? For example: Reliable Comments: Double-coding by two authors | | Rich | Comments: None |
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| Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across groups/sites? 5.2 Is the analysis reliable? For example: Reliable Comments: Double-coding by two authors | · | | |
| demonstrated? Are responses compared and contrasted across groups/sites? 5.2 Is the analysis reliable? For example: Reliable Comments: Double-coding by two authors | | | |
| Are responses compared and contrasted across groups/sites? 5.2 Is the analysis reliable? For example: Reliable Comments: Double-coding by two authors | | | |
| groups/sites? 5.2 Is the analysis reliable? For example: Reliable Comments: Double-coding by two authors | | | |
| For example: coding by two authors | | | |
| For example: coding by two authors | 5.2 Is the analysis reliable? | Reliable | Comments: Double- |
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| transcripts/data? | | by two senior members |
|---|----------------------------|---|
| If so, how were differences resolved? | | of the research team |
| Were negative/discrepant results addressed or ignored? | | |
| Is it clear how the themes and concepts were derived from the data? | | |
| from the data? | | |
| 5.3 Are the findings convincing? | Convincing | Comments: None |
| For example: | | |
| Are the findings clearly presented? Are the findings internally coherent (that is, are the | | |
| results credible in relation to the study question)? | | |
| Are extracts from the original data included (for | | |
| example, direct quotes from participants)? | | |
| Are the data appropriately referenced so that the | | |
| sources of the extracts can be identified? | | |
| Is the reporting clear and coherent? | | |
| 5.4 Are the conclusions adequate? | Adequate | Comments: None |
| For example: | | |
| How clear are the links between data, interpretation and conclusions? | | |
| Are the conclusions plausible and coherent? | | |
| Have alternative explanations been explored and | | |
| discounted? | | |
| Are the implications of the research clearly defined? | | |
| Is there adequate discussion of any limitations encountered? | | |
| | | |
| encountereu: | | |
| Section 6: ethics | | |
| | Yes | Comments: |
| Section 6: ethics | Yes | Oxfordshire research |
| Section 6: ethics | Yes | Oxfordshire research ethics committee |
| Section 6: ethics | Yes | Oxfordshire research ethics committee B (study number: |
| Section 6: ethics | Yes | Oxfordshire research ethics committee |
| Section 6: ethics | Yes | Oxfordshire research ethics committee B (study number: 06/Q/605/15) and site specific approval for eight |
| Section 6: ethics | Yes | Oxfordshire research ethics committee B (study number: 06/Q/605/15) and site specific approval for eight other sites |
| Section 6: ethics | Yes | Oxfordshire research ethics committee B (study number: 06/Q/605/15) and site specific approval for eight other sites (Northampton, |
| Section 6: ethics | Yes | Oxfordshire research ethics committee B (study number: 06/Q/605/15) and site specific approval for eight other sites (Northampton, Swindon, |
| Section 6: ethics | Yes | Oxfordshire research ethics committee B (study number: 06/Q/605/15) and site specific approval for eight other sites (Northampton, |
| Section 6: ethics | Yes | Oxfordshire research ethics committee B (study number: 06/Q/605/15) and site specific approval for eight other sites (Northampton, Swindon, Reading, High Wycombe, Bristol, Milton Keynes, |
| Section 6: ethics | Yes | Oxfordshire research ethics committee B (study number: 06/Q/605/15) and site specific approval for eight other sites (Northampton, Swindon, Reading, High Wycombe, Bristol, Milton Keynes, Warwick, |
| Section 6: ethics 6.1 Was the study approved by an ethics committee? | | Oxfordshire research ethics committee B (study number: 06/Q/605/15) and site specific approval for eight other sites (Northampton, Swindon, Reading, High Wycombe, Bristol, Milton Keynes, Warwick, and Aylesbury) |
| Section 6: ethics 6.1 Was the study approved by an ethics committee? 6.2 Is the role of the researcher clearly described? | Yes Not sure/not reported | Oxfordshire research ethics committee B (study number: 06/Q/605/15) and site specific approval for eight other sites (Northampton, Swindon, Reading, High Wycombe, Bristol, Milton Keynes, Warwick, and Aylesbury) Comments: Not |
| Section 6: ethics 6.1 Was the study approved by an ethics committee? | | Oxfordshire research ethics committee B (study number: 06/Q/605/15) and site specific approval for eight other sites (Northampton, Swindon, Reading, High Wycombe, Bristol, Milton Keynes, Warwick, and Aylesbury) |
| Section 6: ethics 6.1 Was the study approved by an ethics committee? 6.2 Is the role of the researcher clearly described? For example: Has the relationship between the researcher and the participants been adequately described? | | Oxfordshire research ethics committee B (study number: 06/Q/605/15) and site specific approval for eight other sites (Northampton, Swindon, Reading, High Wycombe, Bristol, Milton Keynes, Warwick, and Aylesbury) Comments: Not |
| Section 6: ethics 6.1 Was the study approved by an ethics committee? 6.2 Is the role of the researcher clearly described? For example: Has the relationship between the researcher and the participants been adequately described? Is how the research was explained and presented to the | | Oxfordshire research ethics committee B (study number: 06/Q/605/15) and site specific approval for eight other sites (Northampton, Swindon, Reading, High Wycombe, Bristol, Milton Keynes, Warwick, and Aylesbury) Comments: Not |
| Section 6: ethics 6.1 Was the study approved by an ethics committee? 6.2 Is the role of the researcher clearly described? For example: Has the relationship between the researcher and the participants been adequately described? | | Oxfordshire research ethics committee B (study number: 06/Q/605/15) and site specific approval for eight other sites (Northampton, Swindon, Reading, High Wycombe, Bristol, Milton Keynes, Warwick, and Aylesbury) Comments: Not |

1.2.24SHAKESPEARE2003

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| eening with EPDS | im: Experience of routine |
| eening with EPDS | im: Experience of routine |
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| Appropriate | |
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| Not sure | Comments: Data were |
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|---|---|-------------------------------------|
| Were data collected by more than one method? | | method |
| Were other studies considered with discussion about | | |
| similar/different results? | | |
| Section 5: analysis | | |
| 5.1 Are the data 'rich'? | Rich | Comments: None |
| For example: | | |
| How well are the contexts of the data described? | | |
| Has the diversity of perspective and content been | | |
| explored? | | |
| Has the detail of the data that were collected been | | |
| demonstrated? | | |
| Are responses compared and contrasted across | | |
| groups/sites? | | |
| 5.2 Is the analysis reliable? | Reliable | Comments: Double- |
| For example: | | coding by two of the |
| Did more than one researcher theme and code | | researchers |
| transcripts/data? | | |
| If so, how were differences resolved? | | |
| Were negative/discrepant results addressed or ignored? | | |
| Is it clear how the themes and concepts were derived | | |
| from the data? | | |
| 5.3 Are the findings convincing? | Convincing | Comments: None |
| For example: | 001111111111111111111111111111111111111 | |
| Are the findings clearly presented? | | |
| Are the findings internally coherent (that is, are the | | |
| results credible in relation to the study question)? | | |
| Are extracts from the original data included (for | | |
| example, direct quotes from participants)? | | |
| Are the data appropriately referenced so that the | | |
| sources of the extracts can be identified? | | |
| Is the reporting clear and coherent? | | |
| 5.4 Are the conclusions adequate? | Adequate | Comments: None |
| For example: | | |
| How clear are the links between data, interpretation and | | |
| conclusions? | | |
| Are the conclusions plausible and coherent? | | |
| Have alternative explanations been explored and | | |
| discounted? | | |
| Are the implications of the research clearly defined? Is there adequate discussion of any limitations | | |
| encountered? | | |
| | | |
| Section 6: ethics | l V. | Comment |
| 6.1 Was the study approved by an ethics committee? | Yes | Comments: |
| | | Oxfordshire Applied and Qualitative |
| | | Research Ethics |
| | | Committee |
| 6.2 Is the role of the researcher clearly described? | Not sure/not reported | Comments: Not |
| o.∠ is the role of the researcher clearly described? | Not sure/ not reported | Comments: Not |

| For example: | reported |
|--|----------|
| Has the relationship between the researcher and the | _ |
| participants been adequately described? | |
| Is how the research was explained and presented to the | |
| participants described? | |
| | |

1.2.25SHAKESPEARE2006

| Bibliographic reference: Shakespeare J, Blake F, Garcia J listening visits in primary care? A qualitative interview 2006;24:149-162. | | |
|--|-------------------------|-------------------------------------|
| Guidance topic: Antenatal and postnatal mental health: clinical management and service guidance | Key research question/a | nim: Experience of listening visits |
| Checklist completed by: Odette Megnin-Viggars | | |
| Section 1: theoretical approach | | |
| 1.1 Is a qualitative approach appropriate? For example: | Appropriate | Comments: None |
| Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings (in healthcare this would apply to how care is organised and patient experiences of care)? Or could a quantitative approach better have addressed the research question? | | |
| 1.2 Is the study clear in what it seeks to do? For example: Is the purpose of the study discussed – aims/objectives/research question(s)? Are the values/assumptions/theory underpinning the purpose of the study discussed? | Clear | Comments: None |
| Section 2: study design | | |
| 2.1 How defensible/rigorous is the research design/methodology? For example: Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? | Defensible | Comments: None |
| Section 3: data collection | | |
| 3.1 How well was the data collection carried out? For example: Are the data collection methods clearly described? Were the data collected appropriate to address the research question? | Appropriate | Comments: None |
| Section 4: validity | | |
| 4.1 Is the context clearly described? For example: Are the characteristics of the participants and settings clearly defined? | Clear | Comments: None |

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|--|------------|--|
| Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors consider the influence of the setting where the study took place)? | | |
| 4.2 Were the methods reliable? For example: Were data collected by more than one method? Were other studies considered with discussion about similar/different results? | Not sure | Comments: Data were collected with only one method |
| Section 5: analysis | | |
| 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across groups/sites? | Rich | Comments: None |
| 5.2 Is the analysis reliable? For example: Did more than one researcher theme and code transcripts/data? If so, how were differences resolved? Were negative/discrepant results addressed or ignored? Is it clear how the themes and concepts were derived from the data? | Reliable | Comments: Triple- coding by three of the researchers |
| 5.3 Are the findings convincing? For example: Are the findings clearly presented? Are the findings internally coherent (that is, are the results credible in relation to the study question)? Are extracts from the original data included (for example, direct quotes from participants)? Are the data appropriately referenced so that the sources of the extracts can be identified? Is the reporting clear and coherent? | Convincing | Comments: None |
| 5.4 Are the conclusions adequate? For example: How clear are the links between data, interpretation and conclusions? Are the conclusions plausible and coherent? Have alternative explanations been explored and discounted? Are the implications of the research clearly defined? Is there adequate discussion of any limitations encountered? | Adequate | Comments: None |

| Section 6: ethics | | | |
|---|-----------------------|---|--|
| 6.1 Was the study approved by an ethics committee? | Yes | Comments: Oxfordshire Applied and Qualitative Research Ethics Committee | |
| 6.2 Is the role of the researcher clearly described? For example: Has the relationship between the researcher and the participants been adequately described? Is how the research was explained and presented to the participants described? | Not sure/not reported | Comments: Not reported | |

1.2.26SIMMONS2006

| | 1 | | |
|---|---|----------------|--|
| Bibliographic reference: Simmons RK, Singh G, Maconoci | | | |
| the UK: qualitative findings from the National Women's | Health Study. Social Science an | d | |
| Medicine.2006;63:1934-1946. | | | |
| | Key research question/aim: Exp | - | |
| | ealth: clinical management and service guidance miscarriage information and support | | |
| Checklist completed by: Odette Megnin-Viggars | | | |
| Section 1: theoretical approach | | | |
| 1.1 Is a qualitative approach appropriate? | Appropriate | Comments: None | |
| For example: | | | |
| Does the research question seek to understand | | | |
| processes or structures, or illuminate subjective | | | |
| experiences or meanings (in healthcare this would | | | |
| apply to how care is organised and patient experiences | | | |
| of care)? Or could a quantitative approach better have | | | |
| addressed the research question? | | | |
| | | | |
| 1.2 Is the study clear in what it seeks to do? | Clear | Comments: None | |
| For example: | | | |
| Is the purpose of the study discussed – | | | |
| aims/objectives/research question(s)? | | | |
| Are the values/assumptions/theory underpinning the | | | |
| purpose of the study discussed? | | | |
| Section 2: study design | | | |
| 2.1 How defensible/rigorous is the research | Defensible | Comments: None | |
| design/methodology? | | | |
| For example: | | | |
| Are there clear accounts of the rationale/justification for | | | |
| the sampling, data collection and data analysis | | | |
| techniques used? | | | |
| Section 3: data collection | | | |
| 3.1 How well was the data collection carried out? | Appropriate | Comments: None | |
| For example: | | | |
| Are the data collection methods clearly described? | | | |

| , | 1 | |
|---|------------|--|
| Were the data collected appropriate to address the research question? | | |
| Section 4: validity | | |
| 4.1 Is the context clearly described? | Unclear | Comments: |
| For example: Are the characteristics of the participants and settings clearly defined? Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors consider the influence of the setting where the study took place)? | Chelcur | Description of participant characteristics is very limited |
| 4.2 Were the methods reliable? | Not sure | Comments: Data were |
| For example: Were data collected by more than one method? Were other studies considered with discussion about similar/different results? | not sure | collected with only one method |
| Section 5: analysis | | |
| 5.1 Are the data 'rich'? | Rich | Comments: None |
| For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across groups/sites? | | |
| 5.2 Is the analysis reliable? | Reliable | Comments: Double- |
| For example: Did more than one researcher theme and code transcripts/data? If so, how were differences resolved? Were negative/discrepant results addressed or ignored? Is it clear how the themes and concepts were derived from the data? | | coding by two of the authors |
| 5.3 Are the findings convincing? | Convincing | Comments: None |
| For example: Are the findings clearly presented? Are the findings internally coherent (that is, are the results credible in relation to the study question)? Are extracts from the original data included (for example, direct quotes from participants)? Are the data appropriately referenced so that the sources of the extracts can be identified? Is the reporting clear and coherent? | | |
| 5.4 Are the conclusions adequate? For example: | Adequate | Comments: None |

| How clear are the links between data, interpretation and conclusions? Are the conclusions plausible and coherent? Have alternative explanations been explored and discounted? Are the implications of the research clearly defined? Is there adequate discussion of any limitations encountered? | | |
|--|-----------------------|---|
| Section 6: ethics | | |
| 6.1 Was the study approved by an ethics committee? | Yes | Comments: Trent Multi-Centre Research Ethics Committee and the Ethics Committee of the London School of Hygiene & Tropical Medicine |
| 6.2 Is the role of the researcher clearly described? For example: Has the relationship between the researcher and the participants been adequately described? Is how the research was explained and presented to the participants described? | Not sure/not reported | Comments: Not reported |

1.2.27SLADE2010

| Bibliographic reference: Slade P, Morrell CJ, Rigby A, R | Ricci K, Spittlehouse J, Brug | gha TS. Postnatal women's |
|---|-------------------------------|------------------------------|
| experiences of management of depressive symptoms: a qualitative study. British Journal of General Practice. | | |
| 2010;60:e440-e448. | | |
| Guidance topic: Antenatal and postnatal mental | Key research question/ai | im: Factors that improve EoC |
| health: clinical management and service guidance | | |
| Checklist completed by: Odette Megnin-Viggars | | |
| Section 1: theoretical approach | | |
| 1.1 Is a qualitative approach appropriate? | Appropriate | Comments: None |
| For example: | | |
| Does the research question seek to understand | | |
| processes or structures, or illuminate subjective | | |
| experiences or meanings (in healthcare this would | | |
| apply to how care is organised and patient experiences | | |
| of care)? Or could a quantitative approach better have | | |
| addressed the research question? | | |
| | | |
| 1.2 Is the study clear in what it seeks to do? | Clear | Comments: None |
| For example: | | |
| Is the purpose of the study discussed – | | |
| aims/objectives/research question(s)? | | |
| Are the values/assumptions/theory underpinning the | | |
| purpose of the study discussed? | | |
| Castian Orate de dacion | | |
| Section 2: study design | | |

| 2.1 How defensible/rigorous is the research design/methodology? For example: | Defensible | Comments: None |
|--|-----------------------|--|
| Are there clear accounts of the rationale/justification for | | |
| the sampling, data collection and data analysis | | |
| techniques used? | | |
| Section 3: data collection | | |
| 3.1 How well was the data collection carried out? | Appropriate | Comments: None |
| For example: | | |
| Are the data collection methods clearly described? | | |
| Were the data collected appropriate to address the research question? | | |
| research question: | | |
| Section 4: validity | | |
| 4.1 Is the context clearly described? | Unclear | Comments: Setting not |
| For example: | | reported and fairly |
| Are the characteristics of the participants and settings clearly defined? | | limited description of |
| Were observations made in a variety of circumstances | | participant characteristics |
| and from a range of respondents? | | Characteristics |
| Was context bias considered (that is, did the authors | | |
| consider the influence of the setting where the study | | |
| took place)? | | |
| 40747 (1 (1 1 1 1 1 1 2 | NT (| C + D + |
| 4.2 Were the methods reliable? For example: | Not sure | Comments: Data were collected with only one |
| Were data collected by more than one method? | | method |
| Were other studies considered with discussion about | | The three to the total and the |
| similar/different results? | | |
| Castian Evanducia | | |
| Section 5: analysis 5.1 Are the data 'rich'? | Rich | Comments: None |
| For example: | Rich | Comments. I vone |
| How well are the contexts of the data described? | | |
| Has the diversity of perspective and content been | | |
| explored? | | |
| Has the detail of the data that were collected been | | |
| demonstrated? | | |
| Are responses compared and contrasted across groups/sites? | | |
| groups/ sites: | | |
| 5.2 Is the analysis reliable? | Not sure/not reported | Comments: No double- |
| For example: | | coding reported |
| Did more than one researcher theme and code | | |
| transcripts/data? | | |
| If so, how were differences resolved? Were negative/discrepant results addressed or ignored? | | |
| Is it clear how the themes and concepts were derived | | |
| from the data? | | |
| | | |
| 5.3 Are the findings convincing? | Convincing | Comments: None |
| For example: | | |

| Are the findings clearly presented? Are the findings internally coherent (that is, are the results credible in relation to the study question)? Are extracts from the original data included (for example, direct quotes from participants)? Are the data appropriately referenced so that the sources of the extracts can be identified? Is the reporting clear and coherent? | | |
|--|-----------------------|---|
| 5.4 Are the conclusions adequate? For example: How clear are the links between data, interpretation and conclusions? Are the conclusions plausible and coherent? Have alternative explanations been explored and discounted? Are the implications of the research clearly defined? Is there adequate discussion of any limitations encountered? | Adequate | Comments: None |
| Section 6: ethics | | |
| 6.1 Was the study approved by an ethics committee? | Yes | Comments: University and NHS research ethics committees |
| 6.2 Is the role of the researcher clearly described? For example: Has the relationship between the researcher and the participants been adequately described? Is how the research was explained and presented to the participants described? | Not sure/not reported | Comments: Not reported |

1.2.28SMITH2007

| Bibliographic reference: Smith L, Gibb S. Postnatal support for drug users: evaluation of a specialist health | | |
|---|-------------------------|---------------------|
| visiting service. Community Practitioner. 2007;80:24-29 | | |
| Guidance topic: Antenatal and postnatal mental Key research question/aim: Experience of a specialist | | |
| health: clinical management and service guidance | health visiting service | |
| Checklist completed by: Odette Megnin-Viggars | | |
| Section 1: theoretical approach | | |
| 1.1 Is a qualitative approach appropriate? | Appropriate | Comments: |
| For example: | | Quantitative and |
| Does the research question seek to understand | | health professional |
| processes or structures, or illuminate subjective | | data also collected |
| experiences or meanings (in healthcare this would | | |
| apply to how care is organised and patient experiences | | |
| of care)? Or could a quantitative approach better have | | |
| addressed the research question? | | |
| | | |
| 1.2 Is the study clear in what it seeks to do? | Clear | Comments: None |
| For example: | | |
| Is the purpose of the study discussed – | | |

| , , , | 1 | |
|---|-------------|-------------------------|
| aims/objectives/research question(s)? | | |
| Are the values/assumptions/theory underpinning the | | |
| purpose of the study discussed? | | |
| r-Feet et automation | | |
| Section 2: study design | | |
| 2.1 How defensible/rigorous is the research | Defensible | Comments: None |
| design/methodology? | Detension | Comments, I vone |
| For example: | | |
| , | | |
| Are there clear accounts of the rationale/justification for | | |
| the sampling, data collection and data analysis | | |
| techniques used? | | |
| Section 3: data collection | | |
| 3.1 How well was the data collection carried out? | Appropriate | Comments: None |
| | Арргорпате | Comments, None |
| For example: | | |
| Are the data collection methods clearly described? | | |
| Were the data collected appropriate to address the | | |
| research question? | | |
| Section 4 validity | | |
| Section 4: validity | Cloor | Comments: None |
| 4.1 Is the context clearly described? | Clear | Comments: None |
| For example: | | |
| Are the characteristics of the participants and settings | | |
| clearly defined? | | |
| Were observations made in a variety of circumstances | | |
| and from a range of respondents? | | |
| Was context bias considered (that is, did the authors | | |
| consider the influence of the setting where the study | | |
| took place)? | | |
| 1 / | | |
| 4.2 Were the methods reliable? | Not sure | Comments: Data were |
| For example: | | collected with only one |
| Were data collected by more than one method? | | method |
| Were other studies considered with discussion about | | |
| similar/different results? | | |
| Similar/ different results: | | |
| Section 5: analysis | | |
| 5.1 Are the data 'rich'? | Rich | Comments: None |
| For example: | | |
| How well are the contexts of the data described? | | |
| Has the diversity of perspective and content been | | |
| explored? | | |
| Has the detail of the data that were collected been | | |
| | | |
| demonstrated? | | |
| Are responses compared and contrasted across | | |
| groups/sites? | | |
| 5.2 In the analysis reliable? | Reliable | Comments: Trials |
| 5.2 Is the analysis reliable? | Kellable | Comments: Triple- |
| For example: | | coding by three of the |
| Did more than one researcher theme and code | | researchers and |
| transcripts/data? | | independent |
| If so, how were differences resolved? | | verification |
| Were negative/discrepant results addressed or ignored? | | |

| Is it clear how the themes and concepts were derived from the data? | | |
|--|-----------------------|------------------------------------|
| 5.3 Are the findings convincing? For example: Are the findings clearly presented? Are the findings internally coherent (that is, are the results credible in relation to the study question)? Are extracts from the original data included (for example, direct quotes from participants)? Are the data appropriately referenced so that the sources of the extracts can be identified? Is the reporting clear and coherent? | Convincing | Comments: None |
| 5.4 Are the conclusions adequate? For example: How clear are the links between data, interpretation and conclusions? Are the conclusions plausible and coherent? Have alternative explanations been explored and discounted? Are the implications of the research clearly defined? Is there adequate discussion of any limitations encountered? | Adequate | Comments: None |
| Section 6: ethics | | |
| 6.1 Was the study approved by an ethics committee? | Yes | Comments: Trent MREC (02/4/108) |
| 6.2 Is the role of the researcher clearly described? For example: Has the relationship between the researcher and the participants been adequately described? Is how the research was explained and presented to the participants described? | Not sure/not reported | Comments: Not reported |

1.2.29SNOWDON2012

| Bibliographic reference: Snowdon C, Elbourne D, Forsey M, Alfirevic Z. Information-hungry and | | |
|---|--------------------------------|----------------------|
| disempowered: a qualitative study of women and their partners' experiences of severe postpartum | | |
| haemorrhage. Midwifery. 2012;28:791-799. | | |
| Guidance topic: Antenatal and postnatal mental | Key research question/aim: Exp | erience of traumatic |
| health: clinical management and service guidance | birth | |
| Checklist completed by: Odette Megnin-Viggars | | |
| Section 1: theoretical approach | | |
| 1.1 Is a qualitative approach appropriate? | Appropriate | Comments: None |
| For example: | | |
| Does the research question seek to understand | | |
| processes or structures, or illuminate subjective | | |
| experiences or meanings (in healthcare this would | | |
| apply to how care is organised and patient experiences | | |

| of care)? Or could a quantitative approach better have addressed the research question? Iz Is the study clear in what it seeks to do? For example: Is the purpose of the study discussed - aims/ objectives/ research question(s)? Are the values/assumptions/theory underpinning the purpose of the study discussed? 2.1 How defensible/figorous is the research design/methodology? For example: Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? Section 3: data collection 3.1 How well was the data collection carried out? For example: Are the data collection methods clearly described? Were the data collection methods clearly described? Were the data collected purporpirate to address the research question? Section 4: validity 4.1 Is the context clearly described? For example: Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors consider the influence of the setting where the study took place)? 4.2 Were the methods reliable? For example: Were other studies considered with discussion about similar/ different results? Section 5: analysis 5.1 Are the data richt? For example: Hondard Town a range of respondents? Kitch Comments: None Comments: Data were collected with only one method Were other studies considered with discussion about similar/ different results? Section 5: analysis 5.1 Are the data lock the data described? Has the detail of the data that were collected been demonstrated? Has the detail of the data that were collected been demonstrated? Has the detail of the data that were collected been demonstrated? | | | |
|---|--|-------------|---|
| For example: Section 3: study discussed - aims/objectives/research question(s)? Are the values/ assumptions/ theory underpinning the purpose of the study discussed? Section 2: study design | , | | |
| 2.1 How defensible/rigorous is the research design/methodology? For example: Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? Section 3: data collection 3.1 How well was the data collection carried out? For example: Are the data collection methods clearly described? Were the data collected appropriate to address the research question? Section 4: validity 4.1 Is the context clearly described? For example: Are the characteristics of the participants and settings clearly defined? Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors consider the influence of the setting where the study took place)? 4.2 Were the methods reliable? For example: Were observations onsidered with discussion about similar/ different results? Not sure Comments: Data were collected with only one method Were other studies considered with discussion about similar/ different results? Section 5: analysis 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across | For example: Is the purpose of the study discussed – aims/objectives/research question(s)? Are the values/assumptions/theory underpinning the | Clear | Comments: None |
| 2.1 How defensible/rigorous is the research design/methodology? For example: Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? Section 3: data collection 3.1 How well was the data collection carried out? For example: Are the data collection methods clearly described? Were the data collected appropriate to address the research question? Section 4: validity 4.1 Is the context clearly described? For example: Are the characteristics of the participants and settings clearly defined? Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors consider the influence of the setting where the study took place)? 4.2 Were the methods reliable? For example: Were observations onsidered with discussion about similar/ different results? Not sure Comments: Data were collected with only one method Were other studies considered with discussion about similar/ different results? Section 5: analysis 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across | Section 2: study design | | |
| 3.1 How well was the data collection carried out? For example: Are the data collection methods clearly described? Were the data collected appropriate to address the research question? Section 4: validity 4.1 Is the context clearly described? For example: Are the characteristics of the participants and settings clearly defined? Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors consider the influence of the setting where the study took place)? 4.2 Were the methods reliable? For example: Were data collected by more than one method? Were data collected by more than one method? Were other studies considered with discussion about similar/different results? Section 5: analysis 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across | 2.1 How defensible/rigorous is the research design/methodology? For example: Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis | Defensible | Comments: None |
| For example: Are the data collection methods clearly described? Were the data collected appropriate to address the research question? Section 4: validity 4.1 Is the context clearly described? For example: Are the characteristics of the participants and settings clearly defined? Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors consider the influence of the setting where the study took place)? 4.2 Were the methods reliable? For example: Were other studies considered with discussion about similar/ different results? Section 5: analysis 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across | | | |
| 4.1 Is the context clearly described? For example: Are the characteristics of the participants and settings clearly defined? Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors consider the influence of the setting where the study took place)? 4.2 Were the methods reliable? For example: Were other studies considered with discussion about similar/ different results? Section 5: analysis 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across | For example: Are the data collection methods clearly described? Were the data collected appropriate to address the | Appropriate | Comments: None |
| For example: Are the characteristics of the participants and settings clearly defined? Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors consider the influence of the setting where the study took place)? All were the methods reliable? For example: Were data collected by more than one method? Were other studies considered with discussion about similar/ different results? Section 5: analysis 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across | Section 4: validity | | |
| For example: Were data collected by more than one method? Were other studies considered with discussion about similar/different results? Section 5: analysis 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across | For example: Are the characteristics of the participants and settings clearly defined? Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors consider the influence of the setting where the study | Unclear | reported and description of participant characteristics very |
| 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across | For example: Were data collected by more than one method? Were other studies considered with discussion about | Not sure | collected with only one |
| 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across | Section 5: analysis | | |
| | For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across | Rich | Comments: None |

| , | | |
|--|------------|---|
| 5.2 Is the analysis reliable? For example: Did more than one researcher theme and code transcripts/data? If so, how were differences resolved? Were negative/discrepant results addressed or ignored? Is it clear how the themes and concepts were derived from the data? | Reliable | Comments: Double-coding by two researchers |
| 5.3 Are the findings convincing? For example: Are the findings clearly presented? Are the findings internally coherent (that is, are the results credible in relation to the study question)? Are extracts from the original data included (for example, direct quotes from participants)? Are the data appropriately referenced so that the sources of the extracts can be identified? Is the reporting clear and coherent? | Convincing | Comments: None |
| 5.4 Are the conclusions adequate? For example: How clear are the links between data, interpretation and conclusions? Are the conclusions plausible and coherent? Have alternative explanations been explored and discounted? Are the implications of the research clearly defined? Is there adequate discussion of any limitations encountered? | Adequate | Comments: None |
| Section 6: othics | | |
| Section 6: ethics | Van | Commonto, Comitat 1 |
| 6.1 Was the study approved by an ethics committee? | Yes | Comments: Cambridge Multicentre Research Ethics Committee (Ref 06/Q0108/40 30-03-2006), Liverpool Research Ethics Committee (Ref AB/66240/1, 16-05-2006) and the Research and Development offices for the two clinical centres involved |
| 6.2 Is the role of the researcher clearly described? For example: Has the relationship between the researcher and the participants been adequately described? Is how the research was explained and presented to the participants described? | Clear | Comments: Paper reports 'Two members of the team, CS and DE, were primarily responsible for analysis. CS is a qualitative researcher specialising in |

| Clinical evidence – completed methodology checklists | |
|--|---------------------------|
| | participants' views of |
| | perinatal trials; DE is a |
| | senior trialist familiar |
| | with qualitative |
| | research in this field. |
| | During the final stages |
| | of the analysis CS and |
| | DE drew on the clinical |
| | and trials experience of |
| | ZA, and MF's |
| | experience of |
| | qualitative research |
| | and her role in the |
| | interviews, to finalise |
| | the findings' |

1.2.30STANLEY2006

| Bibliographic reference: Stanley N, Borthwick R, Macleo | _ | |
|---|-------------------------|-------------------------|
| professional responses. Primary Health Care Research a | | |
| | Key research question/a | aim: Barriers to access |
| health: clinical management and service guidance | | |
| Checklist completed by: Odette Megnin-Viggars | | |
| Section 1: theoretical approach | | |
| 1.1 Is a qualitative approach appropriate? | Appropriate | Comments: None |
| For example: | | |
| Does the research question seek to understand | | |
| processes or structures, or illuminate subjective | | |
| experiences or meanings (in healthcare this would | | |
| apply to how care is organised and patient experiences | | |
| of care)? Or could a quantitative approach better have | | |
| addressed the research question? | | |
| | | |
| 1.2 Is the study clear in what it seeks to do? | Clear | Comments: None |
| For example: | | |
| Is the purpose of the study discussed – | | |
| aims/objectives/research question(s)? | | |
| Are the values/assumptions/theory underpinning the | | |
| purpose of the study discussed? | | |
| | | |
| Section 2: study design | | |
| 2.1 How defensible/rigorous is the research | Defensible | Comments: None |
| design/methodology? | | |
| For example: | | |
| Are there clear accounts of the rationale/justification for | | |
| the sampling, data collection and data analysis | | |
| techniques used? | | |
| | | |
| Section 3: data collection | | |
| 3.1 How well was the data collection carried out? | Appropriate | Comments: None |
| For example: | | |
| Are the data collection methods clearly described? | | |

| Were the data collected appropriate to address the | | |
|--|-----------------------|--|
| research question? | | |
| 1 | | |
| Section 4: validity | | |
| 4.1 Is the context clearly described? For example: Are the characteristics of the participants and settings clearly defined? Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors consider the influence of the setting where the study took place)? | Unclear | Comments: Description of participant characteristics is very limited |
| - / | | |
| 4.2 Were the methods reliable? For example: Were data collected by more than one method? Were other studies considered with discussion about similar/different results? | Not sure | Comments: Data were collected with only one method |
| Section 5: analysis | | |
| 5.1 Are the data 'rich'? | Rich | Comments: None |
| For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across groups/sites? | | |
| 5.2 Is the analysis reliable? For example: Did more than one researcher theme and code transcripts/data? If so, how were differences resolved? Were negative/discrepant results addressed or ignored? Is it clear how the themes and concepts were derived from the data? | Not sure/not reported | Comments: No double-coding reported |
| 5.3 Are the findings convincing? For example: Are the findings clearly presented? Are the findings internally coherent (that is, are the results credible in relation to the study question)? Are extracts from the original data included (for example, direct quotes from participants)? Are the data appropriately referenced so that the sources of the extracts can be identified? Is the reporting clear and coherent? | Convincing | Comments: None |
| 5.4 Are the conclusions adequate? For example: | Adequate | Comments: None |

| How clear are the links between data, interpretation and conclusions? Are the conclusions plausible and coherent? Have alternative explanations been explored and discounted? Are the implications of the research clearly defined? Is there adequate discussion of any limitations encountered? | | |
|--|-----------------------|--|
| Section 6: ethics | | |
| 6.1 Was the study approved by an ethics committee? | Yes | Comments: Local NHS Ethics Committee and an advisory group which included local health professionals and a mother who had experienced depression antenatally, provided guidance and consultation on the design and progress of the study |
| 6.2 Is the role of the researcher clearly described? For example: Has the relationship between the researcher and the participants been adequately described? Is how the research was explained and presented to the participants described? | Not sure/not reported | Comments: Not reported |

1.2.31STAPLETON2008

| Bibliographic reference: Stapleton H, Fielder A, Kirkhar women and infant-feeding decisions. Maternal and Chi | | disordered childbearing | |
|---|----------------------------|---------------------------|--|
| Guidance topic: Antenatal and postnatal mental | Key research question/aim: | Factors that diminish EoC | |
| health: clinical management and service guidance | , | | |
| Checklist completed by: Odette Megnin-Viggars | | | |
| Section 1: theoretical approach | | | |
| 1.1 Is a qualitative approach appropriate? For example: Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings (in healthcare this would apply to how care is organised and patient experiences of care)? Or could a quantitative approach better have addressed the research question? | Appropriate | Comments: None | |
| 1.2 Is the study clear in what it seeks to do? For example: Is the purpose of the study discussed – aims/objectives/research question(s)? Are the values/assumptions/theory underpinning the | Clear | Comments: None | |

| purpose of the study discussed? | | |
|---|-------------|--|
| Section 2: study design | | |
| 2.1 How defensible/rigorous is the research design/methodology? For example: Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? | Defensible | Comments: None |
| Section 3: data collection | | |
| 3.1 How well was the data collection carried out? For example: Are the data collection methods clearly described? Were the data collected appropriate to address the research question? | Appropriate | Comments: None |
| Section 4: validity | | |
| 4.1 Is the context clearly described? For example: Are the characteristics of the participants and settings clearly defined? Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors consider the influence of the setting where the study took place)? | Clear | Comments: None |
| 4.2 Were the methods reliable? For example: Were data collected by more than one method? Were other studies considered with discussion about similar/different results? | Not sure | Comments: Data were collected with only one method |
| Section 5: analysis | | |
| 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across groups/sites? | Rich | Comments: None |
| 5.2 Is the analysis reliable? For example: Did more than one researcher theme and code transcripts/data? If so, how were differences resolved? Were negative/discrepant results addressed or ignored? Is it clear how the themes and concepts were derived from the data? | Reliable | Comments: A random selection of transcripts were collectively coded by authors |

| 5.3 Are the findings convincing? For example: Are the findings clearly presented? Are the findings internally coherent (that is, are the results credible in relation to the study question)? Are extracts from the original data included (for example, direct quotes from participants)? Are the data appropriately referenced so that the sources of the extracts can be identified? Is the reporting clear and coherent? | Convincing | Comments: None |
|--|-----------------------|------------------------------------|
| 5.4 Are the conclusions adequate? For example: How clear are the links between data, interpretation and conclusions? Are the conclusions plausible and coherent? Have alternative explanations been explored and discounted? Are the implications of the research clearly defined? Is there adequate discussion of any limitations encountered? | Adequate | Comments: None |
| Section 6: ethics | | |
| 6.1 Was the study approved by an ethics committee? | Yes | Comments: Ethical approval granted |
| 6.2 Is the role of the researcher clearly described? For example: Has the relationship between the researcher and the participants been adequately described? Is how the research was explained and presented to the participants described? | Not sure/not reported | Comments: Not reported |

1.2.32TEMPLETON2003

| Bibliographic reference: Templeton L, Velleman R, Persaud A, Milner P. The experiences of postnatal depression in women from black and minority ethnic communities in Wiltshire, UK. Ethnicity and Health. 2003;8:207-221. | | | |
|---|---|----------------|--|
| Guidance topic: Antenatal and postnatal mental | Key research question/aim: Barriers to access | | |
| health: clinical management and service guidance | | | |
| Checklist completed by: Odette Megnin-Viggars | | | |
| Section 1: theoretical approach | | | |
| 1.1 Is a qualitative approach appropriate? For example: Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings (in healthcare this would apply to how care is organised and patient experiences of care)? Or could a quantitative approach better have addressed the research question? | Appropriate | Comments: None | |
| 1.2 Is the study clear in what it seeks to do? | Clear | Comments: None | |

| 85 | | |
|---|-------------------------|-------------------------|
| For example: | | |
| Is the purpose of the study discussed – | | |
| aims/objectives/research question(s)? | | |
| Are the values/assumptions/theory underpinning the | | |
| purpose of the study discussed? | | |
| | | |
| Section 2: study design | | |
| 2.1 How defensible/rigorous is the research | Defensible | Comments: None |
| design/methodology? | | |
| For example: | | |
| Are there clear accounts of the rationale/justification for | | |
| the sampling, data collection and data analysis | | |
| techniques used? | | |
| | | |
| Section 3: data collection | Ammonuista | Commonte Name |
| 3.1 How well was the data collection carried out? | Appropriate | Comments: None |
| For example: | | |
| Are the data collection methods clearly described? | | |
| Were the data collected appropriate to address the | | |
| research question? | | |
| Section 4: validity | | |
| 4.1 Is the context clearly described? | Unclear | Comments: |
| For example: | Cheleur | Description of |
| Are the characteristics of the participants and settings | | participant |
| clearly defined? | | characteristics is very |
| Were observations made in a variety of circumstances | | limited |
| and from a range of respondents? | | iiiiiica |
| Was context bias considered (that is, did the authors | | |
| consider the influence of the setting where the study | | |
| took place)? | | |
| took place). | | |
| 4.2 Were the methods reliable? | Reliable | Comments: Data were |
| For example: | | collected by interview |
| Were data collected by more than one method? | | and focus group |
| Were other studies considered with discussion about | | and recas group |
| similar/different results? | | |
| , | | |
| Section 5: analysis | | |
| 5.1 Are the data 'rich'? | Rich | Comments: None |
| For example: | | |
| How well are the contexts of the data described? | | |
| Has the diversity of perspective and content been | | |
| explored? | | |
| Has the detail of the data that were collected been | | |
| demonstrated? | | |
| Are responses compared and contrasted across | | |
| groups/sites? | | |
| 5.2 In the analysis reliable? | Not sure /not remarks d | Commonte: No dess1.1. |
| 5.2 Is the analysis reliable? | Not sure/not reported | Comments: No double- |
| For example: Did more than one researcher theme and code | | coding reported |
| | | |
| transcripts/data? | 1 | |

| If so, how were differences resolved? Were negative/discrepant results addressed or ignored? Is it clear how the themes and concepts were derived from the data? | | |
|--|-----------------------|------------------------------------|
| 5.3 Are the findings convincing? For example: Are the findings clearly presented? Are the findings internally coherent (that is, are the results credible in relation to the study question)? Are extracts from the original data included (for example, direct quotes from participants)? Are the data appropriately referenced so that the sources of the extracts can be identified? Is the reporting clear and coherent? | Convincing | Comments: None |
| 5.4 Are the conclusions adequate? For example: How clear are the links between data, interpretation and conclusions? Are the conclusions plausible and coherent? Have alternative explanations been explored and discounted? Are the implications of the research clearly defined? Is there adequate discussion of any limitations encountered? | Adequate | Comments: None |
| Section 6: ethics | | |
| 6.1 Was the study approved by an ethics committee? | Yes | Comments: Ethical approval granted |
| 6.2 Is the role of the researcher clearly described? For example: Has the relationship between the researcher and the participants been adequately described? Is how the research was explained and presented to the participants described? | Not sure/not reported | Comments: Not reported |

1.2.33THOMSON2008

| Bibliographic reference: Thomson G, Downe S. Widening the trauma discourse: the link between childbirth and | | | |
|---|--|----------------|--|
| experiences of abuse. Journal of Psychosomatic Obstetrics and Gynecology. 2008;29:268-273. | | | |
| Guidance topic: Antenatal and postnatal mental | Key research question/aim: Experience of traumatic | | |
| health: clinical management and service guidance | birth | | |
| Checklist completed by: Odette Megnin-Viggars | | | |
| Section 1: theoretical approach | | | |
| 1.1 Is a qualitative approach appropriate? | Appropriate | Comments: None | |
| For example: | | | |
| Does the research question seek to understand | | | |
| processes or structures, or illuminate subjective | | | |
| experiences or meanings (in healthcare this would | | | |
| apply to how care is organised and patient experiences | | | |

| of care)? Or could a quantitative approach better have addressed the research question? | | |
|---|-------------|--|
| 1.2 Is the study clear in what it seeks to do? For example: Is the purpose of the study discussed – aims/objectives/research question(s)? Are the values/assumptions/theory underpinning the purpose of the study discussed? | Clear | Comments: None |
| Section 2: study design | | |
| 2.1 How defensible/rigorous is the research design/methodology? For example: Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? | Defensible | Comments: None |
| Section 3: data collection | | |
| 3.1 How well was the data collection carried out? For example: Are the data collection methods clearly described? Were the data collected appropriate to address the research question? | Appropriate | Comments: None |
| Section 4: validity | | |
| 4.1 Is the context clearly described? For example: Are the characteristics of the participants and settings clearly defined? Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors consider the influence of the setting where the study took place)? | Clear | Comments: None |
| 4.2 Were the methods reliable? For example: Were data collected by more than one method? Were other studies considered with discussion about similar/different results? | Not sure | Comments: Data were collected with only one method |
| Section 5: analysis | | |
| 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across groups/sites? | Rich | Comments: None |

| 5.2 Is the analysis reliable? For example: Did more than one researcher theme and code transcripts/data? If so, how were differences resolved? Were negative/discrepant results addressed or ignored? Is it clear how the themes and concepts were derived from the data? | Reliable | Comments: Double- coding by two researchers and interpretation interviews with participants |
|--|-----------------------|--|
| 5.3 Are the findings convincing? For example: Are the findings clearly presented? Are the findings internally coherent (that is, are the results credible in relation to the study question)? Are extracts from the original data included (for example, direct quotes from participants)? Are the data appropriately referenced so that the sources of the extracts can be identified? Is the reporting clear and coherent? | Convincing | Comments: None |
| 5.4 Are the conclusions adequate? For example: How clear are the links between data, interpretation and conclusions? Are the conclusions plausible and coherent? Have alternative explanations been explored and discounted? Are the implications of the research clearly defined? Is there adequate discussion of any limitations encountered? | Adequate | Comments: None |
| Section 6: ethics | | |
| 6.1 Was the study approved by an ethics committee? | Yes | Comments: Local research ethics committee |
| 6.2 Is the role of the researcher clearly described? For example: Has the relationship between the researcher and the participants been adequately described? Is how the research was explained and presented to the participants described? | Not sure/not reported | Comments: Not reported |

1.2.34THOMSON2013

| Bibliographic reference: Thomson G, Downe S. A hero's tale of childbirth. Midwifery. 2013;29:765-771. | | | |
|---|--|----------------|--|
| Guidance topic: Antenatal and postnatal mental | Key research question/aim: Experience of traumatic | | |
| health: clinical management and service guidance | vice guidance birth | | |
| Checklist completed by: Odette Megnin-Viggars | | | |
| Section 1: theoretical approach | | | |
| 1.1 Is a qualitative approach appropriate? | Appropriate | Comments: None | |
| For example: | | | |

| , | | |
|--|-------------|--|
| Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings (in healthcare this would apply to how care is organised and patient experiences of care)? Or could a quantitative approach better have addressed the research question? | | |
| 1.2 Is the study clear in what it seeks to do? For example: Is the purpose of the study discussed – aims/objectives/research question(s)? Are the values/assumptions/theory underpinning the purpose of the study discussed? | Clear | Comments: None |
| Section 2: study design | | |
| 2.1 How defensible/rigorous is the research design/methodology? For example: Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? | Defensible | Comments: None |
| Section 3: data collection | | |
| 3.1 How well was the data collection carried out? For example: Are the data collection methods clearly described? Were the data collected appropriate to address the research question? | Appropriate | Comments: None |
| Section 4: validity | | |
| 4.1 Is the context clearly described? For example: Are the characteristics of the participants and settings clearly defined? Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors consider the influence of the setting where the study took place)? | Clear | Comments: None |
| 4.2 Were the methods reliable? For example: Were data collected by more than one method? Were other studies considered with discussion about similar/different results? | Not sure | Comments: Data were collected with only one method |
| Section 5: analysis | | |
| 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been | Rich | Comments: None |

| demonstrated? Are responses compared and contrasted across groups/sites? | | |
|--|-----------------------|---|
| 5.2 Is the analysis reliable? For example: Did more than one researcher theme and code transcripts/data? If so, how were differences resolved? Were negative/discrepant results addressed or ignored? Is it clear how the themes and concepts were derived from the data? | Not sure/not reported | Comments: No double-coding reported |
| 5.3 Are the findings convincing? For example: Are the findings clearly presented? Are the findings internally coherent (that is, are the results credible in relation to the study question)? Are extracts from the original data included (for example, direct quotes from participants)? Are the data appropriately referenced so that the sources of the extracts can be identified? Is the reporting clear and coherent? | Convincing | Comments: None |
| 5.4 Are the conclusions adequate? For example: How clear are the links between data, interpretation and conclusions? Are the conclusions plausible and coherent? Have alternative explanations been explored and discounted? Are the implications of the research clearly defined? Is there adequate discussion of any limitations encountered? | Adequate | Comments: None |
| Section 6: ethics | | |
| 6.1 Was the study approved by an ethics committee? | Yes | Comments: Local research ethics committee and the sponsoring university ethics' committee |
| 6.2 Is the role of the researcher clearly described? For example: Has the relationship between the researcher and the participants been adequately described? Is how the research was explained and presented to the participants described? | Not sure/not reported | Comments: Not reported |

1.2.35THURTLE2003

| Bibliographic reference: Thurtle V. First time mothers' practitioner. 2003;76:261-265. | perceptions of motherhoo | od and PND. Community |
|--|--------------------------|-------------------------|
| Guidance topic: Antenatal and postnatal mental | Key research question/a | aim: Barriore to accose |
| health: clinical management and service guidance | Rey research question, a | ann. Darriers to access |
| Checklist completed by: Odette Megnin-Viggars | | |
| Section 1: theoretical approach | | |
| 1.1 Is a qualitative approach appropriate? | Appropriate | Comments: None |
| For example: | прргоргиис | Comments, I voic |
| Does the research question seek to understand | | |
| processes or structures, or illuminate subjective | | |
| experiences or meanings (in healthcare this would | | |
| apply to how care is organised and patient experiences | | |
| of care)? Or could a quantitative approach better have | | |
| addressed the research question? | | |
| | | |
| 1.2 Is the study clear in what it seeks to do? | Clear | Comments: None |
| For example: | | |
| Is the purpose of the study discussed – | | |
| aims/objectives/research question(s)? | | |
| Are the values/assumptions/theory underpinning the | | |
| purpose of the study discussed? | | |
| Section 2: study design | | |
| 2.1 How defensible/rigorous is the research | Defensible | Comments: None |
| design/methodology? | | |
| For example: | | |
| Are there clear accounts of the rationale/justification fo | r | |
| the sampling, data collection and data analysis | | |
| techniques used? | | |
| Section 3: data collection | | |
| 3.1 How well was the data collection carried out? | Appropriate | Comments: None |
| For example: | | |
| Are the data collection methods clearly described? | | |
| Were the data collected appropriate to address the | | |
| research question? | | |
| Section 4: validity | | |
| 4.1 Is the context clearly described? | Clear | Comments: None |
| For example: | Cicui | Comments, Ivone |
| Are the characteristics of the participants and settings | | |
| clearly defined? | | |
| Were observations made in a variety of circumstances | | |
| and from a range of respondents? | | |
| Was context bias considered (that is, did the authors | | |
| consider the influence of the setting where the study | | |
| took place)? | | |
| | | |
| 4.2 Were the methods reliable? | Not sure | Comments: Data were |
| For example: | | collected with only one |
| Were data collected by more than one method? | | method |

| Were other studies considered with discussion about | | |
|---|--------------------------|---|
| similar/different results? | | |
| , | | |
| Section 5: analysis | | |
| 5.1 Are the data 'rich'? | Rich | Comments: None |
| For example: | | |
| How well are the contexts of the data described? | | |
| Has the diversity of perspective and content been | | |
| explored? | | |
| Has the detail of the data that were collected been | | |
| demonstrated? | | |
| Are responses compared and contrasted across | | |
| groups/sites? | | |
| 5.2 Is the analysis reliable? | Not sure/not reported | Comments: Double- |
| For example: | Trot sare, not reported | coding is unclear, |
| Did more than one researcher theme and code | | paper reports 'The |
| transcripts/data? | | researcher's peers |
| If so, how were differences resolved? | | considered the |
| Were negative/discrepant results addressed or ignored? | | emergent findings' |
| Is it clear how the themes and concepts were derived | | |
| from the data? | | |
| FOA we the Challenge Challenge | Canada | Comment |
| 5.3 Are the findings convincing? | Convincing | Comments: None |
| For example: | | |
| Are the findings clearly presented? Are the findings internally coherent (that is, are the | | |
| results credible in relation to the study question)? | | |
| Are extracts from the original data included (for | | |
| example, direct quotes from participants)? | | |
| Are the data appropriately referenced so that the | | |
| sources of the extracts can be identified? | | |
| Is the reporting clear and coherent? | | |
| | | |
| 5.4 Are the conclusions adequate? | Adequate | Comments: None |
| For example: | | |
| How clear are the links between data, interpretation and | | |
| conclusions? | | |
| Are the conclusions plausible and coherent? | | |
| Have alternative explanations been explored and discounted? | | |
| Are the implications of the research clearly defined? | | |
| Is there adequate discussion of any limitations | | |
| encountered? | | |
| | | |
| Section 6: ethics | | |
| 6.1 Was the study approved by an ethics committee? | Yes | Comments: Ethical |
| 6.2 In the male of the massemaker already described | Not our / not war auto d | approval granted |
| 6.2 Is the role of the researcher clearly described? | Not sure/not reported | Comments: Paper |
| For example: Has the relationship between the researcher and the | | reports 'the researcher is a mother herself and |
| Has the relationship between the researcher and the participants been adequately described? | | has worked as a health |
| Is how the research was explained and presented to the | | visitor and may have |
| 15 flow the research was explained and presented to the | | visitor and may have |

| participants described? | her own bias and |
|-------------------------|------------------|
| | subjectivity' |

1.2.36TSARTSARA2002

| Bibliographic reference: Tsartsara E, Johnson MP Women | | |
|--|--|--|
| health: clinical management and service guidance | veness in Nursing. 2002;6:5 Key research question/aim miscarriage information an | : Experience of post- |
| Checklist completed by: Odette Megnin-Viggars | | |
| Section 1: theoretical approach | | |
| 1.1 Is a qualitative approach appropriate? For example: Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings (in healthcare this would apply to how care is organised and patient experiences of care)? Or could a quantitative approach better have addressed the research question? | Appropriate | Comments: None |
| 1.2 Is the study clear in what it seeks to do? For example: Is the purpose of the study discussed – aims/objectives/research question(s)? Are the values/assumptions/theory underpinning the purpose of the study discussed? | Clear | Comments: None |
| Section 2: study design | | |
| 2.1 How defensible/rigorous is the research design/methodology? For example: Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? | Defensible | Comments: None |
| Section 3: data collection | | |
| 3.1 How well was the data collection carried out? For example: Are the data collection methods clearly described? Were the data collected appropriate to address the research question? | Appropriate | Comments: None |
| Section 4: validity | | |
| 4.1 Is the context clearly described? For example: Are the characteristics of the participants and settings clearly defined? Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors consider the influence of the setting where the study | Unclear | Comments: Description of participant characteristics is very limited |

| tools place)? | I | |
|--|------------|--|
| took place)? | | |
| 4.2 Were the methods reliable? For example: Were data collected by more than one method? Were other studies considered with discussion about similar/different results? | Not sure | Comments: Data were collected with only one method |
| Section 5: analysis | | |
| 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across groups/sites? | Rich | Comments: None |
| 5.2 Is the analysis reliable? For example: Did more than one researcher theme and code transcripts/data? If so, how were differences resolved? Were negative/discrepant results addressed or ignored? Is it clear how the themes and concepts were derived from the data? | Reliable | Comments: Double-coding |
| 5.3 Are the findings convincing? For example: Are the findings clearly presented? Are the findings internally coherent (that is, are the results credible in relation to the study question)? Are extracts from the original data included (for example, direct quotes from participants)? Are the data appropriately referenced so that the sources of the extracts can be identified? Is the reporting clear and coherent? | Convincing | Comments: None |
| 5.4 Are the conclusions adequate? For example: How clear are the links between data, interpretation and conclusions? Are the conclusions plausible and coherent? Have alternative explanations been explored and discounted? Are the implications of the research clearly defined? Is there adequate discussion of any limitations encountered? | Adequate | Comments: None |
| Section 6: ethics | | |
| 6.1 Was the study approved by an ethics committee? | Yes | Comments: Local ethics committee |

| 6.2 Is the role of the researcher clearly described? | Clear | Comments: Paper |
|--|-------|--------------------------|
| For example: | | reports 'When |
| Has the relationship between the researcher and the | | analysing the data the |
| participants been adequately described? | | researchers were aware |
| Is how the research was explained and presented to the | | that their own |
| participants described? | | experience; that is, one |
| | | researcher female, the |
| | | other male and neither |
| | | having any children |
| | | might have an impact |
| | | on how the women's |
| | | experiences are |
| | | interpreted.' |

1.2.37TURNER2008

| Chew-Graham C. Women | n's views and experiences of |
|--|---|
| | ily Practice. 2008;25:450-455. |
| Key research question/aim: Experience of | |
| antidepressants | |
| | |
| | |
| Appropriate | Comments: None |
| | |
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| | |
| | |
| | |
| Clear | Comments: None |
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| | |
| | |
| | |
| Defensible | Comments: None |
| | |
| | |
| r | |
| | |
| | |
| | |
| Appropriate | Comments: None |
| rr -r | |
| | |
| | |
| | |
| | : a qualitative study. Fam: Key research question/a antidepressants Appropriate Clear |

| Section 4: validity | | |
|--|------------|-------------------------|
| 4.1 Is the context clearly described? | Clear | Comments: None |
| For example: | Cicai | Comments, None |
| Are the characteristics of the participants and settings | | |
| clearly defined? | | |
| Were observations made in a variety of circumstances | | |
| and from a range of respondents? | | |
| Was context bias considered (that is, did the authors | | |
| consider the influence of the setting where the study | | |
| took place)? | | |
| toon place). | | |
| 4.2 Were the methods reliable? | Not sure | Comments: Data were |
| For example: | | collected with only one |
| Were data collected by more than one method? | | method |
| Were other studies considered with discussion about | | |
| similar/different results? | | |
| , | | |
| Section 5: analysis | | |
| 5.1 Are the data 'rich'? | Rich | Comments: None |
| For example: | | |
| How well are the contexts of the data described? | | |
| Has the diversity of perspective and content been | | |
| explored? | | |
| Has the detail of the data that were collected been | | |
| demonstrated? | | |
| Are responses compared and contrasted across | | |
| groups/sites? | | |
| 5.2 Is the analysis reliable? | Reliable | Comments: Several |
| For example: | rendere | transcripts were |
| Did more than one researcher theme and code | | independently coded |
| transcripts/data? | | by two of the authors |
| If so, how were differences resolved? | | 29 0 0 0 1 |
| Were negative/discrepant results addressed or ignored? | | |
| Is it clear how the themes and concepts were derived | | |
| from the data? | | |
| | | |
| 5.3 Are the findings convincing? | Convincing | Comments: None |
| For example: | | |
| Are the findings clearly presented? | | |
| Are the findings internally coherent (that is, are the | | |
| results credible in relation to the study question)? | | |
| Are extracts from the original data included (for | | |
| example, direct quotes from participants)? | | |
| Are the data appropriately referenced so that the | | |
| sources of the extracts can be identified? | | |
| Is the reporting clear and coherent? | | |
| 5.4 Are the conclusions adequate? | Adequate | Comments: None |
| For example: | 1 racquate | Comments, INOTE |
| How clear are the links between data, interpretation and | | |
| conclusions? | | |
| | l . | 1 |

| Are the conclusions plausible and coherent? Have alternative explanations been explored and discounted? Are the implications of the research clearly defined? Is there adequate discussion of any limitations encountered? | | |
|--|-----------------------|---|
| Section 6: ethics | | |
| 6.1 Was the study approved by an ethics committee? | Yes | Comments: Multi- Centre Research Ethics Committee Scotland A, 06/MRE00/54 |
| 6.2 Is the role of the researcher clearly described? For example: Has the relationship between the researcher and the participants been adequately described? Is how the research was explained and presented to the participants described? | Not sure/not reported | Comments: Not reported |

1.2.38TURNER2010

| Bibliographic reference: Turner KM, Chew-Graham C, | ± ± | |
|--|------------------------------------|------------------------------|
| delivered listening visits as a treatment for postnatal de | pression: a qualitative study. Pat | tient Education and |
| Counseling. 2010;78:234-239. | | |
| Guidance topic: Antenatal and postnatal mental | Key research question/aim: Exp | perience of listening visits |
| health: clinical management and service guidance | | |
| Checklist completed by: Odette Megnin-Viggars | | |
| Section 1: theoretical approach | | |
| 1.1 Is a qualitative approach appropriate? | Appropriate | Comments: None |
| For example: | | |
| Does the research question seek to understand | | |
| processes or structures, or illuminate subjective | | |
| experiences or meanings (in healthcare this would | | |
| apply to how care is organised and patient experiences | | |
| of care)? Or could a quantitative approach better have | | |
| addressed the research question? | | |
| | | |
| 1.2 Is the study clear in what it seeks to do? | Clear | Comments: None |
| For example: | | |
| Is the purpose of the study discussed – | | |
| aims/objectives/research question(s)? | | |
| Are the values/assumptions/theory underpinning the | | |
| purpose of the study discussed? | | |
| | | |
| Section 2: study design | | |
| 2.1 How defensible/rigorous is the research | Defensible | Comments: None |
| design/methodology? | | |
| For example: | | |
| Are there clear accounts of the rationale/justification fo | r | |
| the sampling, data collection and data analysis | | |

| , ov | T | |
|--|-------------|--|
| techniques used? | | |
| Section 3: data collection | | |
| 3.1 How well was the data collection carried out? For example: Are the data collection methods clearly described? Were the data collected appropriate to address the research question? | Appropriate | Comments: None |
| Section 4: validity | | |
| 4.1 Is the context clearly described? For example: Are the characteristics of the participants and settings clearly defined? Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors | Clear | Comments: None |
| consider the influence of the setting where the study took place)? | | |
| 4.2 Were the methods reliable? For example: Were data collected by more than one method? Were other studies considered with discussion about similar/different results? | Not sure | Comments: Data were collected with only one method |
| Section 5: analysis | | |
| 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across groups/sites? | Rich | Comments: None |
| 5.2 Is the analysis reliable? For example: Did more than one researcher theme and code transcripts/data? If so, how were differences resolved? Were negative/discrepant results addressed or ignored? Is it clear how the themes and concepts were derived from the data? | Reliable | Comments: Several transcripts were independently coded by two of the authors |
| 5.3 Are the findings convincing? For example: Are the findings clearly presented? Are the findings internally coherent (that is, are the results credible in relation to the study question)? Are extracts from the original data included (for example, direct quotes from participants)? | Convincing | Comments: None |

| Are the data appropriately referenced so that the sources of the extracts can be identified? Is the reporting clear and coherent? | | |
|---|-----------------------|---|
| 5.4 Are the conclusions adequate? For example: How clear are the links between data, interpretation and conclusions? Are the conclusions plausible and coherent? Have alternative explanations been explored and discounted? Are the implications of the research clearly defined? Is there adequate discussion of any limitations encountered? | Adequate | Comments: None |
| Section 6: ethics | | |
| 6.1 Was the study approved by an ethics committee? | Yes | Comments: Multi- Centre Research Ethics Committee Scotland A, 06/MRE00/54 |
| 6.2 Is the role of the researcher clearly described? For example: Has the relationship between the researcher and the participants been adequately described? Is how the research was explained and presented to the participants described? | Not sure/not reported | Comments: Not reported |

1.2.39WITTKOWSKI2011

| Bibliographic reference: Wittkowski A, Zumla A, Glenc | | |
|---|--------------------------------|------------------------|
| depression in South Asian mothers living in Great Brita | in: a qualitative study. Journ | al of Reproductive and |
| Infant Psychology. 2011;29:480-492. | - | |
| Guidance topic: Antenatal and postnatal mental | Key research question/aim: | Barriers to access |
| health: clinical management and service guidance | - | |
| Checklist completed by: Odette Megnin-Viggars | | |
| Section 1: theoretical approach | | |
| 1.1 Is a qualitative approach appropriate? | Appropriate | Comments: None |
| For example: | | |
| Does the research question seek to understand | | |
| processes or structures, or illuminate subjective | | |
| experiences or meanings (in healthcare this would | | |
| apply to how care is organised and patient experiences | | |
| of care)? Or could a quantitative approach better have | | |
| addressed the research question? | | |
| | | |
| 1.2 Is the study clear in what it seeks to do? | Clear | Comments: None |
| For example: | | |
| Is the purpose of the study discussed - | | |
| aims/objectives/research question(s)? | | |
| Are the values/assumptions/theory underpinning the | | |

| purpose of the study discussed? | | |
|--|-------------|--|
| Section 2: study design | | |
| 2.1 How defensible/rigorous is the research design/methodology? For example: Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? | Defensible | Comments: None |
| Section 3: data collection | | |
| 3.1 How well was the data collection carried out? For example: Are the data collection methods clearly described? Were the data collected appropriate to address the research question? | Appropriate | Comments: None |
| Section 4: validity | | |
| 4.1 Is the context clearly described? For example: Are the characteristics of the participants and settings clearly defined? Were observations made in a variety of circumstances and from a range of respondents? Was context bias considered (that is, did the authors consider the influence of the setting where the study took place)? | Clear | Comments: None |
| 4.2 Were the methods reliable? For example: Were data collected by more than one method? Were other studies considered with discussion about similar/different results? | Not sure | Comments: Data were collected with only one method |
| Section 5: analysis | | |
| 5.1 Are the data 'rich'? For example: How well are the contexts of the data described? Has the diversity of perspective and content been explored? Has the detail of the data that were collected been demonstrated? Are responses compared and contrasted across groups/sites? | Rich | Comments: None |
| 5.2 Is the analysis reliable? For example: Did more than one researcher theme and code transcripts/data? If so, how were differences resolved? Were negative/discrepant results addressed or ignored? Is it clear how the themes and concepts were derived from the data? | Reliable | Comments: Two randomly selected transcripts were coded by two additional qualitative researchers |

| 5.3 Are the findings convincing? For example: Are the findings clearly presented? Are the findings internally coherent (that is, are the results credible in relation to the study question)? Are extracts from the original data included (for example, direct quotes from participants)? Are the data appropriately referenced so that the sources of the extracts can be identified? Is the reporting clear and coherent? | Convincing | Comments: None |
|---|------------|--|
| 5.4 Are the conclusions adequate? For example: How clear are the links between data, interpretation and conclusions? Are the conclusions plausible and coherent? Have alternative explanations been explored and discounted? Are the implications of the research clearly defined? Is there adequate discussion of any limitations encountered? | Adequate | Comments: None |
| Section 6: ethics | | |
| 6.1 Was the study approved by an ethics committee? | Yes | Comments: NHS Central Research Ethics Committee |
| 6.2 Is the role of the researcher clearly described? For example: Has the relationship between the researcher and the participants been adequately described? Is how the research was explained and presented to the participants described? | Clear | Comments: Paper reports 'In terms of her own personal and theoretical background, the interviewer was a 27-year-old, middleclass female, who described herself as Asian British. She had a specialist interest in working with clients from diverse cultures and religions, which is where this research stemmed from' |

1.3 PSYCHOSOCIAL INTERVENTIONS: PREVENTION (RISK FACTORS IDENTIFIED)

1.3.1 ARACENA2009

| Study | y ID | ARACENA2009 | | |
|---|---|---|--|--|
| Biblio | ographic reference: | | | |
| Arace | ena M, Krause M, Pérez C, Méndez MJ, Salvatierra L, Sot | to M, et al. A cost-effectiveness evaluation of a | | |
| home visit program for adolescent mothers. Journal of Health Psychology. 2009;14:878-887. | | | | |
| Guid | ideline topic: Antenatal and postnatal mental health: Review question number: 2.2 | | | |
| clinic | clinical management and service guidance | | | |
| Chec | klist completed by: Odette Megnin-Viggars | | | |
| A. Selection bias (systematic differences between the comparison groups) | | | | |
| A1 | An appropriate method of randomisation was used | | | |
| | to allocate participants to treatment groups (which | Unclear (randomisation method is unclear) | | |
| | would have balanced any confounding factors | Official (tandomisation fiction is dicical) | | |
| | equally across groups) | | | |
| A2 | There was adequate concealment of allocation (such | | | |
| | that investigators, clinicians and participants cannot | Unclear (not reported) | | |
| | influence enrolment or treatment allocation) | | | |
| A3 | The groups were comparable at baseline, including | | | |
| | all major confounding and prognostic factors | Yes | | |
| Based | l d on your answers to the above, in your opinion was sele | ection bias present? If so, what is the likely | | |
| direction of its effect? | | | | |
| | | | | |
| Unclear/unknown risk of bias | | | | |
| Likely direction of effect: Unknown direction | | | | |
| l | | | | |

| P. Dorford Live (and the Control of March 1997) | | |
|---|---|--|
| B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation) | | |
| from the intervention under investigation) | | |
| | | |
| B1 | The comparison groups received the same care apart | |
| | from the intervention(s) studied | Yes |
| | | |
| B2 | Participants receiving care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| В3 | Individuals administering care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely |
| direct | ion of its effect? | |
| | | |
| | High risk of bias | |
| | 1 | |
| Likel | y direction of effect: Effect size bigger | |
| | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | |
| | 1 | |
| | | |
| C1 | All groups were followed up for an equal length of | |
| | time (or analysis was adjusted to allow for | Yes |
| | differences in length of follow-up) | |
| C2 | a. How many participants did not complete treatment | in each group? |
| | Experimental group N: Not reported; Control group N: Not reported | |
| | b. The groups were comparable for treatment | |
| | completion (that is, there were no important or | |
| | systematic differences between groups in terms of | Unclear |
| | those who did not complete treatment) | |
| C3 | For how many participants in each group were no outc | come data available? |
| | Experimental group N: Not reported; Control group N | : Not reported |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups | Unclear |
| | in terms of those for whom outcome data were not | |
| | available). | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | | |
|--|---|--|--|
| direction of its effect? | | | |
| | Low risk of bias | | |
| Likely | y direction of effect: Not applicable | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | nosed or verified) | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Unclear (not reported) | |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Unclear (not reported) | |
| Based | on your answers to the above, in your opinion was dete | ection bias present? If so, what is the likely | |
| direction of its effect? | | | |
| Different for different outcome measures: | | | |
| | isk for General Health Questionnaire (GHQ) as self-repo | ort | |
| Unclear/unknown risk for all other outcomes | | | |
| Likely | Likely direction of effect: Unknown direction | | |
| | | | |

1.3.2 BARLOW2007

| Study | ·ID | BARLOW2007 |
|--|--|---|
| | | |
| Biblio | graphic reference: | |
| Barlo | w J, Davis H, McIntosh E, Jarrett P, Mockford C, Stewar | t-Brown S. Role of home visiting in improving |
| paren | ting and health in families at risk of abuse and neglect: 1 | results of a multicentre randomised controlled |
| trial a | nd economic evaluation. Archives of Disease in Childho | ood. 2007;92:229-233. |
| Guide | eline topic: Antenatal and postnatal mental health: | Review question number: 2.2 |
| clinica | al management and service guidance | |
| Check | klist completed by: Odette Megnin-Viggars | |
| A. Sel | ection bias (systematic differences between the compari | son groups) |
| A1 | An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups) | Unclear (randomisation method is unclear) |
| A2 | There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation) | Yes (sequentially numbered sealed opaque envelopes) |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Yes |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | |
| Unclear/unknown risk of bias | | |
| Likely direction of effect: Unknown direction | | |

| D. Doule was a big for the second is different as between ground in the same growing ded a good | | | |
|---|---|--|--|
| B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation) | | | |
| from the intervention under investigation) | | | |
| | | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Yes | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely | |
| direct | ion of its effect? | | |
| | | | |
| | High risk of bias | | |
| | | | |
| Likel | y direction of effect: Effect size bigger | | |
| | | | |
| C. At | C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | |
| | The second control of | 9 | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | | |
| C2 | a. How many participants did not complete treatment: | l in each group? | |
| | Experimental group N: 2; Control group N: 3 | | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | | |
| | systematic differences between groups in terms of | Yes | |
| | those who did not complete treatment) | | |
| C3 | For how many participants in each group were no outo | come data available? | |
| | Experimental group N: 4; Control group N: 5 | | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Yes | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | | |
|--|---|--|--|
| direction of its effect? | | | |
| | Low risk of bias | | |
| Likely | y direction of effect: Not applicable | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | nosed or verified) | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (data were collected, coded and analysed by researchers who had not been involved in recruitment and were therefore blind to the intervention group) | |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (data were collected, coded and analysed by researchers who had not been involved in recruitment and were therefore blind to the intervention group) | |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | | |
| Low risk of bias | | | |
| Likely direction of effect: Not applicable | | | |

1.3.3 BARNET2007

| Study | ⁷ ID | BARNET2007 |
|--|--|--|
| | | |
| Biblio | graphic reference: | |
| Barne | et B, Liu J, DeVoe M, Alperovitz-Bichell K, Duggan AK. | Home visiting for adolescent mothers: effects |
| on pa | renting, maternal life course, and primary care linkage. | Annals of Family Medicine. 2007;5:224-232. |
| Guide | eline topic: Antenatal and postnatal mental health: | Review question number: 2.2 |
| clinica | al management and service guidance | |
| Checl | klist completed by: Odette Megnin-Viggars | |
| A. Sel | lection bias (systematic differences between the compari | son groups) |
| A1 | An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups) | Unclear ('randomly assigned' no other information given) |
| A2 | There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation) | Unclear (insufficient detail reported with regards to allocation concealment) |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | No (statistically significant group difference at baseline [intervention group scored higher on measure of parenting attitudes and beliefs]) |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | |
| High risk of bias | | |
| Likel | y direction of effect: Effect size bigger | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | | |
|---|--|---|--|
| from the intervention under investigation) | | | |
| | , | | |
| D4 | m · 1.d | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Yes | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| Based | on your answers to the above, in your opinion was perf | ormance bias present? If so, what is the likely | |
| direct | ion of its effect? | | |
| | | | |
| | High risk of bias | | |
| | | | |
| Likely | y direction of effect: Effect size bigger | | |
| | | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | | |
| C. Att | rition bias (systematic differences between the comparis | on groups with respect to loss of participants) | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | 163 | |
| | | | |
| C2 | | | |
| | Experimental group N: 13; Control group N: 8 | | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | Yes | |
| | systematic differences between groups in terms of | | |
| | those who did not complete treatment) | 1 | |
| C3 | For how many participants in each group were no outc | ome data available? | |
| | Experimental group N: 13; Control group N: 8 | | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Yes | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | | |
|--|---|------------------------------|--|
| direction of its effect? | | | |
| | Low risk of bias | | |
| Likel | y direction of effect: Not applicable | | |
| | | | |
| D. De | tection bias (bias in how outcomes are ascertained, diagr | nosed or verified) | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| | the outcome | | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Not applicable (self-report) | |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Not applicable (self-report) | |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | | |
| Low risk of bias | | | |
| Likel | y direction of effect: Not applicable | | |

1.3.4 BRUGHA2000

| 00 |
|---|
| |
| l. Pragmatic randomised trial |
| hosocial risk factors. |
| |
| tion number: 2.2 |
| |
| _ |
| |
| er stratified randomisation by rt levels, GHQ-D score and |
| cation code was not broken tion of the fieldwork and lyses) |
| |
| ent? If so, what is the likely |
| |
| |

| B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation) | | |
|---|---|--|
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Yes |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No |
| | on your answers to the above, in your opinion was perfion of its effect? | ormance bias present? If so, what is the likely |
| | High risk of bias | |
| Likely | y direction of effect: Effect size bigger | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Yes |
| C2 | a. How many participants did not complete treatment in Experimental group N: 9; Control group N: 10 | in each group? |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Yes |
| C3 | For how many participants in each group were no outc Experimental group N: 9; Control group N: 10 | ome data available? |
| | b. The groups were comparable with respect to the | Yes (NB: 50% of intervention group |
| | availability of outcome data (that is, there were no important or systematic differences between groups | attended insufficient intervention sessions but their data included in analysis and as |
| | in terms of those for whom outcome data were not | this would lead to a conservative estimate of |
| | available). | effect the study was not downgraded on this basis) |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | | |
|---|---|--|--|
| direction of its effect? | | | |
| | Low risk of bias | | |
| Likel | y direction of effect: Not applicable | | |
| | | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | nosed or verified) | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes | |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes | |
| | on your answers to the above, in your opinion was det | ection bias present? If so, what is the likely | |
| direction of its effect? | | | |
| Low risk of bias | | | |
| Likely direction of effect: Not applicable | | | |

1.3.5 COOPER2009

| Stud | y ID | COOPER2009 |
|--|--|--|
| D.1.1. | 11. | |
| | ographic reference: | |
| | er PJ, Tomlinson M, Swartz L, Landman M, Molteno C, | 1 91 ; |
| | t relationship and infant attachment in socioeconomical omised controlled trial. BMJ. 2009;338:b974. | ly deprived community in South Africa: |
| Guid | eline topic: Antenatal and postnatal mental health: | Review question number: 2.2 |
| clinic | al management and service guidance | _ |
| Chec | klist completed by: Odette Megnin-Viggars | |
| A. Se | lection bias (systematic differences between the compara- | ison groups) |
| A1 | An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups) | Yes (minimisation) |
| A2 | There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation) | Yes (centralised allocation) |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Yes |
| | d on your answers to the above, in your opinion was seletion of its effect? | ection bias present? If so, what is the likely |
| Low risk of bias | | |
| Likely direction of effect: Not applicable | | |

| B. Per | B. Performance bias (systematic differences between groups in the care provided, apart | | |
|---|--|---|--|
| | the intervention under investigation) | | |
| | , | | |
| D4 | m . 1d | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Yes | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| Based | on your answers to the above, in your opinion was perf | ormance bias present? If so, what is the likely | |
| direct | ion of its effect? | | |
| | | | |
| | High risk of bias | | |
| | | | |
| Likely | y direction of effect: Effect size bigger | | |
| | | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | | |
| C. All | rtion bias (systematic differences between the comparis | on groups with respect to loss of participants) | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | 165 | |
| C2 | TT | | |
| C2 | a. How many participants did not complete treatment i | in each group? | |
| | Experimental group N: 50; Control group N: 45 | | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | Yes | |
| | systematic differences between groups in terms of | | |
| | those who did not complete treatment) | 1 | |
| C3 | For how many participants in each group were no outc | ome data available? | |
| | Experimental group N: 50; Control group N: 45 | | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Yes | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | | | |
|--|---|---|--|--|
| | Low risk of bias | | | |
| Likel | y direction of effect: Not applicable | | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | gnosed or verified) | | |
| D1 | The study had an appropriate length of follow-up | Yes | | |
| D2 | The study used a precise definition of outcome | Yes | | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report or blinded outcome assessment) | | |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report or blinded outcome assessment) | | |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | | | |
| Low risk of bias | | | | |
| Likel | y direction of effect: Not applicable | | | |

1.3.6 EASTERBROOKS2013

| Study | 7 ID | EASTERBROOKS2013 |
|--|--|---|
| | | |
| Biblic | graphic reference: | |
| Easte | rbrooks MA, Bartlett JD, Raskin M, Goldberg J, Contrera | s MM, Kotake C. Limiting home visiting |
| | s: maternal depression as a moderator of child maltreatr | ment. Pediatrics. 2013;132 (Suppl. 2):S126-S133. |
| | eline topic: Antenatal and postnatal mental health: | Review question number: 2.2 |
| clinic | al management and service guidance | |
| Checl | klist completed by: Odette Megnin-Viggars | |
| A. Sel | lection bias (systematic differences between the compari | son groups) |
| A1 | An appropriate method of randomisation was used | |
| | to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups) | Unclear (randomisation method is unclear) |
| A2 | There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation) | Unclear (insufficient detail reported with regards to allocation concealment) |
| A3 | The groups were comparable at baseline, including | No (statistically significant baseline group |
| | all major confounding and prognostic factors | differences in mean depression scores [mean |
| | | CES-D=13.37 in intervention group and |
| | | 15.72 in control group] and baseline |
| | | depression symptomatology [34% CES- |
| | | D>16 in intervention group and 43% in |
| | | control group] and in ethnicity [with a |
| | | higher percentage of Hispanic mothers in |
| | | the intervention group]) |
| | l on your answers to the above, in your opinion was sele | ection bias present? If so, what is the likely |
| direct | cion of its effect? | |
| High risk of bias | | |
| Likely direction of effect: Effect size bigger | | |
| | | |

| B. Per | B. Performance bias (systematic differences between groups in the care provided, apart | | |
|---|--|---|--|
| | the intervention under investigation) | | |
| | | | |
| D4 | | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Yes | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| Based | on your answers to the above, in your opinion was perf | ormance bias present? If so, what is the likely | |
| direct | ion of its effect? | | |
| | | | |
| | High risk of bias | | |
| | | | |
| Likely | y direction of effect: Effect size bigger | | |
| | | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | | |
| C. All | Thion bias (systematic differences between the compans | on groups with respect to loss of participants) | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | 163 | |
| C2 | ** | | |
| C2 | a. How many participants did not complete treatment i | 0 1 | |
| | Experimental group N: Not reported; Control group N | : Not reported | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | Unclear | |
| | systematic differences between groups in terms of | | |
| | those who did not complete treatment) | 1 | |
| C3 | For how many participants in each group were no outc | | |
| | Experimental group N: Not reported; Control group N | : Not reported | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Unclear | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | |
|--|---|--------------------|
| direct | ion of its effect? | |
| | Low risk of bias | |
| Likel | y direction of effect: Not applicable | |
| | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | nosed or verified) |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | |
| Low risk of bias | | |
| Likely direction of effect: Not applicable | | |

1.3.7 GORMAN1997/DENNIS2013

| Stud | y ID | GORMAN1997/DENNIS2013 | |
|--|--|--|--|
| Bibli | ographic reference: | | |
| | nan L. Prevention of postpartum difficulties in a high ris | k sample [dissertation]. Iowa City (IA): | |
| | ersity of Iowa; 1997. | | |
| | | | |
| Deni | nis CL, Dowswell T. Psychosocial and psychological inter | rventions for preventing postpartum | |
| | ession. Cochrane Database of Systematic Reviews. 2013;2 | 1 01 1 | |
| - | leline topic: Antenatal and postnatal mental health: | Review question number: 2.2 | |
| | cal management and service guidance | 1 | |
| | klist completed by: Odette Megnin-Viggars | | |
| | | | |
| A. Se | election bias (systematic differences between the compari | son groups) | |
| A1 | An appropriate method of randomisation was used | | |
| | to allocate participants to treatment groups (which | Vac (man dama manaham tahla avith hladin a) | |
| | would have balanced any confounding factors | Yes (random number table with blocking) | |
| | equally across groups) | | |
| A2 | There was adequate concealment of allocation (such | | |
| | that investigators, clinicians and participants cannot | Low (centralised allocation) | |
| | influence enrolment or treatment allocation) | | |
| A3 | The groups were comparable at baseline, including | | |
| | all major confounding and prognostic factors | Yes | |
| | | | |
| | d on your answers to the above, in your opinion was sele | ection bias present? If so, what is the likely | |
| direction of its effect? | | | |
| | | | |
| Low risk of bias | | | |
| | | | |
| Likely direction of effect: Not applicable | | | |
| | | | |
| | | | |

| P. Daufaurrana kira (aratamatic diffaurrana katuara arata di f | | | | |
|---|---|--|--|--|
| B. Performance bias (systematic differences between groups in the care provided, apart | | | | |
| 110111 | the intervention under investigation) | | | |
| | | | | |
| B1 | The comparison groups received the same care apart | | | |
| | from the intervention(s) studied | Yes | | |
| | | | | |
| B2 | Participants receiving care were kept 'blind' to | | | |
| | treatment allocation | No | | |
| | | | | |
| В3 | Individuals administering care were kept 'blind' to | | | |
| | treatment allocation | No | | |
| | | | | |
| | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely | | |
| direct | ion of its effect? | | | |
| | | | | |
| | High risk of bias | | | |
| | | | | |
| Likel | y direction of effect: Effect size bigger | | | |
| | | | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | | | |
| | The second control of | 9 | | |
| | | | | |
| C1 | All groups were followed up for an equal length of | | | |
| | time (or analysis was adjusted to allow for | Yes | | |
| | differences in length of follow-up) | | | |
| C2 | a. How many participants did not complete treatment: | l in each group? | | |
| | Experimental group N: 4; Control group N: 2 | ar out 8. out | | |
| | b. The groups were comparable for treatment | | | |
| | completion (that is, there were no important or | | | |
| | systematic differences between groups in terms of | Yes | | |
| | those who did not complete treatment) | | | |
| C3 | For how many participants in each group were no outo | come data available? | | |
| | Experimental group N: 4; Control group N: 2 | | | |
| | b. The groups were comparable with respect to the | | | |
| | availability of outcome data (that is, there were no | | | |
| | important or systematic differences between groups | Yes | | |
| | in terms of those for whom outcome data were not | | | |
| | available). | | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | | |
|--|---|---|--|
| Low risk of bias | | | |
| Likel | y direction of effect: Not applicable | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | gnosed or verified) | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report or blinded outcome assessment) | |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report or blinded outcome assessment) | |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | | |
| Low risk of bias | | | |
| Likel | y direction of effect: Not applicable | | |

1.3.8 HARRIS2006/DENNIS2013

| Stud | y ID | HARRIS2006/DENNIS2013 | |
|--|---|--|--|
| Bibli | ographic reference: | | |
| Harr | is T, Brown GW, Hamilton V, Hodson S, Craig TKJ. The | Newpin antenatal and postnatal project: a | |
| rand | omised controlled trial of an intervention for perinatal de | epression. HSR Open Day; 6 July | |
| 2006; | Institute of Psychiatry, Kings College London. | | |
| Denr | nis CL, Dowswell T. Psychosocial and psychological inter | ventions for preventing postpartum | |
| | ession. Cochrane Database of Systematic Reviews. 2013;2 | 1 01 1 | |
| Guid | eline topic: Antenatal and postnatal mental health: | Review question number: 2.2 | |
| clinic | al management and service guidance | | |
| Chec | klist completed by: Odette Megnin-Viggars | | |
| A. Se | election bias (systematic differences between the compari | son groups) | |
| A1 | An appropriate method of randomisation was used | | |
| | to allocate participants to treatment groups (which | Yes (mechanical) | |
| | would have balanced any confounding factors | (, | |
| | equally across groups) | | |
| A2 | There was adequate concealment of allocation (such | Yes (sealed opaque envelopes and | |
| | that investigators, clinicians and participants cannot | centralised allocation) | |
| 1.0 | influence enrolment or treatment allocation) | , | |
| A3 | The groups were comparable at baseline, including | | |
| | all major confounding and prognostic factors | Yes | |
| Base | l d on your answers to the above, in your opinion was sele | ection bias present? If so, what is the likely | |
| direction of its effect? | | | |
| Low risk of bias | | | |
| Library dimension of offers Net applicable | | | |
| Like | ly direction of effect: Not applicable | | |
| | | | |

| The comparison groups received the same care apart from the intervention(s) studied | B. Per | B. Performance bias (systematic differences between groups in the care provided, apart | | |
|--|---|---|--|--|
| From the intervention(s) studied Yes | | | | |
| From the intervention(s) studied Yes | | | | |
| From the intervention(s) studied Yes | R1 | The comparison groups received the same care apart | | |
| B2 Participants receiving care were kept 'blind' to treatment allocation B3 Individuals administering care were kept 'blind' to treatment allocation Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect? High risk of bias Likely direction of effect: Effect size bigger C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) C1 All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) C2 a. How many participants did not complete treatment in each group? Experimental group N: 31; Control group N: 21 b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) C3 For how many participants in each group were no outcome data available? Experimental group N: 31; Control group N: 21 b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not interview and 55.5% of those randomised provided outcome data 112 weeks postpartum) | DI | | | |
| treatment allocation Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect? High risk of bias Likely direction of effect: Effect size bigger C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) C1 All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) C2 a. How many participants did not complete treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) C3 For how many participants in each group were no outcome data availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not at 12 weeks postpartum) Unclear (60.7% of those randomised completed the baseline interview and 55.5% of those randomised outcome data at 12 weeks postpartum) Unclear (60.7% of those randomised completed the baseline interview and 55.5% of those randomised outcome data at 12 weeks postpartum) | | from the intervention(s) studied | Yes | |
| treatment allocation Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect? High risk of bias Likely direction of effect: Effect size bigger C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) C1 All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) C2 a. How many participants did not complete treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) C3 For how many participants in each group were no outcome data availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not at 12 weeks postpartum) Unclear (60.7% of those randomised completed the baseline interview and 55.5% of those randomised outcome data at 12 weeks postpartum) Unclear (60.7% of those randomised completed the baseline interview and 55.5% of those randomised outcome data at 12 weeks postpartum) | | | | |
| Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect? High risk of bias Likely direction of effect: Effect size bigger C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) C1 All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) C2 a. How many participants did not complete treatment in each group? Experimental group N: 31; Control group N: 21 b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) C3 For how many participants in each group were no outcome data availability of outcome data (that is, there were no important or systematic offferences between groups in terms of those for whom outcome data were not important or systematic differences between groups in terms of those for whom outcome data were not important or systematic differences between groups in terms of those for whom outcome data were not interms of those for whom outcome data were not at 12 weeks postpartum) | B2 | Participants receiving care were kept 'blind' to | | |
| treatment allocation No Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect? High risk of bias Likely direction of effect: Effect size bigger C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) C1 All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) C2 a. How many participants did not complete treatment in each group? Experimental group N: 31; Control group N: 21 b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between group were no outcome data at 12 weeks postpartum) C3 For how many participants in each group were no outcome data available? Experimental group N: 31; Control group N: 21 b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not interview and 55.5% of those randomised provided outcome data at 12 weeks nostpartum) | | treatment allocation | No | |
| treatment allocation No Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect? High risk of bias Likely direction of effect: Effect size bigger C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) C1 All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) C2 a. How many participants did not complete treatment in each group? Experimental group N: 31; Control group N: 21 b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between group were no outcome data at 12 weeks postpartum) C3 For how many participants in each group were no outcome data available? Experimental group N: 31; Control group N: 21 b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not interview and 55.5% of those randomised provided outcome data at 12 weeks nostpartum) | | | | |
| Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect? High risk of bias Likely direction of effect: Effect size bigger C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) C1 All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) C2 a. How many participants did not complete treatment in each group? Experimental group N: 31; Control group N: 21 b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) C3 For how many participants in each group were no outcome data available? Experimental group N: 31; Control group N: 21 b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not interview and 55.5% of those randomised completed the baseline interview and 55.5% of those randomised provided outcome data at 12 weeks postpartum) | В3 | Individuals administering care were kept 'blind' to | | |
| Likely direction of effect: Effect size bigger C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) C1 All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) C2 a. How many participants did not complete treatment in each group? Experimental group N: 31; Control group N: 21 b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) C3 For how many participants in each group were no outcome data available? Experimental group N: 31; Control group N: 21 b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not important or systematic differences between groups in terms of those for whom outcome data were not important or systematic differences between groups in terms of those for whom outcome data were not important or systematic differences between groups in terms of those for whom outcome data were not important or systematic differences between groups in terms of those for whom outcome data were not important or systematic differences between groups in terms of those for whom outcome data were not important or systematic differences between groups in terms of those for whom outcome data were not at 12 weeks postpartum) | | treatment allocation | No | |
| Likely direction of effect: Effect size bigger C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) C1 All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) C2 a. How many participants did not complete treatment in each group? Experimental group N: 31; Control group N: 21 b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) C3 For how many participants in each group were no outcome data available? Experimental group N: 31; Control group N: 21 b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not important or systematic differences between groups in terms of those for whom outcome data were not important or systematic differences between groups in terms of those for whom outcome data were not important or systematic differences between groups in terms of those for whom outcome data were not important or systematic differences between groups in terms of those for whom outcome data were not important or systematic differences between groups in terms of those for whom outcome data were not important or systematic differences between groups in terms of those for whom outcome data were not at 12 weeks postpartum) | | | | |
| Likely direction of effect: Effect size bigger C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) C1 All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) C2 a. How many participants did not complete treatment in each group? Experimental group N: 31; Control group N: 21 b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) C3 For how many participants in each group were no outcome data available? Experimental group N: 31; Control group N: 21 b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not interview and 55.5% of those randomised completed the baseline interview and 55.5% of those randomised provided outcome data at 12 weeks postpartum) | | · · · · · · · · · · · · · · · · · · · | formance bias present? If so, what is the likely | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) C1 All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) C2 a. How many participants did not complete treatment in each group? Experimental group N: 31; Control group N: 21 b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) C3 For how many participants in each group were no outcome data available? Experimental group N: 31; Control group N: 21 b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not interms of those for whom outcome data were not at 12 weeks postpartum) | direct | ion of its effect? | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) C1 All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) C2 a. How many participants did not complete treatment in each group? Experimental group N: 31; Control group N: 21 b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) C3 For how many participants in each group were no outcome data available? Experimental group N: 31; Control group N: 21 b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not interms of those for whom outcome data were not at 12 weeks postpartum) | | | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) C1 All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) C2 a. How many participants did not complete treatment in each group? Experimental group N: 31; Control group N: 21 b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) C3 For how many participants in each group were no outcome data available? Experimental group N: 31; Control group N: 21 b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not at 12 weeks postpartum) Unclear (60.7% of those randomised completed the baseline interview and 55.5% of those randomised provided outcome data at 12 weeks postpartum) | | High risk of bias | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) C1 All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) C2 a. How many participants did not complete treatment in each group? Experimental group N: 31; Control group N: 21 b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) C3 For how many participants in each group were no outcome data available? Experimental group N: 31; Control group N: 21 b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not at 12 weeks postpartum) Unclear (60.7% of those randomised completed the baseline interview and 55.5% of those randomised provided outcome data at 12 weeks postpartum) | | | | |
| C1 All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) C2 a. How many participants did not complete treatment in each group? Experimental group N: 31; Control group N: 21 b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) C3 For how many participants in each group were no outcome data available? Experimental group N: 31; Control group N: 21 b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not in terms of those for whom outcome data were not at 12 weeks postpartum) | Likely | y direction of effect: Effect size bigger | | |
| C1 All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) C2 a. How many participants did not complete treatment in each group? Experimental group N: 31; Control group N: 21 b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) C3 For how many participants in each group were no outcome data available? Experimental group N: 31; Control group N: 21 b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not in terms of those for whom outcome data were not at 12 weeks postpartum) | | | | |
| C1 All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) C2 a. How many participants did not complete treatment in each group? Experimental group N: 31; Control group N: 21 b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) C3 For how many participants in each group were no outcome data available? Experimental group N: 31; Control group N: 21 b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not interview and 55.5% of those randomised completed the baseline interview and 55.5% of those randomised provided outcome data at 12 weeks postpartum) | C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | | |
| time (or analysis was adjusted to allow for differences in length of follow-up) 22 a. How many participants did not complete treatment in each group? Experimental group N: 31; Control group N: 21 b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) C3 For how many participants in each group were no outcome data available? Experimental group N: 31; Control group N: 21 b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not interms of those for whom outcome data were not at 12 weeks postpartum) Yes Yes Yes Unclear (60.7% of those randomised completed the baseline interview and 55.5% of those randomised completed the baseline interview and 55.5% of those randomised provided outcome data at 12 weeks postpartum) | C. 1111 | individus (systematic differences between the companis | on groups with respect to loss of participants) | |
| time (or analysis was adjusted to allow for differences in length of follow-up) 22 a. How many participants did not complete treatment in each group? Experimental group N: 31; Control group N: 21 b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) C3 For how many participants in each group were no outcome data available? Experimental group N: 31; Control group N: 21 b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not interms of those for whom outcome data were not at 12 weeks postpartum) Yes Yes Yes Unclear (60.7% of those randomised completed the baseline interview and 55.5% of those randomised completed the baseline interview and 55.5% of those randomised provided outcome data at 12 weeks postpartum) | | | | |
| differences in length of follow-up) a. How many participants did not complete treatment in each group? Experimental group N: 31; Control group N: 21 b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) C3 For how many participants in each group were no outcome data available? Experimental group N: 31; Control group N: 21 b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not at 12 weeks postpartum) Unclear (60.7% of those randomised completed the baseline interview and 55.5% of those randomised provided outcome data at 12 weeks postpartum) | C1 | All groups were followed up for an equal length of | | |
| differences in length of follow-up) a. How many participants did not complete treatment in each group? Experimental group N: 31; Control group N: 21 b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) C3 For how many participants in each group were no outcome data available? Experimental group N: 31; Control group N: 21 b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not in terms of those for whom outcome data were not at 12 weeks postpartum) C3 Verification in each group? Unclear (60.7% of those randomised completed the baseline interview and 55.5% of those randomised provided outcome data at 12 weeks postpartum) | | time (or analysis was adjusted to allow for | Yes | |
| Experimental group N: 31; Control group N: 21 b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) C3 For how many participants in each group were no outcome data available? Experimental group N: 31; Control group N: 21 b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not at 12 weeks postpartum) Unclear (60.7% of those randomised completed the baseline interview and 55.5% of those randomised completed the baseline interview and 55.5% of those randomised provided outcome data at 12 weeks postpartum) | | differences in length of follow-up) | | |
| Experimental group N: 31; Control group N: 21 b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) C3 For how many participants in each group were no outcome data available? Experimental group N: 31; Control group N: 21 b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not at 12 weeks postpartum) Unclear (60.7% of those randomised completed the baseline interview and 55.5% of those randomised completed the baseline interview and 55.5% of those randomised provided outcome data at 12 weeks postpartum) | C2 | a Hary many participants did not complete treatment | in each group? | |
| b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) C3 For how many participants in each group were no outcome data available? Experimental group N: 31; Control group N: 21 b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not at 12 weeks postpartum) Unclear (60.7% of those randomised completed the baseline interview and 55.5% of those randomised completed the baseline interview and 55.5% of those randomised completed the baseline interview and 55.5% of those randomised completed the baseline interview and 55.5% of those randomised provided outcome data at 12 weeks postpartum) | CZ | | in each group: | |
| completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) C3 For how many participants in each group were no outcome data available? Experimental group N: 31; Control group N: 21 b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not interview and 55.5% of those randomised completed the baseline interview and 55.5% of those randomised provided outcome data at 12 weeks postpartum) | | | Unclear (60.7% of these randomised | |
| systematic differences between groups in terms of those who did not complete treatment) C3 For how many participants in each group were no outcome data available? Experimental group N: 31; Control group N: 21 b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not interview and 55.5% of those randomised provided outcome data at 12 weeks postpartum) | | | , | |
| those who did not complete treatment) C3 For how many participants in each group were no outcome data available? Experimental group N: 31; Control group N: 21 b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not Unclear (60.7% of those randomised completed the baseline interview and 55.5% of those randomised provided outcome data at 12 weeks postpartum) | | | - | |
| C3 For how many participants in each group were no outcome data available? Experimental group N: 31; Control group N: 21 b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not under the data at 12 weeks postpartum) Unclear (60.7% of those randomised completed the baseline interview and 55.5% of those randomised provided outcome data at 12 weeks postpartum) | | | <u>-</u> | |
| Experimental group N: 31; Control group N: 21 b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not unclear (60.7% of those randomised completed the baseline interview and 55.5% of those randomised provided outcome data at 12 weeks postpartum) | C3 | | | |
| b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not unclear (60.7% of those randomised completed the baseline interview and 55.5% of those randomised provided outcome data at 12 weeks postpartum) | Co | | one data avanable: | |
| availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not in the form of the f | | | | |
| important or systematic differences between groups in terms of those for whom outcome data were not in terms of those for whom outcome data were not at 12 weeks postpartum) | | | Unclear (60.7% of those randomised | |
| in terms of those for whom outcome data were not at 12 weeks postpartum) | | · | completed the baseline interview and 55.5% | |
| at 12 weeks postpartiim) | | | of those randomised provided outcome data | |
| | | available). | at 12 weeks postpartum) | |
| | | important or systematic differences between groups in terms of those for whom outcome data were not | completed the baseline interview and 55.5% of those randomised provided outcome data | |

Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? Unclear risk of bias Likely direction of effect: Unknown direction D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) D1 The study had an appropriate length of follow-up Yes D2The study used a precise definition of outcome Yes D3 A valid and reliable method was used to determine Yes the outcome Investigators were kept 'blind' to participants' D4No (outcome measure was assessed through exposure to the intervention face-to-face interviews and researchers state that 'interviewers rarely remained unblinded') D5Investigators were kept 'blind' to other important No (outcome measure was assessed through confounding and prognostic factors face-to-face interviews and researchers state that 'interviewers rarely remained unblinded') Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? High risk of bias Likely direction of effect: Effect size bigger

1.3.9 HOWELL2012

| Stud | y ID | HOWELL2012 |
|--|--|---|
| Biblio | ographic reference: | |
| | ell EA, Balbierz A, Wang J, Parides M, Zlotnick C, Leven | nthal H. Reducing postpartum depressive |
| | otoms among black and latina mothers: a randomised co | |
| | :119:942-949. | , 6, |
| Guid | eline topic: Antenatal and postnatal mental health: | Review question number: 2.2 |
| clinic | cal management and service guidance | _ |
| Chec | klist completed by: Odette Megnin-Viggars | |
| A. Se | election bias (systematic differences between the compari | ison groups) |
| A1 | An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups) | Yes (computerised) |
| A2 | There was adequate concealment of allocation (such | Yes (paper reports that 'The research clinical |
| | that investigators, clinicians and participants cannot influence enrolment or treatment allocation) | coordinators were blinded to study arm assignment). |
| A3 | The groups were comparable at baseline, including | |
| | all major confounding and prognostic factors | Yes |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | |
| Low risk of bias | | |
| Likely direction of effect: Not applicable | | |

| B. Per | B. Performance bias (systematic differences between groups in the care provided, apart | | |
|---|--|---|--|
| | the intervention under investigation) | | |
| | Ç , | | |
| D4 | mt 1.d | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Yes | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| Based | on your answers to the above, in your opinion was perf | ormance bias present? If so, what is the likely | |
| direct | ion of its effect? | | |
| | | | |
| | High risk of bias | | |
| | | | |
| Likely | y direction of effect: Effect size bigger | | |
| | | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | | |
| C. Att | rition bias (systematic differences between the comparis | on groups with respect to loss of participants) | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | 103 | |
| | | | |
| C2 | a. How many participants did not complete treatment i | in each group? | |
| | Experimental group N: 20; Control group N: 19 | | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | Yes | |
| | systematic differences between groups in terms of | | |
| | those who did not complete treatment) | | |
| C3 | For how many participants in each group were no outc | ome data available? | |
| | Experimental group N: 42; Control group N: 30 | | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Yes | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | |
|--|---|---|
| | Low risk of bias | |
| Likel | y direction of effect: Not applicable | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | gnosed or verified) |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report and blinded interviewers) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report and blinded interviewers) |
| Based | on your answers to the above, in your opinion was de | tection bias present? If so, what is the likely |
| direct | direction of its effect? | |
| | Low risk of bias | |
| Likely direction of effect: Not applicable | | |

1.3.10KERSTING2013

| Study | 7 ID | KERSTING2013 | | | |
|--|---|--|--|--|--|
| Diblic | Bibliographic reference: | | | | |
| | | V at al. Priof intermed based intervention | | | |
| | ing A, Dölemeyer R, Steinig J, Walter F, Kroker K, Baust | | | | |
| | tes posttraumatic stress and prolonged grief in parents a | | | | |
| | omised controlled trial. Psychotherapy and Psychosomat | | | | |
| | eline topic: Antenatal and postnatal mental health: | Review question number: 2.2 | | | |
| | al management and service guidance | | | | |
| Chec | klist completed by: Odette Megnin-Viggars | | | | |
| A. Se | lection bias (systematic differences between the compari | son groups) | | | |
| A1 | An appropriate method of randomisation was used | | | | |
| | to allocate participants to treatment groups (which | Yes (online) | | | |
| | would have balanced any confounding factors | res (orinite) | | | |
| | equally across groups) | | | | |
| A2 | There was adequate concealment of allocation (such | Unclear (insufficient detail reported with | | | |
| | that investigators, clinicians and participants cannot | regards to allocation concealment) | | | |
| | influence enrolment or treatment allocation) | regards to anocation conceannent) | | | |
| A3 | The groups were comparable at baseline, including | No (statistically significant difference in | | | |
| | all major confounding and prognostic factors | baseline intrusion subscale of the IES-R [19.2 | | | |
| | | in control group and 17.4 in intervention | | | |
| | | group]) | | | |
| Based | d on your answers to the above, in your opinion was sele | 1 | | | |
| direction of its effect? | | | | | |
| | | | | | |
| High risk of bias | | | | | |
| Likely direction of effect: Effect size bigger | | | | | |
| | | | | | |
| | | | | | |

| р р | f | . 11 | |
|--------|---|--|--|
| | formance bias (systematic differences between groups in | n the care provided, apart | |
| irom | the intervention under investigation) | | |
| | | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Yes | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| 2- | treatment allocation | No | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| Based | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely | |
| direct | tion of its effect? | | |
| | | | |
| | High risk of bias | | |
| | | | |
| Likel | y direction of effect: Effect size bigger | | |
| | | | |
| C AH | trition hise (exetematic differences between the comparis | can aroune with respect to loss of participants) | |
| C. At | C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | | |
| C2 | a Havy many participants did not complete treatment | in each group? | |
| C2 | a. How many participants did not complete treatment in each group? Experimental group N: 16; Control group N: 13 | | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | | |
| | systematic differences between groups in terms of | Yes | |
| | those who did not complete treatment) | | |
| C3 | For how many participants in each group were no outc | l rome data available? | |
| | Experimental group N: 16; Control group N: 13 | come data avanable: | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Yes | |
| | in terms of those for whom outcome data were not | 100 | |
| | available). | | |
| 1 | availabicj. | I . | |

Clinical evidence – completed methodology checklists

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | |
|--|---------------------|--|
| direction of its effect? | | |
| Low risk of bias | | |
| Likely direction of effect: Not applicable | | |
| | | |
| D. Detection bias (bias in how outcomes are ascertained, dia | gnosed or verified) | |
| D1 The study had an appropriate length of follow-up | Yes | |
| D2 The study used a precise definition of outcome | Yes | |
| | | |
| D3 A valid and reliable method was used to determine the outcome | Yes | |
| D4 Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) | |
| D5 Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) | |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely | | |
| direction of its effect? | | |
| Low risk of bias | | |
| Likely direction of effect: Not applicable | | |

1.3.11KIEFFER2013

| Stud | y ID | KIEFFER2013 |
|-------|---|--|
| Bibli | ographic reference: | |
| | er EC, Caldwell CH, Welmerink DB, Welch KB, Sinco BF | R. Guzmán IR. Effect of the healthy MOMs |
| | yle intervention on reducing depressive symptoms amor | - |
| | munity Psychology. 2013;51:76-89. | 7 |
| | eline topic: Antenatal and postnatal mental health: | Review question number: 2.2 |
| | cal management and service guidance | 1 |
| | klist completed by: Odette Megnin-Viggars | |
| A. Se | election bias (systematic differences between the compari | ison groups) |
| A1 | An appropriate method of randomisation was used | |
| | to allocate participants to treatment groups (which | Unclear (randomisation method was |
| | would have balanced any confounding factors | unclear) |
| | equally across groups) | |
| A2 | There was adequate concealment of allocation (such | |
| | that investigators, clinicians and participants cannot | Yes (sealed envelope) |
| | influence enrolment or treatment allocation) | |
| A3 | The groups were comparable at baseline, including | No (statistically significant group difference |
| | all major confounding and prognostic factors | at baseline with a larger proportion of |
| | | women in the intervention group who did |
| | | not speak any English) |
| Base | d on your answers to the above, in your opinion was sele | ection bias present? If so, what is the likely |
| direc | tion of its effect? | |
| | | |
| | High risk of bias | |
| Like | ly direction of effect: Unknown direction | |
| | y | |
| | | |

| D Dos | formance bias (systematic differences between groups in | a the come mucrided amount |
|--------|---|--|
| | · · · · · · · · · · · · · · · · · · · | i tile care provided, apart |
| Irom | the intervention under investigation) | |
| | | |
| B1 | The comparison groups received the same care apart | |
| | from the intervention(s) studied | Yes |
| | | |
| B2 | Participants receiving care were kept 'blind' to | |
| DZ | treatment allocation | No |
| | ireathen anocation | |
| В3 | Individuals administering care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| Basec | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely |
| direct | tion of its effect? | |
| | | |
| | High risk of bias | |
| | | |
| Likel | y direction of effect: Effect size bigger | |
| | | |
| C At | trition bias (systematic differences between the comparis | son groups with respect to loss of participants) |
| C. 11t | artion bias (by stematic anterences between the comparis | on groups with respect to loss of participants) |
| | | |
| C1 | All groups were followed up for an equal length of | |
| | time (or analysis was adjusted to allow for | Yes |
| | differences in length of follow-up) | |
| C2 | a. How many participants did not complete treatment | l in each group? |
| | Experimental group N: 14; Control group N: 7 | |
| | b. The groups were comparable for treatment | |
| | completion (that is, there were no important or | |
| | systematic differences between groups in terms of | Yes |
| | those who did not complete treatment) | |
| C3 | For how many participants in each group were no outo | come data available? |
| | Experimental group N: 24; Control group N: 37 | |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups | Yes |
| | in terms of those for whom outcome data were not | |
| | available). | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | | |
|---|---|--------------------|--|
| direction of its effect? | | | |
| | Low risk of bias | | |
| Likely | y direction of effect: Not applicable | | |
| | | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | nosed or verified) | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) | |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) | |
| | Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely | | |
| direct | direction of its effect? | | |
| Low risk of bias | | | |
| Likely direction of effect: Not applicable | | | |

1.3.12MEIJSSEN2010A/2010B/2011

| 0. 1 | *** | A STATE OF TRANSPORT AND ADDRESS OF TRANSPORT ADDRESS OF TRANSPORT AND | |
|--|---|---|--|
| Stud | y ID | MEIJSSEN2010A/2010B/2011 | |
| D:1.1: | 11. (| | |
| | Bibliographic reference: | | |
| - | sen D, Wolf M-J, Koldewijn K, Houtzager BA, van Wass | | |
| | t behavioral assessment and intervention program on mo | , I | |
| birth | Journal of Child Psychology and Psychiatry. 2010a;51:12 | 287-1295. | |
| Meijs | sen DE, Wolf MJ, Koldewijn K, van Wassenaer AG, Kok | JH, van Baar AL. Parenting stress in mothers | |
| after | very preterm birth and the effect of the infant behaviour | al assessment and intervention program. | |
| Chilo | l: Care, Health and Development. 2010b;37:195-202. | | |
| Meijs | sen D, Wolf M-J, Koldewijn K, van Baar A, Kok J. Materi | nal psychological distress in the first two years | |
| after | very preterm birth and early intervention. Early Child D | evelopment and Care. 2011;181:1-11. | |
| Guid | eline topic: Antenatal and postnatal mental health: | Review question number: 2.2 | |
| clinic | al management and service guidance | | |
| Chec | klist completed by: Odette Megnin-Viggars | | |
| A. Se | lection bias (systematic differences between the comparis | son groups) | |
| A1 | An appropriate method of randomisation was used | V (| |
| | to allocate participants to treatment groups (which | Yes (computer generated randomly | |
| | would have balanced any confounding factors | assigned and stratified for gestational age | |
| | equally across groups) | [<30 and 30 weeks] and recruitment site) | |
| A2 | There was adequate concealment of allocation (such | | |
| | that investigators, clinicians and participants cannot | Unclear (insufficient detail reported with | |
| | influence enrolment or treatment allocation) | regards to allocation concealment) | |
| A3 | The groups were comparable at baseline, including | | |
| | all major confounding and prognostic factors | Yes | |
| | , 0 1 0 | | |
| Based | d on your answers to the above, in your opinion was sele | ction bias present? If so, what is the likely | |
| direction of its effect? | | | |
| Low risk of bias | | | |
| Likely direction of effect: Not applicable | | | |
| | | | |
| | | | |
| | | | |

| D Dos | formana hias (errotamatic differences hatrices and marine | the care marrided amount | |
|--|---|--|--|
| | formance bias (systematic differences between groups in | i the care provided, apart | |
| from the intervention under investigation) | | | |
| | | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Yes | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| | l on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely | |
| direct | tion of its effect? | | |
| | | | |
| | High risk of bias | | |
| | | | |
| Likel | y direction of effect: Effect size bigger | | |
| | | | |
| C. At | C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | |
| | The second control of | 9 | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | | |
| C2 | a. How many participants did not complete treatment: | l in each group? | |
| | Experimental group N: 15; Control group N: 24 | | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | | |
| | systematic differences between groups in terms of | Yes | |
| | those who did not complete treatment) | | |
| C3 | For how many participants in each group were no outo | come data available? | |
| | Experimental group N: 15; Control group N: 24 | | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Yes | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

 ${\it Clinical\ evidence-completed\ methodology\ checklists}$

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | |
|---|--|--|
| direction of its effect? | | |
| Low risk of bias | | |
| Likely direction of effect: Not applicable | | |
| | | |

| D1 | The study had an appropriate length of follow-up | Yes |
|----|---|---|
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report or blinded outcome assessment) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report or blinded outcome assessment) |
| | d on your answers to the above, in your opinion was detion of its effect? | tection bias present? If so, what is the likely |

Antenatal and postnatal mental health (update)

Likely direction of effect: Not applicable

1.3.13MELNYK2006

| Study | 7 ID | MELNYK2006 | |
|---|--|---|--|
| Biblio | ographic reference: | | |
| | yk BM, Feinstein NF, Alpert-Gillis L, Fairbanks E, Crean | HF. Sinkin RA, et al. Reducing premature | |
| | ts' length of stay and improving parents' mental health of | 91 | |
| | at Empowerment (COPE) neonatal intensive care unit pr | 0 11 | |
| | trics. 2006;118:e1414-e1427. | ogrami a mataomicoa, como once a min | |
| | eline topic: Antenatal and postnatal mental health: | Review question number: 2.2 | |
| | al management and service guidance | 1 | |
| | klist completed by: Odette Megnin-Viggars | | |
| A. Se | lection bias (systematic differences between the compari | son groups) | |
| A1 | An appropriate method of randomisation was used | Unclear (randomisation method is unclear, | |
| | to allocate participants to treatment groups (which | only detail reported is 'The random | |
| | would have balanced any confounding factors | assignment was made by 4-week blocks of | |
| | equally across groups) | time') | |
| A2 | There was adequate concealment of allocation (such | | |
| | that investigators, clinicians and participants cannot | Yes (sealed opaque envelopes) | |
| | influence enrolment or treatment allocation) | | |
| A3 | The groups were comparable at baseline, including | | |
| | all major confounding and prognostic factors | Yes | |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely | | | |
| airect | direction of its effect? | | |
| Unclear/unknown risk of bias | | | |
| | | | |
| Likely direction of effect: Unknown direction | | | |
| | | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | | |
|--|---|--|--|
| | | | |
| from the intervention under investigation) | | | |
| | | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Yes | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| Basec | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely | |
| direct | tion of its effect? | | |
| | | | |
| | High risk of bias | | |
| | | | |
| Likel | y direction of effect: Effect size bigger | | |
| | | | |
| C At | C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | |
| C. 71t | union oldo (by stematic amerences between the comparis | on groups with respect to loss of participants) | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | | |
| C2 | a. How many participants did not complete treatment: | in each group? | |
| C2 | Experimental group N: 2; Control group N: 5 | in each group. | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | | |
| | systematic differences between groups in terms of | Yes | |
| | those who did not complete treatment) | | |
| C3 | For how many participants in each group were no outo | come data available? | |
| | Experimental group N: 9; Control group N: 4 | | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Yes | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | |
|--|---|---|
| | Low risk of bias | |
| Likely direction of effect: Not applicable | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | gnosed or verified) |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report or blinded outcome assessment) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report or blinded outcome assessment) |
| | on your answers to the above, in your opinion was detion of its effect? | rection bias present? If so, what is the likely |
| Low risk of bias | | |
| Likel | y direction of effect: Not applicable | |

1.3.14MEYER1994

| Stud | y ID | MEYER1994 |
|-------------------|--|---|
| Biblio | ographic reference: | |
| | er EC, Coll CTG, Lester BM, Boukydis CFZ, McDonough | SM, et al. Family-based intervention |
| , | oves maternal psychological well-being and feeding inte | , |
| - | 93:241-246. | 1 |
| Guid | eline topic: Antenatal and postnatal mental health: | Review question number: 2.2 |
| clinic | cal management and service guidance | |
| Chec | klist completed by: Odette Megnin-Viggars | |
| A. Se | election bias (systematic differences between the compari | ison groups) |
| A1 | An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups) | Unclear (randomisation method is unclear) |
| A2 | There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation) | Unclear (insufficient detail is reported with regards to allocation concealment) |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | No (statistically significant baseline difference in maternal age [29.7 in intervention group and 25.9 in control group]) |
| | d on your answers to the above, in your opinion was seletion of its effect? | ection bias present? If so, what is the likely |
| High risk of bias | | |
| Like | ly direction of effect: Effect size bigger | |

| P. Dorford Market Control of Market M | | |
|--|--|--|
| B. Performance bias (systematic differences between groups in the care provided, apart | | |
| from the intervention under investigation) | | |
| | | |
| B1 | The comparison groups received the same care apart | |
| | from the intervention(s) studied | Yes |
| | | |
| B2 | Participants receiving care were kept 'blind' to | |
| 2- | treatment allocation | No |
| | | |
| В3 | Individuals administering care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| Basec | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely |
| direct | tion of its effect? | |
| | | |
| | High risk of bias | |
| | | |
| Likel | y direction of effect: Effect size bigger | |
| | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | |
| C. 11t | artion bias (by stematic anterences between the comparis | on groups with respect to loss of participants) |
| | | |
| C1 | All groups were followed up for an equal length of | |
| | time (or analysis was adjusted to allow for | Yes |
| | differences in length of follow-up) | |
| C2 | a. How many participants did not complete treatment: | l in each group? |
| | Experimental group N: 0; Control group N: 0 | in each group. |
| | b. The groups were comparable for treatment | |
| | completion (that is, there were no important or | |
| | systematic differences between groups in terms of | Yes |
| | those who did not complete treatment) | |
| C3 | For how many participants in each group were no outo | come data available? |
| | Experimental group N: 0; Control group N: 0 | |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups | Yes |
| | in terms of those for whom outcome data were not | |
| | available). | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | |
|--|---|---|
| | Low risk of bias | |
| Likely direction of effect: Not applicable | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | gnosed or verified) |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report or blinded outcome assessment) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report or blinded outcome assessment) |
| | on your answers to the above, in your opinion was det ion of its effect? | rection bias present? If so, what is the likely |
| Low risk of bias | | |
| Likel | y direction of effect: Not applicable | |

1.3.15 NEWNHAM2009

| Stud | y ID | NEWNHAM2009 |
|--|---|--|
| Biblio | ographic reference: | |
| | nham CA, Milgrom J, Skouteris H. Effectiveness of a mo- | dified mother-infant transaction program on |
| | omes for preterm infants from 3 to 24 months of age. Infa | 1 0 |
| | eline topic: Antenatal and postnatal mental health: | Review question number: 2.2 |
| | ral management and service guidance | |
| Chec | klist completed by: Odette Megnin-Viggars | |
| A. Se | election bias (systematic differences between the compari | son groups) |
| A1 | An appropriate method of randomisation was used | |
| | to allocate participants to treatment groups (which | Vos (sain tass) |
| | would have balanced any confounding factors | Yes (coin toss) |
| | equally across groups) | |
| A2 | There was adequate concealment of allocation (such | Unclear (insufficient detail is reported with |
| | that investigators, clinicians and participants cannot | regards to allocation concealment) |
| | influence enrolment or treatment allocation) | regards to anocation conceannent) |
| A3 | The groups were comparable at baseline, including | |
| | all major confounding and prognostic factors | Yes |
| Base | l d on your answers to the above, in your opinion was sele | ection bias present? If so, what is the likely |
| direc | tion of its effect? | |
| | | |
| Low risk of bias | | |
| T •1 | | |
| Likely direction of effect: Not applicable | | |
| | | |

| P. Dorford Market Control of Market M | | | |
|--|--|--|--|
| B. Performance bias (systematic differences between groups in the care provided, apart | | | |
| from the intervention under investigation) | | | |
| | | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Yes | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| | l on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely | |
| direct | tion of its effect? | | |
| | | | |
| | High risk of bias | | |
| | | | |
| Likel | y direction of effect: Effect size bigger | | |
| | | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | | |
| 0.110 | and the companies | ori groupe wantespeer to toos or participation | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | | |
| C2 | a. How many participants did not complete treatment: | l in each group? | |
| | Experimental group N: 3; Control group N: 2 | in each group. | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | | |
| | systematic differences between groups in terms of | Yes | |
| | those who did not complete treatment) | | |
| C3 | For how many participants in each group were no outo | come data available? | |
| | Experimental group N: 3; Control group N: 2 | | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Yes | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | |
|--|---|---|
| | Low risk of bias | |
| Likely direction of effect: Not applicable | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | gnosed or verified) |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report or blinded outcome assessment) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report or blinded outcome assessment) |
| | on your answers to the above, in your opinion was det ion of its effect? | ection bias present? If so, what is the likely |
| Low risk of bias | | |
| Likely direction of effect: Not applicable | | |

1.3.16PHIPPS2013

| Study | y ID | PHIPPS2013 |
|--|--|--|
| Biblio | ographic reference: | |
| | os MG, Raker CA, Ware CF, Zlotnick C. Randomized cor | ntrolled trial to prevent postpartum |
| | ession in adolescent mothers. American Journal of Obste | 1 1 |
| | eline topic: Antenatal and postnatal mental health: | Review question number: 2.2 |
| | al management and service guidance | 1 |
| | klist completed by: Odette Megnin-Viggars | |
| A. Se | lection bias (systematic differences between the compari | son groups) |
| A1 | An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups) | Yes (stratified [by history of depression] block randomization with varying block lengths) |
| A2 | There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation) | Yes (sealed opaque envelopes) |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Yes |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | |
| Low risk of bias | | |
| Likely direction of effect: Not applicable | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | | |
|---|---|---|--|
| from the intervention under investigation) | | | |
| | | | |
| D4 | m · 1.d | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Yes | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| Based | on your answers to the above, in your opinion was perf | ormance bias present? If so, what is the likely | |
| direct | ion of its effect? | | |
| | | | |
| | High risk of bias | | |
| | | | |
| Likely | y direction of effect: Effect size bigger | | |
| | | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | | |
| C. All | indoit bias (systematic differences between the compans | on groups with respect to loss of participants) | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | | |
| CO | TT (* 1.1) 1 (1.1) 1 (1.1) | 1 2 | |
| C2 | a. How many participants did not complete treatment in | in each group? | |
| | Experimental group N: 3; Control group N: 0 | | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | Yes | |
| | systematic differences between groups in terms of | | |
| C2 | those who did not complete treatment) | 1 | |
| C3 | For how many participants in each group were no outc | ome data available? | |
| | Experimental group N: 6; Control group N: 0 | | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Yes | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | |
|--|---|--|
| | Low risk of bias | |
| Likel | y direction of effect: Not applicable | |
| D Do | testion him (him in hory suttomers are assentained disastin | mossed on visuified) |
| D. De | tection bias (bias in how outcomes are ascertained, diag | gnosed or verified) |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (blinded outcome assessment) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (blinded outcome assessment) |
| | on your answers to the above, in your opinion was det ion of its effect? | ection bias present? If so, what is the likely |
| Low risk of bias | | |
| Likel | y direction of effect: Not applicable | |

1.3.17RAVN2012

| Stud | y ID | RAVN2012 | |
|---|---|--|--|
| Dibli | o manhia nafanan aa | | |
| | ographic reference: | EII at al Effects of souls mother infant | |
| | IH, Smith L, Smeby NA, Kynoe NM, Sandvik L, Bunch | • | |
| | vention on outcomes in mothers and moderately and late | | |
| | olled trial. Infant Behavior and Development. 2012;35:36 | | |
| | eline topic: Antenatal and postnatal mental health: | Review question number: 2.2 | |
| | al management and service guidance | | |
| Chec | klist completed by: Odette Megnin-Viggars | | |
| A. Se | lection bias (systematic differences between the compari | son groups) | |
| A1 | An appropriate method of randomisation was used | | |
| | to allocate participants to treatment groups (which | Yes (simple randomization using computer | |
| | would have balanced any confounding factors | generated random numbers) | |
| | equally across groups) | , | |
| A2 | There was adequate concealment of allocation (such | | |
| | that investigators, clinicians and participants cannot | Yes (sealed envelopes) | |
| | influence enrolment or treatment allocation) | | |
| A3 | The groups were comparable at baseline, including | No (statistically significant baseline | |
| | all major confounding and prognostic factors | difference with the intervention group | |
| | , 6 1 6 | having more mothers with earlier preterm | |
| | | birth and non-Norwegian origin) | |
| Based | l on your answers to the above, in your opinion was sele | | |
| | tion of its effect? | | |
| | | | |
| High risk of bias | | | |
| Likely direction of effect: Unknown direction | | | |
| | | | |
| | | | |

| B. Per | formance bias (systematic differences between groups ir | n the care provided, apart |
|---|---|--|
| from the intervention under investigation) | | |
| | Ç , | |
| D4 | mt 1.d | |
| B1 | The comparison groups received the same care apart | |
| | from the intervention(s) studied | Yes |
| | | |
| B2 | Participants receiving care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| В3 | Individuals administering care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| Based | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely |
| direct | ion of its effect? | |
| | | |
| | High risk of bias | |
| | | |
| Likely | y direction of effect: Effect size bigger | |
| | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | |
| C. All | Thion bias (systematic differences between the compans | on groups with respect to loss of participants) |
| | | |
| C1 | All groups were followed up for an equal length of | |
| | time (or analysis was adjusted to allow for | Yes |
| | differences in length of follow-up) | |
| C2 | TT | |
| C2 | a. How many participants did not complete treatment i | in each group? |
| | Experimental group N: 4; Control group N: 0 | |
| | b. The groups were comparable for treatment | |
| | completion (that is, there were no important or | Yes |
| | systematic differences between groups in terms of | |
| | those who did not complete treatment) | |
| C3 | For how many participants in each group were no outo | come data available? |
| | Experimental group N: 12; Control group N: 7 | |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups | Yes |
| | in terms of those for whom outcome data were not | |
| | available). | |

| | on your answers to the above, in your opinion was attrion of its effect? | rition bias present? If so, what is the likely |
|-------|---|---|
| | Low risk of bias | |
| Likel | y direction of effect: Not applicable | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | gnosed or verified) |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report or blinded outcome assessment) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report or blinded outcome assessment) |
| | on your answers to the above, in your opinion was det ion of its effect? | rection bias present? If so, what is the likely |
| | Low risk of bias | |
| Likel | y direction of effect: Not applicable | |

1.3.18SEN2006/DENNIS2013

| Stud | y ID | SEN2006/DENNIS2013 |
|-------|---|--|
| D:bl: | o zwankia wafawan sa | |
| | ographic reference: | atanatal anaguan. The Nassasatle tonia etc.da |
| | DM. A randomised controlled trial of midwife-led twin a | 1 0 |
| tnes | is]. Newcastle-upon-Tyne: University of Newcastle; 2006 |). |
| Denr | nis CL, Dowswell T. Psychosocial and psychological inter | rventions for preventing postpartum |
| | ession. Cochrane Database of Systematic Reviews. 2013;2 | 1 01 1 |
| - | eline topic: Antenatal and postnatal mental health: | Review question number: 2.2 |
| | cal management and service guidance | Review question number. 2.2 |
| | 8 | |
| Chec | klist completed by: Odette Megnin-Viggars | |
| A. Se | election bias (systematic differences between the compari | ison groups) |
| A1 | An appropriate method of randomisation was used | |
| | to allocate participants to treatment groups (which | Yes (on-line web-based electronic |
| | would have balanced any confounding factors | randomisation procedure) |
| | equally across groups) | , |
| A2 | There was adequate concealment of allocation (such | |
| | that investigators, clinicians and participants cannot | Yes (participant pressed the randomisation |
| | influence enrolment or treatment allocation) | button to obtain group allocation) |
| A3 | The groups were comparable at baseline, including | |
| 110 | all major confounding and prognostic factors | Yes |
| | an major comountaing and prognostic factors | |
| Base | l d on your answers to the above, in your opinion was sele | ection bias present? If so, what is the likely |
| | tion of its effect? | , |
| | | |
| | Low risk of bias | |
| | DOT TION OF DIAG | |
| Like | ly direction of effect: Not applicable | |
| LIKC | y antenion of effects from applicable | |
| | | |

| D Day | formance bias (systematic differences between groups in | the same massified amount |
|--------|---|--|
| | the intervention under investigation) | i the care provided, apart |
| пош | the intervention under investigation) | |
| | | |
| B1 | The comparison groups received the same care apart | |
| | from the intervention(s) studied | Yes |
| | | |
| B2 | Participants receiving care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| В3 | Individuals administering care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely |
| direct | ion of its effect? | |
| | | |
| | High risk of bias | |
| | | |
| Likel | y direction of effect: Effect size bigger | |
| | | |
| C. At | trition bias (systematic differences between the comparis | son groups with respect to loss of participants) |
| 0.110 | armon cano (e) eterrane universite e companie | ori groupe wantespeer to toos or participation |
| | | |
| C1 | All groups were followed up for an equal length of | |
| | time (or analysis was adjusted to allow for | Yes |
| | differences in length of follow-up) | |
| C2 | a. How many participants did not complete treatment: | l in each group? |
| C2 | Experimental group N: 11; Control group N: 17 | in each group. |
| | b. The groups were comparable for treatment | |
| | completion (that is, there were no important or | |
| | systematic differences between groups in terms of | Yes |
| | those who did not complete treatment) | |
| C3 | For how many participants in each group were no outo | come data available? |
| | Experimental group N: 11; Control group N: 17 | |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups | Yes |
| | in terms of those for whom outcome data were not | |
| | available). | |

| Based | Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | |
|--------------------------|---|--|--|
| direction of its effect? | | | |
| | Low risk of bias | | |
| Likel | y direction of effect: Not applicable | | |
| | | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | nosed or verified) | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) | |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) | |
| | on your answers to the above, in your opinion was det | ection bias present? If so, what is the likely | |
| direct | ion of its effect? | | |
| | Low risk of bias | | |
| Likel | y direction of effect: Not applicable | | |
| | | | |

1.3.19SMALL2000/2006

| Study | 7 ID | SMALL2000 / 2006 |
|----------------|--|---|
| | ographic reference: | |
| | R, Lumley J, Donohue L, Potter A, Waldenström U. Ran | ndomised controlled trial of midwife led |
| | efing to reduce maternal depression after operative child | |
| 1047. | | |
| | | |
| 3mall | R, Lumley J, Toomey L. Midwife-led debriefing after op | perative birth: four to six year follow-up of a |
| andc | omised trial. BMC Medicine. 2006;4:3. | |
| Guide | eline topic: Antenatal and postnatal mental health: | Review question number: 2.2 |
| linica | al management and service guidance | |
| Check | klist completed by: Odette Megnin-Viggars | |
| A. Sel | lection bias (systematic differences between the compari | ison groups) |
| 4 1 | An appropriate method of randomisation was used | V (1.1. 1 |
| | to allocate participants to treatment groups (which | Yes (telephone randomisation using |
| | would have balanced any confounding factors | computer generated, adaptive biased coin |
| | equally across groups) | schedules) |
| A2 | There was adequate concealment of allocation (such | |
| | that investigators, clinicians and participants cannot | Yes (centralised allocation) |
| | influence enrolment or treatment allocation) | |
| A 3 | The groups were comparable at baseline, including | |
| | all major confounding and prognostic factors | Yes |
| Based | on your answers to the above, in your opinion was sele | ection hias present? If so, what is the likely |
| | tion of its effect? | section blue present. If so, what is the likely |
| | | |
| | Low risk of bias | |
| | | |
| •1 1 | y direction of effect: Not applicable | |

| D Dos | formance bias (systematic differences between groups in | a the come mucrided amount |
|-------|---|--|
| | | i tile care provided, apart |
| Irom | the intervention under investigation) | |
| | | |
| B1 | The comparison groups received the same care apart | |
| | from the intervention(s) studied | Yes |
| | | |
| B2 | Posticipante receiving care vyone least thin d' to | |
| DZ | Participants receiving care were kept 'blind' to treatment allocation | No |
| | treatment anocation | INO |
| В3 | Individuals administering care were kept 'blind' to | |
| DO | treatment allocation | No |
| | irealment anocation | |
| Based | l l on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely |
| | tion of its effect? | , |
| | | |
| | High risk of bias | |
| | | |
| Likel | y direction of effect: Effect size bigger | |
| | | |
| | | |
| C. At | trition bias (systematic differences between the comparis | son groups with respect to loss of participants) |
| | | |
| C1 | All groups were followed up for an equal length of | |
| | time (or analysis was adjusted to allow for | Yes |
| | differences in length of follow-up) | 165 |
| | | |
| C2 | a. How many participants did not complete treatment | in each group? |
| | Experimental group N: 53; Control group N: 71 | T |
| | b. The groups were comparable for treatment | |
| | completion (that is, there were no important or | Yes |
| | systematic differences between groups in terms of | |
| | those who did not complete treatment) | 1. "11.0 |
| C3 | For how many participants in each group were no outo | come data available? |
| | Experimental group N: 53; Control group N: 71 | |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups | Yes |
| | in terms of those for whom outcome data were not | |
| | available). | |

| Based | Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | |
|--------------------------|---|--|--|
| direction of its effect? | | | |
| | Low risk of bias | | |
| Likel | y direction of effect: Not applicable | | |
| | | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | nosed or verified) | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) | |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) | |
| | on your answers to the above, in your opinion was det | ection bias present? If so, what is the likely | |
| direct | ion of its effect? | | |
| | Low risk of bias | | |
| Likel | y direction of effect: Not applicable | | |
| | | | |

1.3.20SPITTLE2010/2009/SPENCERSMITH2012

| Study | 7 ID | SPITTLE2010/2009/SPENCERSMITH2012 | |
|--------|--|--|--|
| Biblio | ographic reference: | | |
| | e AJ, Anderson PJ, Lee KJ, Ferretti C, Eeles A, Orton J, et | al. Preventative care at home for very | |
| prete | rm infants improves infant and caregiver outcomes at 2 | years. Pediatrics. 2010;126:e171-e178. | |
| | | | |
| - | e AJ, Ferretti C, Anderson PJ, Orton J, Eeles A, Bates L, e | 1 0 | |
| | veeks' gestation – a randomised controlled trial of prever | ntative care at home. BMC Pediatrics. | |
| 2009; | 9:73. | | |
| Cnon | con Smith MM Smittle AT Dovile LW Lee VI Lengtice L | Custin A stal Lang town handits of home | |
| _ | cer-Smith MM, Spittle AJ, Doyle LW, Lee KJ, Lorefice L, I preventive care for preterm infants: a randomised trial. | | |
| | eline topic: Antenatal and postnatal mental health: | Review question number: 2.2 | |
| | al management and service guidance | Review question number, 2.2 | |
| | klist completed by: Odette Megnin-Viggars | | |
| Cricci | shist completed by. Odette integrini vigguis | | |
| A. Se | lection bias (systematic differences between the compari | son groups) | |
| A1 | An appropriate method of randomisation was used | | |
| | to allocate participants to treatment groups (which | Yes (computed-generated stratified | |
| | would have balanced any confounding factors | allocation) | |
| | equally across groups) | | |
| A2 | There was adequate concealment of allocation (such | | |
| | that investigators, clinicians and participants cannot | Yes (opaque envelopes) | |
| | influence enrolment or treatment allocation) | | |
| A3 | The groups were comparable at baseline, including | No (baseline difference between groups | |
| | all major confounding and prognostic factors | with twice the number of participants | |
| | | showing depression symptomatology | |
| | | [EPDS=>13] in the control group | |
| | | [N=10/17%] relative to the intervention | |
| _ | | group [N=5/8%]) | |
| | on your answers to the above, in your opinion was sele | ection bias present? It so, what is the likely | |
| airect | tion of its effect? | | |
| | High mids of high | | |
| | High risk of bias | | |
| Likel | y direction of effect: Unknown direction | | |
| | | | |
| | | | |

| B. Per | formance bias (systematic differences between groups in | n the care provided, apart | |
|---|---|---|--|
| from t | from the intervention under investigation) | | |
| | , | | |
| D4 | m · 1.d | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Yes | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| Based | on your answers to the above, in your opinion was perf | ormance bias present? If so, what is the likely | |
| direct | ion of its effect? | | |
| | | | |
| | High risk of bias | | |
| | | | |
| Likely | y direction of effect: Effect size bigger | | |
| | | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | | |
| C. All | rtion bias (systematic differences between the comparis | on groups with respect to loss of participants) | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | 163 | |
| | | | |
| C2 | a. How many participants did not complete treatment i | in each group? | |
| | Experimental group N: 1; Control group N: 0 | | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | Yes | |
| | systematic differences between groups in terms of | | |
| | those who did not complete treatment) | 1 | |
| C3 | For how many participants in each group were no outc | ome data available? | |
| | Experimental group N: 3; Control group N: 2 | | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Yes | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | |
|---|---|--|
| direction of its effect? | | |
| | Low risk of bias | |
| Likel | y direction of effect: Not applicable | |
| | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | nosed or verified) |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Variable across outcomes, for most outcomes assessor was blinded (or self-report for maternal outcomes) but for infant emotional development measures non-blind parent-report used |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Variable across outcomes, for most outcomes assessor was blinded (or self-report for maternal outcomes) but for infant emotional development measures non-blind parent-report used |
| | on your answers to the above, in your opinion was det ion of its effect? | ection bias present? If so, what is the likely |
| | Low risk of bias | |
| Likely | y direction of effect: Not applicable | |

1.3.21 STAMP1995

| , | | |
|------------------|--|---|
| , | graphic reference: | |
| Stamp | GE, Williams AS, Crowther CA. Evaluation of antenata | al and postnatal support to overcome |
| postna | atal depression: a randomised, controlled trial. Birth. 19 | 95;22:138-143. |
| | eline topic: Antenatal and postnatal mental health: | Review question number: 2.2 |
| clinica | al management and service guidance | - |
| Check | list completed by: Odette Megnin-Viggars | |
| A. Sele | ection bias (systematic differences between the compari | son groups) |
| A1 | An appropriate method of randomisation was used | |
| | to allocate participants to treatment groups (which | Yes (variable balanced blocks were used |
| | would have balanced any confounding factors | with stratification by parity) |
| | equally across groups) | |
| A2 | There was adequate concealment of allocation (such | |
| | that investigators, clinicians and participants cannot | Yes (centralised allocation) |
| | influence enrolment or treatment allocation) | |
| A3 | The groups were comparable at baseline, including | |
| | all major confounding and prognostic factors | Yes |
| Based | on your answers to the above, in your opinion was sele | Lection bias present? If so, what is the likely |
| directi | ion of its effect? | |
| Low risk of bias | | |
| | | |
| Likely | y direction of effect: Not applicable | |
| - | | |

| B. Per | formance bias (systematic differences between groups ir | n the care provided, apart | | |
|---|--|---|--|--|
| from t | the intervention under investigation) | | | |
| | Ç , | | | |
| D4 | mt 1.d | | | |
| B1 | The comparison groups received the same care apart | | | |
| | from the intervention(s) studied | Yes | | |
| | | | | |
| B2 | Participants receiving care were kept 'blind' to | | | |
| | treatment allocation | No | | |
| | | | | |
| В3 | Individuals administering care were kept 'blind' to | | | |
| | treatment allocation | No | | |
| | | | | |
| Based | on your answers to the above, in your opinion was perf | ormance bias present? If so, what is the likely | | |
| direct | ion of its effect? | | | |
| | | | | |
| | High risk of bias | | | |
| | | | | |
| Likely | y direction of effect: Effect size bigger | | | |
| | | | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | | | |
| C. Att | rition bias (systematic differences between the comparis | on groups with respect to loss of participants) | | |
| | | | | |
| C1 | All groups were followed up for an equal length of | | | |
| | time (or analysis was adjusted to allow for | Yes | | |
| | differences in length of follow-up) | 163 | | |
| | | | | |
| C2 | a. How many participants did not complete treatment i | in each group? | | |
| | Experimental group N: 9; Control group N: 7 | | | |
| | b. The groups were comparable for treatment | | | |
| | completion (that is, there were no important or | Yes | | |
| | systematic differences between groups in terms of | | | |
| | those who did not complete treatment) | | | |
| C3 | For how many participants in each group were no outc | come data available? | | |
| | Experimental group N: 9; Control group N: 7 | | | |
| | b. The groups were comparable with respect to the | | | |
| | availability of outcome data (that is, there were no | | | |
| | important or systematic differences between groups | Yes | | |
| | in terms of those for whom outcome data were not | | | |
| | available). | | | |

| | Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | | |
|--|---|--|--|--|
| direct | direction of its effect? | | | |
| | Low risk of bias | | | |
| Likel | y direction of effect: Not applicable | | | |
| | | | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | nosed or verified) | | |
| D1 | The study had an appropriate length of follow-up | Yes | | |
| D2 | The study used a precise definition of outcome | Yes | | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) | | |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) | | |
| | on your answers to the above, in your opinion was det | ection bias present? If so, what is the likely | | |
| direct | direction of its effect? | | | |
| Low risk of bias | | | | |
| Likely direction of effect: Not applicable | | | | |

1.3.22WEBSTER2003

| Study ID | | WEBSTER2003 | | |
|--|---|---|--|--|
| Riblic | ographic reference: | | | |
| | ographic reference: eter J, Linnane J, Roberts J, Starrenburg S, Hinson J, Dible | av. I. IDentify Educate and Alast (IDEA) trials | | |
| | tervention to reduce postnatal depression. BJOG. 2003;11 | ` , | | |
| | eline topic: Antenatal and postnatal mental health: | Review question number: 2.2 | | |
| | ÷ | Review question number, 2.2 | | |
| | al management and service guidance | | | |
| Cneci | klist completed by: Odette Megnin-Viggars | | | |
| A. Se | lection bias (systematic differences between the compari | son groups) | | |
| A1 | An appropriate method of randomisation was used | | | |
| | to allocate participants to treatment groups (which | Yes (computer-generated random number | | |
| | would have balanced any confounding factors | schedule) | | |
| | equally across groups) | | | |
| A2 | There was adequate concealment of allocation (such | Vos (opagua saguantially numbered | | |
| | that investigators, clinicians and participants cannot | Yes (opaque sequentially numbered envelopes) | | |
| | influence enrolment or treatment allocation) | envelopes) | | |
| A3 | The groups were comparable at baseline, including | No (statistically significant group difference | | |
| | all major confounding and prognostic factors | at baseline [control group younger than | | |
| | | intervention group]) | | |
| Basec | d on your answers to the above, in your opinion was sele | ection bias present? If so, what is the likely | | |
| direct | tion of its effect? | | | |
| | | | | |
| | High risk of bias | | | |
| | | | | |
| Likely direction of effect: Effect size bigger | | | | |
| | | | | |
| l | | | | |

| D Day | former and him (and another differences hat were an experience in | the same muselided amount | | |
|---|--|--|--|--|
| | formance bias (systematic differences between groups in | i the care provided, apart | | |
| irom | the intervention under investigation) | | | |
| | | | | |
| B1 | The comparison groups received the same care apart | | | |
| | from the intervention(s) studied | Yes | | |
| | | | | |
| B2 | Participants receiving care were kept 'blind' to | | | |
| DZ | treatment allocation | No | | |
| | ireathen anocation | | | |
| В3 | Individuals administering care were kept 'blind' to | | | |
| | treatment allocation | No | | |
| | | | | |
| Based | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely | | |
| direct | tion of its effect? | | | |
| | | | | |
| | High risk of bias | | | |
| | | | | |
| Likel | y direction of effect: Effect size bigger | | | |
| | | | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | | | |
| c. Thataon bias (systematic unicrenees between the comparison groups with respect to loss of participants) | | | | |
| | | | | |
| C1 | All groups were followed up for an equal length of | | | |
| | time (or analysis was adjusted to allow for | Yes | | |
| | differences in length of follow-up) | | | |
| C2 | a Havy many manticinants did not complete tractment | in each group? | | |
| C2 | a. How many participants did not complete treatment: Experimental group N: 107; Control group N: 122 | in each group: | | |
| | b. The groups were comparable for treatment | | | |
| | completion (that is, there were no important or | | | |
| | systematic differences between groups in terms of | Yes | | |
| | those who did not complete treatment) | | | |
| C3 | For how many participants in each group were no outc | l rome data available? | | |
| | Experimental group N: 107; Control group N: 122 | come data avanable: | | |
| | b. The groups were comparable with respect to the | | | |
| | availability of outcome data (that is, there were no | | | |
| | important or systematic differences between groups | Yes | | |
| | in terms of those for whom outcome data were not | 100 | | |
| | available). | | | |
| 1 | availabicj. | I . | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | | | |
|--|---|---------------------|--|--|
| airect | direction of its effect? | | | |
| | Low risk of bias | | | |
| Likely | direction of effect: Not applicable | | | |
| | | | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | gnosed or verified) | | |
| D1 | The study had an appropriate length of follow-up | Yes | | |
| D2 | The study used a precise definition of outcome | Yes | | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) | | |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) | | |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | | | |
| Low risk of bias | | | | |
| Likely | y direction of effect: Not applicable | | | |

1.4 PSYCHOSOCIAL INTERVENTIONS: PROTOCOLS FOR WOMEN FOLLOWING STILLBIRTH

1.4.1 CACCIATORE2008

| Study II |) | | CACCIATORE2008 | | |
|--|---|---------|----------------|--|--|
| Ü | Bibliographic reference: Cacciatore J, Rådestad I, Frøen F. Effects of contact with stillborn babies on maternal 40 anxiety and depression. Birth. 2008;35:313-20 | | | | |
| | Guideline topic: Antenatal and postnatal mental health: Review question no: 2.2 clinical management and service guidance | | | | |
| Checklis | et completed by: Odette Megnin-Viggars | | | | |
| A. Select | tion bias (systematic differences between the | compari | son groups) | | |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome[s] under study) | No | | | |
| A2 | Attempts were made within the design or analysis to balance the comparison groups for potential confounders | No | | | |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Unclear | r | | |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | | | | |
| Unclear/unknown risk of bias | | | | | |
| Likely direction of effect: Unknown direction | | | | | |
| B. Performance bias (systematic differences between groups in the care provided, apart from the intervention | | | | | |

| under i | under investigation) | | | |
|----------|---|---|--|--|
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Unclear | | |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No | | |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No | | |
| | Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect? | | | |
| Unclear | /unknown risk of bias | | | |
| Likely | direction of effect: Unknown direction | | | |
| C. Attri | tion bias (systematic differences between the | comparison groups with respect to loss of participants) | | |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Yes | | |
| C2 | a. How many participants did not comp | lete treatment in each group? N/A | | |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | N/A | | |
| C3 | a. For how many participants in each gro | oup were no outcome data available? N/A | | |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important | N/A | | |

 ${\it Clinical\ evidence-completed\ methodology\ checklists}$

| | or systematic differences between | |
|--|--|---|
| | groups in terms of those for whom | |
| | outcome data were not available) | |
| Based on yo | our answers to the above, in your opinion | was attrition bias present? If so, what is the likely direction |
| of its effect? | | |
| Unclear/un | known risk of bias | |
| Likely direc | tion of effect: Unknown direction | |
| D. Detection | n bias (bias in how outcomes are ascertain | ed, diagnosed or verified) |
| D1 | The study had an appropriate length | Yes |
| | of follow-up | |
| D2 | The study used a precise definition of | Yes |
| | outcome | |
| D3 | A valid and reliable method was used | Yes |
| | to determine the outcome | |
| D4 | Investigators were kept 'blind' to | Yes (self-report) |
| | participants' exposure to the | |
| | intervention | |
| D5 | Investigators were kept 'blind' to other | Yes (self-report) |
| | important confounding and prognostic | |
| | factors | |
| Based on yo | ur answers to the above, in your opinion | was detection bias present? If so, what is the likely |
| direction of its effect? | | |
| Low risk of bias | | |
| Likely direction of effect: Not applicable | | |

1.4.2 GRAVENSTEEN2013

| Study ID | | | GRAVENSTEEN2013 | | |
|--|---|----------|-----------------|--|--|
| experien | Bibliographic reference: Gravensteen IK, Helgadóttir LB, Jacobsen E-M, Rådestad I, Sandset PM, et al. Women's experiences in relation to stillbirth and risk factors for long-term post-traumatic stress symptoms: a retrospective study. BMJ Open. 2013;3:e003323. | | | | |
| | Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance Review question no: 2.2 | | | | |
| Checklis | t completed by: Odette Megnin-Viggars | | | | |
| A. Select | ion bias (systematic differences between the | comparis | son groups) | | |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome[s] under study) | No | | | |
| A2 | Attempts were made within the design or analysis to balance the comparison groups for potential confounders | No | | | |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Unclear | • | | |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | | | | |
| Unclear/ | unknown risk of bias | | | | |
| Likely direction of effect: Unknown direction | | | | | |
| B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation) | | | | | |

| B1 | The comparison groups received the same care apart from the intervention(s) studied | Unclear |
|--------------|---|---|
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No |
| direction o | f its effect? | was performance bias present? If so, what is the likely |
| Unclear/u | nknown risk of bias | |
| Likely dire | ection of effect: Unknown direction | |
| C. Attrition | n bias (systematic differences between the | comparison groups with respect to loss of participants) |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Yes |
| C2 | a. How many participants did not comp | lete treatment in each group? N/A |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | N/A |
| C3 | a. For how many participants in each gro | oup were no outcome data available? N/A |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between | N/A |

Clinical evidence – completed methodology checklists

| | , | | |
|--|--|---|--|
| | groups in terms of those for whom | | |
| | outcome data were not available) | | |
| | | | |
| Based on yo | our answers to the above, in your opinion | was attrition bias present? If so, what is the likely direction | |
| of its effect? | ? | | |
| 1 / | | | |
| Unclear/ur | nknown risk of bias | | |
| Likely dire | ection of effect: Unknown direction | | |
| D. Detectio | n bias (bias in how outcomes are ascertain | ned, diagnosed or verified) | |
| D1 | The study had an appropriate length | Yes | |
| | of follow-up | | |
| | | | |
| D2 | The study used a precise definition of | Yes | |
| | outcome | | |
| D3 | A valid and reliable method was used | Yes | |
| 20 | to determine the outcome | | |
| | | | |
| D4 | Investigators were kept 'blind' to | Yes (self-report) | |
| | participants' exposure to the | | |
| | intervention | | |
| | | | |
| D5 | Investigators were kept 'blind' to other | Yes (self-report) | |
| | important confounding and prognostic | | |
| | factors | | |
| Based on v | our answers to the above in your opinion | was detection bias present? If so, what is the likely | |
| direction of | • | was detection bias present. If 50, what is the livery | |
| direction of its cheet: | | | |
| Low risk of bias | | | |
| Likely direction of effect: Not applicable | | | |

1.4.3 HUGHES2002/TURTON2009

| Study ID | | | HUGHES2002/TURTON2009 | | |
|--|---|---------|-----------------------|--|--|
| Ü | Bibliographic reference: Hughes P, Turton P, Hopper E, Evans CDH. Assessment of guidelines for good practice in psychosocial care of mothers after stillbirth: a cohort study. The Lancet. 2002;306:114-8. | | | | |
| | Turton P, Evans C, Hughes P. Long-term psychosocial sequelae of stillbirth: phase II of a nested case-control cohort study. Archives of Womens Mental Health. 2009;12:35-41. | | | | |
| | Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance Review question no: 2.2 | | | | |
| Checklis | t completed by: Odette Megnin-Viggars | | | | |
| A. Select | tion bias (systematic differences between the | compari | son groups) | | |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome[s] under study) | No | | | |
| A2 | Attempts were made within the design or analysis to balance the comparison groups for potential confounders | No | | | |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Unclear | • | | |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | | | | |
| Unclear, | Unclear/unknown risk of bias | | | | |
| Likely direction of effect: Unknown direction | | | | | |
| B. Performance bias (systematic differences between groups in the care provided, apart from the intervention | | | | | |

| under ir | under investigation) | | |
|-----------|---|---|--|
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Unclear | |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No | |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No | |
| | n your answers to the above, in your opinion of its effect? | was performance bias present? If so, what is the likely | |
| Unclear | unknown risk of bias | | |
| Likely d | irection of effect: Unknown direction | | |
| C. Attrit | ion bias (systematic differences between the | comparison groups with respect to loss of participants) | |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Yes | |
| C2 | a. How many participants did not complete treatment in each group? N/A | | |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | N/A | |
| C3 | a. For how many participants in each gro | oup were no outcome data available? N/A | |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important | N/A | |

Clinical evidence – completed methodology checklists

| | or systematic differences between | | |
|----------------|--|---|--|
| | groups in terms of those for whom | | |
| | outcome data were not available) | | |
| Based on yo | our answers to the above, in your opinion | was attrition bias present? If so, what is the likely direction | |
| of its effect? | | | |
| Unclear/un | known risk of bias | | |
| Likely direc | tion of effect: Unknown direction | | |
| D. Detection | n bias (bias in how outcomes are ascertain | ed, diagnosed or verified) | |
| D1 | The study had an appropriate length | Yes | |
| | of follow-up | | |
| D2 | The study used a precise definition of | Yes | |
| | outcome | | |
| D3 | A valid and reliable method was used | Yes | |
| | to determine the outcome | | |
| D4 | Investigators were kept 'blind' to | Yes (self-report) | |
| | participants' exposure to the | | |
| | intervention | | |
| D5 | Investigators were kept 'blind' to other | Yes (self-report) | |
| | important confounding and prognostic | | |
| | factors | | |
| Based on yo | ur answers to the above, in your opinion | was detection bias present? If so, what is the likely | |
| direction of | Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | |
| Low risk of | Low risk of bias | | |
| Likely direc | ction of effect: Not applicable | | |

1.4.4 RADESTAD2009/SURKAN2008

| Study ID | | | RADESTAD2009/SURKAN2008 |
|---|---|----------|--|
| Bibliographic reference: Rådestad I, Säflund K, Wredling R, Onelöv E, Steineck G. Holding a stillborn baby: mothers' feelings of tenderness and grief. British Journal of Midwifery. 2009;17:178-180. | | | |
| Surkan PJ, Rådestad I, Cnattingius S, Steineck G, Dickman PW. Events after stillbirth in relation to maternal depressive symptoms: a brief report. Birth. 2008;35:153-7. | | | |
| | Guideline topic: Antenatal and postnatal mental health: Review question no: 2.2 clinical management and service guidance | | |
| Checklis | t completed by: Odette Megnin-Viggars | | |
| A. Select | ion bias (systematic differences between the | comparis | son groups) |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome[s] under study) | No | |
| A2 | Attempts were made within the design or analysis to balance the comparison groups for potential confounders | No | |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | held [gı | ferences in education level between mothers who reater percentage were university educated] ed with those who did not hold their stillborn |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | | |
| High risk of bias | | | |
| Likely direction of effect: Unknown direction | | | |

| B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation) | | |
|---|--|--|
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Unclear |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No |
| | on your answers to the above, in your opinior n of its effect? | n was performance bias present? If so, what is the likely |
| Unclear | /unknown risk of bias | |
| Likely direction of effect: Unknown direction | | |
| - | | comparison groups with respect to loss of participants) |
| C. Attri | tion bias (systematic differences between the | comparison groups with respect to loss of participants) Yes |
| - | | comparison groups with respect to loss of participants) Yes |
| C. Attri | tion bias (systematic differences between the | |
| C. Attri | All groups were followed up for an equal length of time (or analysis was | |
| C. Attri | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in | Yes |
| C. Attri | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Yes |
| C. Attri | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) a. How many participants did not comp | Yes lete treatment in each group? N/A |
| C. Attri | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) a. How many participants did not comp | Yes lete treatment in each group? N/A |
| C. Attri | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) a. How many participants did not comp b. The groups were comparable for treatment completion (that is, there | Yes lete treatment in each group? N/A |
| C. Attri | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) a. How many participants did not comp b. The groups were comparable for treatment completion (that is, there were no important or systematic | Yes lete treatment in each group? N/A |
| C. Attri | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) a. How many participants did not comp b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Yes lete treatment in each group? N/A |
| C. Attri | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) a. How many participants did not comp b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Yes lete treatment in each group? N/A N/A |

 ${\it Clinical\ evidence-completed\ methodology\ checklists}$

| | data (that is, there were no important | | |
|----------------|---|---|--|
| | or systematic differences between | | |
| | groups in terms of those for whom | | |
| | outcome data were not available) | | |
| Based on yo | our answers to the above, in your opinion | was attrition bias present? If so, what is the likely direction | |
| of its effect? | of its effect? | | |
| Unclear/ur | nknown risk of bias | | |
| Likely dire | ction of effect: Unknown direction | | |
| D. Detection | n bias (bias in how outcomes are ascertain | ned, diagnosed or verified) | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) | |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) | |
| • | • • | was detection bias present? If so, what is the likely | |
| direction of | direction of its effect? | | |
| Low risk of | Low risk of bias | | |
| Likely dire | ction of effect: Not applicable | | |

1.5 PSYCHOSOCIAL INTERVENTIONS: PREVENTION (NO RISK FACTORS IDENTIFIED)

1.5.1 HOWELL2014

| Study | y ID | HOWELL2014 | | |
|---|---|---|--|--|
| D:bl: | | | | |
| | ographic reference: ell EA, Bodnar-Derens, Balbierz A, Loudon H, Mora PA, | Zlotnick C at al. An intervention to reduce | | |
| | partum depressive symptoms: a randomised controlled t | | | |
| | 17:57-63. | ital. Archives of womens wentar Health. | | |
| | eline topic: Antenatal and postnatal mental health: | Review question number: 2.1 | | |
| | al management and service guidance | Neview question number, 2.1 | | |
| | klist completed by: Odette Megnin-Viggars | | | |
| Cricc | kiist completed by. Ouette iviegimi- viggais | | | |
| A. Se | lection bias (systematic differences between the compari | son groups) | | |
| A1 | An appropriate method of randomisation was used | | | |
| | to allocate participants to treatment groups (which | Voc (computer randomicad list) | | |
| | would have balanced any confounding factors | Yes (computer randomised list) | | |
| | equally across groups) | | | |
| A2 | There was adequate concealment of allocation (such | Unclear (insufficient detail reported with | | |
| | that investigators, clinicians and participants cannot | regards to allocation concealment) | | |
| | influence enrolment or treatment allocation) | regards to anocation conceament) | | |
| A3 | The groups were comparable at baseline, including | | | |
| | all major confounding and prognostic factors | Yes | | |
| Based | Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely | | | |
| direction of its effect? | | | | |
| | | | | |
| | Low risk of bias | | | |
| Likel | Likely direction of effect: Not applicable | | | |
| Energy uncertain of effects (Not applicable | | | | |
| | | | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | | |
|--|--|--|--|
| from the intervention under investigation) | | | |
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| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | | |
|---|---|--------------------|--|
| direction of its effect? | | | |
| | Low risk of bias | | |
| Likel | y direction of effect: Not applicable | | |
| | | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | nosed or verified) | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) | |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) | |
| | Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely | | |
| direct | direction of its effect? | | |
| Low risk of bias | | | |
| Likel | Likely direction of effect: Not applicable | | |

1.5.2 KALINAUSKIENE2009

| Stud | y ID | KALINAUSKIENE2009 | | |
|---|---|---|--|--|
| | | | | |
| Biblio | ographic reference: | | | |
| | auskiene L, Cekuoliene D, Van Ijzendoorn MH, Bakerm | , | | |
| Supp | orting insensitive mothers: the Vilnius randomised contra | rol trial of video-feedback intervention to | | |
| prom | ote maternal sensitivity and infant attachment security. | Child: care, health and development. | | |
| 2009; | 35:613–623. | | | |
| Guid | eline topic: Antenatal and postnatal mental health: | Review question number: 2.1 | | |
| clinic | al management and service guidance | | | |
| Chec | klist completed by: Odette Megnin-Viggars | | | |
| A. Se | lection bias (systematic differences between the compari | son groups) | | |
| A1 | An appropriate method of randomisation was used | | | |
| | to allocate participants to treatment groups (which | Unclear (randomisation method was | | |
| | would have balanced any confounding factors | unclear) | | |
| | equally across groups) | | | |
| A2 | There was adequate concealment of allocation (such | Unclear (insufficient detail reported with | | |
| | that investigators, clinicians and participants cannot | ` | | |
| | influence enrolment or treatment allocation) | regards to allocation concealment) | | |
| A3 | The groups were comparable at baseline, including | | | |
| | all major confounding and prognostic factors | Yes | | |
| | | | | |
| | Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely | | | |
| direc | direction of its effect? | | | |
| | | | | |
| | Unclear/unknown risk of bias | | | |
| Likely direction of effect: Unknown direction | | | | |
| LIKE | Likely direction of effect. Offictions direction | | | |
| | | | | |

| B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation) | | | |
|---|--|---|--|
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Yes | |
| В2 | Participants receiving care were kept 'blind' to treatment allocation | No | |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No | |
| | on your answers to the above, in your opinion was perfion of its effect? | ormance bias present? If so, what is the likely | |
| | High risk of bias | | |
| Likely | Likely direction of effect: Effect size bigger | | |
| C. Att | rition bias (systematic differences between the comparis | on groups with respect to loss of participants) | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for differences in length of follow-up) | Yes | |
| C2 | a. How many participants did not complete treatment i Experimental group N: 0; Control group N: 0 | in each group? | |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Yes | |
| C3 | For how many participants in each group were no outc Experimental group N: 0; Control group N: 0 | ome data available? | |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available). | Yes | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | | |
|--|---|---|--|
| | Low risk of bias | | |
| Likel | y direction of effect: Not applicable | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | nosed or verified) | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report or blinded outcome assessment) | |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report or blinded outcome assessment) | |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | | |
| | Low risk of bias | | |
| Likel | Likely direction of effect: Not applicable | | |

1.5.3 LAVENDER1998

| Stud | y ID | LAVENDER1998 | |
|---|---|--|--|
| Bibli | ographic reference: | | |
| | ender T, Walkinshaw SA. Can midwives reduce postpart | um psychological morbidity? A randomised | |
| | Birth. 1998;25:215-219. | | |
| Guid | leline topic: Antenatal and postnatal mental health: | Review question number: 2.1 | |
| clinic | cal management and service guidance | - | |
| Chec | klist completed by: Odette Megnin-Viggars | | |
| A. Se | election bias (systematic differences between the compari | ison groups) | |
| A1 | An appropriate method of randomisation was used | | |
| | to allocate participants to treatment groups (which | Yes (single random sampling using | |
| | would have balanced any confounding factors | computer-generated numbers) | |
| | equally across groups) | | |
| A2 | There was adequate concealment of allocation (such | Vos (someograficales mumbored cooled one que | |
| | that investigators, clinicians and participants cannot | Yes (consecutively numbered sealed opaque | |
| | influence enrolment or treatment allocation) | envelopes) | |
| A3 | The groups were comparable at baseline, including | | |
| | all major confounding and prognostic factors | Yes | |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely | | | |
| direction of its effect? | | | |
| T 11 (1) | | | |
| Low risk of bias | | | |
| Likely direction of effect: Not applicable | | | |
| | | | |
| | | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | |
|---|---|---|
| from the intervention under investigation) | | |
| | | |
| | | |
| B1 | The comparison groups received the same care apart | |
| | from the intervention(s) studied | Yes |
| | | |
| B2 | Participants receiving care were kept 'blind' to | |
| 22 | treatment allocation | No |
| | treatment unocation | |
| В3 | Individuals administering care were kept 'blind' to | |
| 20 | treatment allocation | No |
| | treatment unocation | |
| Based | l on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely |
| | ion of its effect? | , and the same of |
| | | |
| | High risk of bias | |
| | This it is to the | |
| Likel | y direction of effect: Effect size bigger | |
| | , | |
| | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | |
| | | |
| | | |
| C1 | All groups were followed up for an equal length of | |
| | time (or analysis was adjusted to allow for | Yes |
| | differences in length of follow-up) | |
| C2 | a. How many participants did not complete treatment: | l in each group? |
| | Experimental group N: Not reported; Control group N | |
| | | 0 1 |
| | | 0 1 |
| | N=6 dropped out but group assignment not reported | 0 1 |
| | N=6 dropped out but group assignment not reported b. The groups were comparable for treatment | 0 1 |
| | N=6 dropped out but group assignment not reported b. The groups were comparable for treatment completion (that is, there were no important or | 0 1 |
| | N=6 dropped out but group assignment not reported b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of | : Not reported |
| | N=6 dropped out but group assignment not reported b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | : Not reported Yes |
| C3 | N=6 dropped out but group assignment not reported b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) For how many participants in each group were no outc | : Not reported Yes come data available? |
| C3 | N=6 dropped out but group assignment not reported b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) For how many participants in each group were no outc Experimental group N: Not reported; Control group N | : Not reported Yes come data available? |
| C3 | N=6 dropped out but group assignment not reported b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) For how many participants in each group were no outc Experimental group N: Not reported; Control group N N=6 dropped out but group assignment not reported | : Not reported Yes come data available? |
| C3 | N=6 dropped out but group assignment not reported b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) For how many participants in each group were no outc Experimental group N: Not reported; Control group N | : Not reported Yes come data available? |
| C3 | N=6 dropped out but group assignment not reported b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) For how many participants in each group were no outc Experimental group N: Not reported; Control group N N=6 dropped out but group assignment not reported | : Not reported Yes come data available? |
| C3 | N=6 dropped out but group assignment not reported b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) For how many participants in each group were no outc Experimental group N: Not reported; Control group N N=6 dropped out but group assignment not reported b. The groups were comparable with respect to the | : Not reported Yes come data available? |
| C3 | N=6 dropped out but group assignment not reported b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) For how many participants in each group were no outc Experimental group N: Not reported; Control group N N=6 dropped out but group assignment not reported b. The groups were comparable with respect to the availability of outcome data (that is, there were no | Yes come data available? Not reported |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | | |
|---|---|--|--|
| direction of its effect? | | | |
| | Low risk of bias | | |
| Likel | y direction of effect: Not applicable | | |
| | | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | nosed or verified) | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) | |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) | |
| | on your answers to the above, in your opinion was det | ection bias present? If so, what is the likely | |
| direction of its effect? | | | |
| Low risk of bias | | | |
| Likely direction of effect: Not applicable | | | |
| | | | |

1.5.4 MORRELL2000

| Study | y ID | MORRELL2000 |
|--------|--|--|
| D:1.1: | 1 | |
| | ographic reference: | 1.66-11-1-1 |
| | ell CJ, Spiby H, Stewart P, Walters S, Morgan A. Costs at | , <u>, , , , , , , , , , , , , , , , , , </u> |
| - 1 | ort workers: randomised controlled trial. BMJ. 2000;321: | |
| | eline topic: Antenatal and postnatal mental health: | Review question number: 2.1 |
| | al management and service guidance | |
| Chec | klist completed by: Odette Megnin-Viggars | |
| A. Se | lection bias (systematic differences between the compari | son groups) |
| A1 | An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups) | Yes (random digit tables) |
| A2 | There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation) | Yes (sequentially numbered opaque envelopes) |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | No (statistically significant baseline group differences for incidence of twins, use of TENS during labour, and adults living with the mother) |
| | d on your answers to the above, in your opinion was seletion of its effect? | ection bias present? If so, what is the likely |
| | High risk of bias | |
| Likel | y direction of effect: Unknown direction | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | |
|--|--|---|
| from the intervention under investigation) | | |
| | Ç , | |
| D4 | mt 1.d | |
| B1 | The comparison groups received the same care apart | |
| | from the intervention(s) studied | Yes |
| | | |
| B2 | Participants receiving care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| В3 | Individuals administering care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| Based | on your answers to the above, in your opinion was perf | ormance bias present? If so, what is the likely |
| direct | ion of its effect? | |
| | | |
| | High risk of bias | |
| | | |
| Likely | y direction of effect: Effect size bigger | |
| | | |
| | | |
| C. Att | rition bias (systematic differences between the comparis | on groups with respect to loss of participants) |
| | | |
| C1 | All groups were followed up for an equal length of | |
| | time (or analysis was adjusted to allow for | Vac |
| | differences in length of follow-up) | Yes |
| | | |
| C2 | a. How many participants did not complete treatment i | in each group? |
| | Experimental group N: 29; Control group N: 43 | |
| | b. The groups were comparable for treatment | |
| | completion (that is, there were no important or | Yes |
| | systematic differences between groups in terms of | |
| | those who did not complete treatment) | |
| C3 | For how many participants in each group were no outo | come data available? |
| | Experimental group N: 29; Control group N: 43 | |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups | Yes |
| | in terms of those for whom outcome data were not | |
| | available). | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | | |
|---|---|--|--|
| direction of its effect? | | | |
| | Low risk of bias | | |
| Likel | y direction of effect: Not applicable | | |
| | | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | nosed or verified) | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) | |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) | |
| | on your answers to the above, in your opinion was det | ection bias present? If so, what is the likely | |
| direction of its effect? | | | |
| Low risk of bias | | | |
| Likely direction of effect: Not applicable | | | |
| | | | |

1.5.5 MORRELL2009A/2009B/2011/BRUGHA2011

| Study ID | | MORRELL2009A/2009B/2011/BRUGHA2011 | | |
|---|--|--|--|--|
| Bibliographic reference: Morrell CJ, Warner R, Slade P, Dixon S, Walters S, Paley G, et al. Psychological interventions for postnatal depression: cluster randomised trial and economic evaluation. The PoNDER trial. Health Technology Assessment. 2009a;13:No. 30. | | | | |
| Morrell CJ, Slade P, Warner R, Paley G, Dixon S, Walters SJ, et al. Clinical effectiveness of health visitor training in psychologically informed approaches for depression in postnatal women: pragmatic cluster randomised trial in primary care. BMJ. 2009b;338:a3045. | | | | |
| Morrell CJ, Ricketts T, Tudor K, Williams C, Curran J, Barkham M. 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. Primary Health Care Research and Development. 2011;12:11-20. | | | | |
| · · | CJ, Slade P, Walters SJ. Universal prever trial evidence in primary care. Psycholog | ntion of depression in women postnatally: gical Medicine. 2011;41:739-748. | | |
| Guideline topic: Ant | Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance Review question number: 2.1 | | | |
| Checklist completed | Checklist completed by: Odette Megnin-Viggars | | | |
| A. Selection bias (sy | stematic differences between the compa | rison groups) | | |
| to allocate pa | nte method of randomisation was used rticipants to treatment groups (which palanced any confounding factors s groups) | Yes (computer randomisation programme) | | |
| (such that inv | lequate concealment of allocation vestigators, clinicians and participants nce enrolment or treatment allocation) | Yes (sequence was concealed to clusters) | | |
| | vere comparable at baseline, including founding and prognostic factors | Yes | | |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | | | |
| Low risk of bias | | | | |
| Likely direction of effect: Not applicable | | | | |
| L | | | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | |
|---|---|--|
| from the intervention under investigation) | | |
| | , | |
| D4 | mt · · · · · · · · · · · · · · · · · · · | |
| B1 | The comparison groups received the same care | |
| | apart from the intervention(s) studied | Yes |
| | | |
| B2 | Participants receiving care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| В3 | Individuals administering care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| Based | on your answers to the above, in your opinion was pe | rformance bias present? If so, what is the likely |
| direct | ion of its effect? | |
| | | |
| | High risk of bias | |
| | | |
| Likel | y direction of effect: Effect size bigger | |
| | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | |
| C. Att | crition bias (systematic differences between the compar | rison groups with respect to loss of participants) |
| | | |
| C1 | All groups were followed up for an equal length of | |
| | time (or analysis was adjusted to allow for | Yes |
| | differences in length of follow-up) | ies |
| | | |
| C2 | a. How many participants did not complete treatmen | t in each group? |
| | Experimental group N: 397; Control group N: 177 | |
| | b. The groups were comparable for treatment | |
| | completion (that is, there were no important or | Yes |
| | systematic differences between groups in terms of | |
| | those who did not complete treatment) | |
| C3 | For how many participants in each group were no ou | tcome data available? |
| | Experimental group N: 397; Control group N: 177 | |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between | Yes |
| | groups in terms of those for whom outcome data | |
| | were not available). | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | | |
|--|---|---------------------|--|
| direct | direction of its effect? | | |
| | Low risk of bias | | |
| Likel | y direction of effect: Not applicable | | |
| | | | |
| D. De | tection bias (bias in how outcomes are ascertained, dia | gnosed or verified) | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) | |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) | |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | | |
| Low risk of bias | | | |
| Likel | Likely direction of effect: Not applicable | | |

1.5.6 PEREZBLASCO2013

| Study | y ID | PEREZBLASCO2013 |
|---|--|--|
| D:1.1: | 11. (| |
| | ographic reference: | |
| | z-Blasco J, Viguer P, Rodrigo MF. Effects of a mindfulne | 1 , |
| | ess, well-being, and maternal self-efficacy in breast-feed | ing mothers: results of a pilot study. Archives |
| | omens Mental Health. 2013;16:227–236. | |
| | eline topic: Antenatal and postnatal mental health: | Review question number: 2.1 |
| clinic | al management and service guidance | |
| Chec | klist completed by: Odette Megnin-Viggars | |
| A. Se | lection bias (systematic differences between the compar | rison groups) |
| A1 | An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups) | Unclear (randomization method is unclear) |
| A2 | There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation) | Unclear (insufficient detail is reported with regards to allocation concealment) |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Yes |
| | d on your answers to the above, in your opinion was seltion of its effect? | ection bias present? If so, what is the likely |
| Unclear/unknown risk of bias | | |
| Likely direction of effect: Unknown direction | | |

| P. Dorford Live (and the Control of Marcon Contr | | | |
|--|---|---|--|
| B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation) | | | |
| from the intervention under investigation) | | | |
| | | | |
| B1 | The comparison groups received the same care | | |
| | apart from the intervention(s) studied | Yes | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| | l on your answers to the above, in your opinion was per | rformance bias present? If so, what is the likely | |
| direct | tion of its effect? | | |
| | | | |
| | High risk of bias | | |
| | | | |
| Likel | Likely direction of effect: Effect size bigger | | |
| | | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | | |
| 0,11, | r | 8 | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | | |
| C2 | a. How many participants did not complete treatment | L in each group? | |
| 0_ | Experimental group N: 5; Control group N: 0 | an each group | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | | |
| | systematic differences between groups in terms of | Yes | |
| | those who did not complete treatment) | | |
| C3 | For how many participants in each group were no out | come data available? | |
| | Experimental group N: 5; Control group N: 0 | | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Yes | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | | |
|--|---|---------------------|--|
| direction of its effect? | | | |
| | Low risk of bias | | |
| Likel | y direction of effect: Not applicable | | |
| | | | |
| D. De | tection bias (bias in how outcomes are ascertained, dia | gnosed or verified) | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) | |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) | |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | | |
| Low risk of bias | | | |
| Likel | y direction of effect: Not applicable | | |

1.5.7 TSENG2010

| Study | ý ID | TSENG2010 |
|--|--|--|
| Biblio | ographic reference: | |
| | g Y-F, Chen C-H, Lee CS. Effects of listening to music or | n nostpartum stress and anxiety levels Tournal |
| ` | inical Nursing. 2010;19:1049-1055. | r postpartam stress and anxiety levels. Journal |
| | eline topic: Antenatal and postnatal mental health: | Review question number: 2.1 |
| | al management and service guidance | neview question number. 2.1 |
| | klist completed by: Odette Megnin-Viggars | |
| A. Se | lection bias (systematic differences between the compar | ison groups) |
| A1 | An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups) | Yes (assigned via lot) |
| A2 | There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation) | Unclear (insufficient detail reported with regards to allocation concealment) |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | No (statistically significant group difference at baseline in education [intervention group were more highly educated than control group]) |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | |
| High risk of bias | | |
| Likely direction of effect: Effect size bigger | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | |
|---|---|--|
| from the intervention under investigation) | | |
| | | |
| B1 | The comparison groups received the same care apart | |
| DI | from the intervention(s) studied | |
| | from the intervention(s) studied | Yes |
| | | |
| B2 | Participants receiving care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| В3 | Individuals administering care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| Based | on your answers to the above, in your opinion was per | formance bias present? If so, what is the likely |
| direct | ion of its effect? | |
| | | |
| | High risk of bias | |
| | | |
| Likel | y direction of effect: Effect size bigger | |
| | | |
| C 1 | 1. / 100 | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | |
| | | |
| C1 | All groups were followed up for an equal length of | |
| | time (or analysis was adjusted to allow for | V |
| | differences in length of follow-up) | Yes |
| | | |
| C2 | a. How many participants did not complete treatment | · - |
| | Experimental group N: Not reported; Control group N | N: Not reported |
| | b. The groups were comparable for treatment | |
| | completion (that is, there were no important or | Yes |
| | systematic differences between groups in terms of | 163 |
| | those who did not complete treatment) | |
| C3 | For how many participants in each group were no out | come data available? |
| | Experimental group N: Not reported; Control group N | J: Not reported |
| | N=13 had incomplete outcome data but group assignment | ment not reported |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups | Yes |
| | in terms of those for whom outcome data were not | |
| | available). | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | | |
|--|---|---------------------|--|
| direction of its effect? | | | |
| | Low risk of bias | | |
| Likel | y direction of effect: Not applicable | | |
| | | | |
| D. De | etection bias (bias in how outcomes are ascertained, diag | gnosed or verified) | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) | |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) | |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | | |
| Low risk of bias | | | |
| Likel | Likely direction of effect: Not applicable | | |

1.6 PSYCHOSOCIAL INTERVENTIONS: TREATMENT

1.6.1 AMMERMAN2013A/2013B

| Study | , ID | AMMERMAN2013A/2013B |
|---|--|--|
| Diblio | amanhia mafananaa | |
| | graphic reference: erman RT, Putnam FW, Altaye M, Stevens J, Teeters AR | Van Cinkal IB. A clinical trial of in home |
| | or depressed mothers in home visitation. Behaviour The | · · · · · · · · · · · · · · · · · · · |
| Amm | erman RT, Putnam FW, Altaye M, Teeters AR, Stevens J | , Van Ginkel JB. Treatment of depressed |
| | ers in home visiting: impact on psychological distress an | • |
| Negle | ect. 2013b;37:544-554. | G |
| Guide | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 |
| clinica | al management and service guidance | |
| Check | klist completed by: Odette Megnin-Viggars | |
| A. Sel | ection bias (systematic differences between the comparis | son groups) |
| A1 | An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups) | Unclear (randomization was stratified by race and home visiting model, no further detail reported) |
| A2 | There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation) | Yes (assignments were placed in separate envelopes that were opened sequentially) |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Yes |
| | on your answers to the above, in your opinion was sele | ction bias present? If so, what is the likely |
| direction of its effect: | | |
| Unclear/unknown risk of bias | | |
| Likely direction of effect: Unknown direction | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | |
|---|--|--|
| from the intervention under investigation) | | |
| | | |
| D4 | mi · 1.1 | |
| B1 | The comparison groups received the same care apart | |
| | from the intervention(s) studied | Yes |
| | | |
| B2 | Participants receiving care were kept 'blind' to | |
| | treatment allocation | No |
| | treatment unocution | |
| В3 | Individuals administering care were kept 'blind' to | |
| | treatment allocation | No |
| | treatment unocution | |
| Based | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely |
| | ion of its effect? | , |
| | | |
| | High risk of bias | |
| | riight risk of blus | |
| Likel | y direction of effect: Effect size bigger | |
| | , | |
| | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | |
| | | |
| | | |
| C1 | All groups were followed up for an equal length of | |
| | time (or analysis was adjusted to allow for | Yes |
| | differences in length of follow-up) | |
| C2 | a. How many participants did not complete treatment | in each group? |
| CZ | Experimental group N: 2; Control group N: 1 | in each group: |
| | | |
| | b. The groups were comparable for treatment | |
| | completion (that is, there were no important or | Yes |
| | systematic differences between groups in terms of | |
| | those who did not complete treatment) | |
| C3 | For how many participants in each group were no outo | come data available? |
| | Experimental group N: 4; Control group N: 1 | |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups | Yes |
| | in terms of those for whom outcome data were not | |
| 1 | available). | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | |
|--|---|---|
| | Low risk of bias | |
| Likely direction of effect: Not applicable | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | gnosed or verified) |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report or blinded outcome assessment) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report or blinded outcome assessment) |
| | on your answers to the above, in your opinion was det ion of its effect? | ection bias present? If so, what is the likely |
| Low risk of bias | | |
| Likel | y direction of effect: Not applicable | |

1.6.2 ARMSTRONG1999 /ARMSTRONG2000/FRASER2000

| Study | ID | ARMSTRONG1999 |
|--------|---|--|
| | | /ARMSTRONG2000/FRASER2000 |
| Biblio | graphic reference: | |
| | trong KL, Fraser JA, Dadds MR, Morris J. A randomised | , controlled trial of nurse home visiting to |
| vulne | rable families with newborns. Journal of Paediatric Chile | d Health. 1999;35:237-244. |
| | | |
| Arms | trong KL, Fraser JA, Dadds MR, Morris J. Promoting sec | rure attachment, maternal mood and child |
| health | in a vulnerable population: a randomised controlled tr | ial. Journal of Paediatric |
| Child | Health. 2000;36:555-562. | |
| | | |
| | JA, Armstrong KL, Morris JP, Dadds MR. Home visitin | |
| | orns: follow-up results of a randomised controlled trial. | , and the second |
| | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 |
| | al management and service guidance | |
| Check | dist completed by: Odette Megnin-Viggars | |
| A. Sel | ection bias (systematic differences between the compari- | son groups) |
| A1 | An appropriate method of randomisation was used | |
| | to allocate participants to treatment groups (which | Yes (computer-generated random number |
| | would have balanced any confounding factors | tables) |
| | equally across groups) | |
| A2 | There was adequate concealment of allocation (such | |
| | that investigators, clinicians and participants cannot | Yes (centralised allocation) |
| | influence enrolment or treatment allocation) | |
| A3 | The groups were comparable at baseline, including | No (statistically significant baseline group |
| | all major confounding and prognostic factors | differences in: parity [54% of intervention |
| | | group primiparous versus 33% of control]; |
| | | identification as indigenous Australian [9% |
| | | of intervention versus 2% of control]; mental |
| | | illness of partner [3% of intervention versus |
| | | 14% of control]; history of postnatal |
| | | depression [11% of intervention versus 28% |
| | | of control]; physical domestic abuse [2% of |
| | | intervention versus 10% of control]; |
| | | potential for child abuse [mean CAPI score |
| | | in intervention was 123 versus 159 in |
| | | control, and elevated CAPI score for 12% of |
| | | intervention group versus 30% of control |
| | | group]) |
| | | |

| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | |
|--|---|--|
| High risk of bias | | |
| Likely | y direction of effect: Unknown direction | |
| | formance bias (systematic differences between groups in | n the care provided, apart |
| Irom | the intervention under investigation) | |
| B1 | The comparison groups received the same care apart | |
| | from the intervention(s) studied | Yes |
| B2 | Participants receiving care were kept 'blind' to | |
| | treatment allocation | No |
| В3 | Individuals administering care were kept 'blind' to | |
| | treatment allocation | No |
| Based | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely |
| direction of its effect? | | |
| High risk of bias | | |
| Likely direction of effect: Effect size bigger | | |
| | | |
| C. Att | rition bias (systematic differences between the comparis | on groups with respect to loss of participants) |
| | | |
| C1 | All groups were followed up for an equal length of | |
| | time (or analysis was adjusted to allow for differences in length of follow-up) | Yes |
| | 1, | |
| C2 | a. How many participants did not complete treatment | in each group? |
| | Experimental group N: 22; Control group N: 21 b. The groups were comparable for treatment | |
| | completion (that is, there were no important or | |
| | systematic differences between groups in terms of | Yes |
| | those who did not complete treatment) | |

| Clini | cal evidence – completed methodology checklists | |
|-------|---|---|
| C3 | Experimental group N: 22; Control group N: 21 | |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | Yes |
| | important or systematic differences between groups in terms of those for whom outcome data were not | res |
| | available). | |
| Based | d on your answers to the above, in your opinion was att. | rition hias present? If so, what is the likely |
| | tion of its effect? | into it out present. If so, what is the interj |
| | Low risk of bias | |
| | LOW TISK OF DIAS | |
| Like | ly direction of effect: Not applicable | |
| | | |
| D. De | etection bias (bias in how outcomes are ascertained, diag | gnosed or verified) |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine | Different for different outcomes: No for |
| | the outcome | study-specific health questionnaire |
| D4 | Investigators were kept 'blind' to participants' | Different for different outcomes: Yes (self- |
| | exposure to the intervention | report) for EPDS, PSI, CAPI, study-specific |
| | | child health questionnaire; Unclear for |
| | | HOME (identity and blinding of outcome |
| | | assessor not reported) |
| D5 | Investigators were kept 'blind' to other important | Different for different outcomes: Yes (self- |
| | confounding and prognostic factors | report) for EPDS, PSI, CAPI, study-specific |
| | | child health questionnaire; Unclear for |
| | | HOME (identity and blinding of outcome |
| | | assessor not reported) |
| | d on your answers to the above, in your opinion was det tion of its effect? | rection bias present? If so, what is the likely |
| study | Different for different outcomes: Unclear/unknown y-specific child health questionnaire | risk for HOME; Low risk for EPDS, PSI, CAPI, |
| | | |
| Like | ly direction of effect: Where risk unclear/unknown, dir | ection unknown |

1.6.3 ARMSTRONG2003

| Stud | y ID | ARMSTRONG2003 |
|--|---|--|
| | | |
| Bibli | ographic reference: | |
| Arm | strong K, Edwards H. The effects of exercise and social s | upport on mothers reporting depressive |
| symp | otoms: a pilot randomised controlled trial. International | Journal of Mental Health |
| Nurs | ing. 2003;12:130-138. | |
| Guid | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 |
| clinic | cal management and service guidance | |
| Chec | klist completed by: Odette Megnin-Viggars | |
| A. Se | election bias (systematic differences between the compari | ison groups) |
| A1 | An appropriate method of randomisation was used | |
| | to allocate participants to treatment groups (which | Yes (procedure of randomization required |
| | would have balanced any confounding factors | the participant to choose a sealed envelope) |
| | equally across groups) | |
| A2 | There was adequate concealment of allocation (such | |
| | that investigators, clinicians and participants cannot | Yes (sealed envelope) |
| | influence enrolment or treatment allocation) | |
| A3 | The groups were comparable at baseline, including | |
| | all major confounding and prognostic factors | Yes |
| Base | l on your answers to the above, in your opinion was sele | ection bias present? If so, what is the likely |
| direc | tion of its effect? | |
| Low risk of bias | | |
| | | |
| Likely direction of effect: Not applicable | | |
| | | |
| | | |

| P. D. Communication (control of 1996) and the state of th | | | |
|--|---|--|--|
| B. Performance bias (systematic differences between groups in the care provided, apart | | | |
| from the intervention under investigation) | | | |
| | | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Yes | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| | l on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely | |
| direct | tion of its effect? | | |
| | | | |
| | High risk of bias | | |
| | | | |
| Likel | y direction of effect: Effect size bigger | | |
| | | | |
| C. At | C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | |
| 0.110 | and the companies | ori groupe wantespeer to toos or participation | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | | |
| C2 | a. How many participants did not complete treatment: | l in each group? | |
| | Experimental group N: 0; Control group N: 0 | in each group. | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | | |
| | systematic differences between groups in terms of | Yes | |
| | those who did not complete treatment) | | |
| C3 | For how many participants in each group were no outc | come data available? | |
| | Experimental group N: 0; Control group N: 0 | | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Yes | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | | |
|--|---|--|--|
| airect | direction of its effect? | | |
| | Low risk of bias | | |
| Likel | y direction of effect: Not applicable | | |
| | | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | gnosed or verified) | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) | |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) | |
| | on your answers to the above, in your opinion was det | ection bias present? If so, what is the likely | |
| direction of its effect? | | | |
| Low risk of bias | | | |
| Likely direction of effect: Not applicable | | | |

1.6.4 **ARMSTRONG2004**

| Stud | y ID | ARMSTRONG2004 |
|------------------|--|--|
| | | |
| | ographic reference: | |
| | strong K, Edwards H. The effectiveness of a pram-walking | |
| symp | otomatology for postnatal women. International Journal | of Nursing Practice. 2004; |
| 10:17 | 7-194. | |
| Guid | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 |
| clinic | al management and service guidance | |
| Chec | klist completed by: Odette Megnin-Viggars | |
| A. Se | lection bias (systematic differences between the compari | ison groups) |
| A1 | An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups) | Yes (four-block randomised sequence) |
| A2 | There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation) | Yes (sealed sequential envelopes) |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Yes |
| | d on your answers to the above, in your opinion was seletion of its effect? | ection bias present? If so, what is the likely |
| Low risk of bias | | |
| Like | y direction of effect: Not applicable | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | |
|---|---|---|
| from the intervention under investigation) | | |
| | , | |
| D4 | m · 1.d | |
| B1 | The comparison groups received the same care apart | |
| | from the intervention(s) studied | Yes |
| | | |
| B2 | Participants receiving care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| В3 | Individuals administering care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| Based | on your answers to the above, in your opinion was perf | ormance bias present? If so, what is the likely |
| direct | ion of its effect? | |
| | | |
| | High risk of bias | |
| | | |
| Likely | y direction of effect: Effect size bigger | |
| | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | |
| C. All | rtion bias (systematic differences between the comparis | on groups with respect to loss of participants) |
| | | |
| C1 | All groups were followed up for an equal length of | |
| | time (or analysis was adjusted to allow for | Yes |
| | differences in length of follow-up) | 165 |
| C2 | TT | |
| C2 | a. How many participants did not complete treatment in | in each group? |
| | Experimental group N: 3; Control group N: 2 | |
| | b. The groups were comparable for treatment | |
| | completion (that is, there were no important or | Yes |
| | systematic differences between groups in terms of | |
| | those who did not complete treatment) | 1 |
| C3 | For how many participants in each group were no outc | ome data available? |
| | Experimental group N: 3; Control group N: 2 | |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups | Yes |
| | in terms of those for whom outcome data were not | |
| | available). | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | | |
|---|---|--------------------|--|
| direction of its effect? | | | |
| | Low risk of bias | | |
| Likel | y direction of effect: Not applicable | | |
| | | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | nosed or verified) | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) | |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) | |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely | | | |
| direct | direction of its effect? | | |
| Low risk of bias | | | |
| Likel | Likely direction of effect: Not applicable | | |

1.6.5 AUSTIN2008

| Stud | y ID | AUSTIN2008 |
|--|--|--|
| | | |
| Biblio | ographic reference: | |
| Aust | in M-P, Frilingos M, Lumley J, Hadzi-Pavlovic D, Ronco | lato W, Acland S, et al. Brief antenatal |
| 0 | itive behaviour therapy group intervention for the preve | 1 1 |
| rand | omised controlled trial. Journal of Affective Disorders. 20 | 008;105:35-44. |
| Guid | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 |
| clinic | al management and service guidance | |
| Chec | klist completed by: Odette Megnin-Viggars | |
| A. Se | lection bias (systematic differences between the compari | son groups) |
| A1 | An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups) | Yes (randomization table, randomised on a 2:1 basis to allow for more drop outs from the intervention group) |
| A2 | There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation) | Unclear (insufficient detail reported with regards to allocation concealment) |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | No (higher baseline mean EPDS in experimental group [8.16] than control group [6.88]) |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | |
| High risk of bias | | |
| Like | y direction of effect: Unknown direction | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | |
|---|--|---|
| from the intervention under investigation) | | |
| | Ç , | |
| D4 | mt 1.d | |
| B1 | The comparison groups received the same care apart | |
| | from the intervention(s) studied | Yes |
| | | |
| B2 | Participants receiving care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| В3 | Individuals administering care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| Based | on your answers to the above, in your opinion was perf | ormance bias present? If so, what is the likely |
| direct | ion of its effect? | |
| | | |
| | High risk of bias | |
| | | |
| Likely | y direction of effect: Effect size bigger | |
| | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | |
| C. Att | rition bias (systematic differences between the comparis | on groups with respect to loss of participants) |
| | | |
| C1 | All groups were followed up for an equal length of | |
| | time (or analysis was adjusted to allow for | Yes |
| | differences in length of follow-up) | Tes |
| | | |
| C2 | a. How many participants did not complete treatment i | in each group? |
| | Experimental group N: 61; Control group N: 23 | |
| | b. The groups were comparable for treatment | |
| | completion (that is, there were no important or | Yes |
| | systematic differences between groups in terms of | |
| | those who did not complete treatment) | |
| C3 | For how many participants in each group were no outo | rome data available? |
| | Experimental group N: 61; Control group N: 23 | |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups | Yes |
| | in terms of those for whom outcome data were not | |
| | available). | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | |
|--|---|---|
| | Low risk of bias | |
| Likel | y direction of effect: Not applicable | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | gnosed or verified) |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (blinded outcome assessment) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (blinded outcome assessment) |
| | on your answers to the above, in your opinion was det ion of its effect? | rection bias present? If so, what is the likely |
| | Low risk of bias | |
| Likel | y direction of effect: Not applicable | |

1.6.6 BERNARD2011

| Study | 7 ID | BERNARD2011 |
|--|--|--|
| | | |
| | ographic reference: | |
| | ard RS, Williams SE, Storfer-Isser A, Rhine W, Horwitz S | 1 |
| | vioral intervention for maternal depression and trauma i | in the neonatal intensive care unit: a pilot |
| , | . Journal of Traumatic Stress. 2011;24:230-234. | |
| | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 |
| clinic | al management and service guidance | |
| Checl | klist completed by: Odette Megnin-Viggars | |
| A. Se | lection bias (systematic differences between the compari | son groups) |
| A1 | An appropriate method of randomisation was used | |
| | to allocate participants to treatment groups (which | Yes (Efron's [1991] biased coin |
| | would have balanced any confounding factors | randomization procedure) |
| | equally across groups) | |
| A2 | There was adequate concealment of allocation (such | I I along (in orallision) detail governed with |
| | that investigators, clinicians and participants cannot | Unclear (insufficient detail reported with |
| | influence enrolment or treatment allocation) | regards to allocation concealment) |
| A3 | The groups were comparable at baseline, including | |
| | all major confounding and prognostic factors | Yes |
| | | |
| | l on your answers to the above, in your opinion was sele | ection bias present? If so, what is the likely |
| direction of its effect? | | |
| | | |
| Low risk of bias | | |
| T | 1 4 6 6 1 27 1 1 1 1 | |
| Likely direction of effect: Not applicable | | |
| | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | |
|---|--|---|
| from the intervention under investigation) | | |
| | Ç , | |
| D4 | mt 1.d | |
| B1 | The comparison groups received the same care apart | |
| | from the intervention(s) studied | Yes |
| | | |
| B2 | Participants receiving care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| В3 | Individuals administering care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| Based | on your answers to the above, in your opinion was perf | ormance bias present? If so, what is the likely |
| direct | ion of its effect? | |
| | | |
| | High risk of bias | |
| | | |
| Likely | y direction of effect: Effect size bigger | |
| | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | |
| C. All | rition bias (systematic differences between the comparis | on groups with respect to loss of participants) |
| | | |
| C1 | All groups were followed up for an equal length of | |
| | time (or analysis was adjusted to allow for | Yes |
| | differences in length of follow-up) | 163 |
| C2 | ** | |
| C2 | a. How many participants did not complete treatment i | in each group? |
| | Experimental group N: 6; Control group N: 0 | |
| | b. The groups were comparable for treatment | |
| | completion (that is, there were no important or | Yes |
| | systematic differences between groups in terms of | |
| | those who did not complete treatment) | |
| C3 | For how many participants in each group were no outc | come data available? |
| | Experimental group N: 6; Control group N: 0 | |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups | Yes |
| | in terms of those for whom outcome data were not | |
| | available). | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | | |
|---|---|--------------------|--|
| direction of its effect? | | | |
| | Low risk of bias | | |
| Likel | y direction of effect: Not applicable | | |
| | | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | nosed or verified) | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) | |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) | |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely | | | |
| direction of its effect? | | | |
| | Low risk of bias | | |
| Likel | y direction of effect: Not applicable | | |
| | | | |

1.6.7 BILSZTA2012

| Study | y ID | BILSZTA2012 | |
|--------|---|--|--|
| Biblio | ographic reference: | | |
| | | lback intervention in an inpatient perinatal | |
| | Bilszta JLC, Buist AE, Wang F, Zulkefli NR. Use of video feedback intervention in an inpatient perinatal psychiatric setting to improve maternal parenting. Archives of Women's Mental Health. 2012;15:249-257. | | |
| | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 | |
| | ral management and service guidance | 4 | |
| | klist completed by: Odette Megnin-Viggars | | |
| A. Se | lection bias (systematic differences between the compari | ison groups) | |
| A1 | An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups) | Yes (computer-generated randomization schedule) NB: Data not extracted for TAU arm as assignment to this condition was not | |
| 4.0 | | random | |
| A2 | There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation) | Unclear (insufficient detail reported with regards to allocation concealment) | |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Yes | |
| | d on your answers to the above, in your opinion was seletion of its effect? | ection bias present? If so, what is the likely | |
| | Low risk of bias | | |
| Likel | y direction of effect: Not applicable | | |

| P. Dorford Market (and the state of the stat | | |
|--|---|--|
| B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation) | | |
| from the intervention under investigation) | | |
| | | |
| B1 | The comparison groups received the same care apart | |
| | from the intervention(s) studied | Yes |
| | | |
| B2 | Participants receiving care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| В3 | Individuals administering care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| l l | l on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely |
| direct | tion of its effect? | |
| | | |
| | High risk of bias | |
| | | |
| Likel | y direction of effect: Effect size bigger | |
| | | |
| C. At | trition bias (systematic differences between the comparis | son groups with respect to loss of participants) |
| 0.110 | and the companies | ori groupe wantespeer to toos or participation |
| | | |
| C1 | All groups were followed up for an equal length of | |
| | time (or analysis was adjusted to allow for | Yes |
| | differences in length of follow-up) | |
| C2 | a. How many participants did not complete treatment | l in each group? |
| | Experimental group N: 5; Control group N: 6 | in each group. |
| | b. The groups were comparable for treatment | |
| | completion (that is, there were no important or | |
| | systematic differences between groups in terms of | Yes |
| | those who did not complete treatment) | |
| C3 | For how many participants in each group were no outc | come data available? |
| | Experimental group N: 5; Control group N: 6 | |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups | Yes |
| | in terms of those for whom outcome data were not | |
| | available). | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | | |
|--|---|--------------------|--|
| direction of its effect? | | | |
| | Low risk of bias | | |
| Likel | y direction of effect: Not applicable | | |
| | | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | nosed or verified) | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) | |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) | |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | | |
| direct | ion of its circu. | | |
| | Low risk of bias | | |
| Likel | y direction of effect: Not applicable | | |
| | | | |
| | | | |

1.6.8 BURNS2013/PEARSON2013

| Study | 7 ID | BURNS2013/PEARSON2013 |
|---|--|---|
| Burns | ographic reference: s A, O'Mahen H, Baxter H, Bennert K, Wiles N, Ramchar tivebehavioural therapy for antenatal depression. BMC | - |
| attent | on RM, O'Mahen H, Burns A, Bennert K, Shepherd C, Ba cional processing of infant distress in depressed pregnan py. Journal of Affective Disorders. 2013;145:208-213. | - |
| clinic | eline topic: Antenatal and postnatal mental health: al management and service guidance klist completed by: Odette Megnin-Viggars | Review question number: 4.1 |
| | | |
| | lection bias (systematic differences between the compari | |
| A1 | An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups) | Yes (computer generated code and minimisation was used to balance for age [< or => 18], depression severity [mild, moderate or severe], current symptom duration [< or => 3 months] and history of depression) |
| A2 | There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation) | Yes (central randomisation service that was accessed via the internet) |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | No (baseline group differences in ethnicity [72% white in intervention group and 94% in control group], married/living as married [72% in intervention group and 56% in control group], house ownership status [11% owner in intervention group and 44% on control group], and history of antidepressant use [56% ever used antidepressants before in the intervention group and 83% in the control group]) |
| | on your answers to the above, in your opinion was selection of its effect? | ction bias present? If so, what is the likely |
| | High risk of bias | |
| Likely direction of effect: Unknown direction | | |

| B. Per | B. Performance bias (systematic differences between groups in the care provided, apart | | |
|---|--|--|--|
| from the intervention under investigation) | | | |
| | Ç , | | |
| D4 | mt 1.d | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Yes | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| Based | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely | |
| direct | ion of its effect? | | |
| | | | |
| | High risk of bias | | |
| | | | |
| Likely | y direction of effect: Effect size bigger | | |
| | | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | | |
| C. All | indon bias (systematic differences between the compans | on groups with respect to loss of participants) | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | | |
| C2 | TT | . 1 2 | |
| C2 | a. How many participants did not complete treatment in | in each group? | |
| | Experimental group N: 2; Control group N: 5 | | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | Yes | |
| | systematic differences between groups in terms of | | |
| CO | those who did not complete treatment) | 1. 1112 | |
| C3 | For how many participants in each group were no outc | come data available? | |
| | Experimental group N: 2; Control group N: 5 | | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Yes | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | | |
|---|---|--|--|
| direction of its effect? | | | |
| | Low risk of bias | | |
| Likel | y direction of effect: Not applicable | | |
| | | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | nosed or verified) | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) | |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) | |
| | on your answers to the above, in your opinion was det | ection bias present? If so, what is the likely | |
| direction of its effect? | | | |
| Low risk of bias | | | |
| Likel | Likely direction of effect: Not applicable | | |
| | | | |

1.6.9 CHEN2000

| Stud | y ID | CHEN2000 |
|---|--|---|
| Bibli | ographic reference: | |
| | C-H, Tseng Y-F, Chou F-H, Wang S-Y. Effects of suppor | rt group intervention in postnatally distressed |
| | en. A controlled study in Taiwan. Journal of Psychosoma | |
| | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 |
| | ral management and service guidance | |
| | klist completed by: Odette Megnin-Viggars | |
| A. Se | lection bias (systematic differences between the compari | son groups) |
| A1 | An appropriate method of randomisation was used | |
| | to allocate participants to treatment groups (which | Unclear (randomisation method is unclear) |
| | would have balanced any confounding factors | |
| A2 | equally across groups) There was adequate concealment of allocation (such | |
| AZ | that investigators, clinicians and participants cannot | Unclear (insufficient detail reported with |
| | influence enrolment or treatment allocation) | regards to allocation concealment) |
| A3 | The groups were comparable at baseline, including | |
| 113 | all major confounding and prognostic factors | Yes |
| | an major comountaing and prognostic factors | |
| Base | l d on your answers to the above, in your opinion was sele | ection bias present? If so, what is the likely |
| direction of its effect? | | |
| | | |
| Unclear/unknown risk of bias | | |
| | | |
| Likely direction of effect: Unknown direction | | |
| | | |
| l | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | | |
|---|--|---|--|
| from the intervention under investigation) | | | |
| | | | |
| D1 | TT 1.1 | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Yes | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| Based | on your answers to the above, in your opinion was perf | ormance bias present? If so, what is the likely | |
| direct | ion of its effect? | | |
| | | | |
| | High risk of bias | | |
| | · · | | |
| Likel | y direction of effect: Effect size bigger | | |
| | | | |
| | | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | | |
| | differences in length of follow-up) | Yes | |
| | unicicities in length of follow-up) | | |
| C2 | a. How many participants did not complete treatment | in each group? | |
| | Experimental group N: 4; Control group N: 0 | | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | Vec | |
| | systematic differences between groups in terms of | Yes | |
| | those who did not complete treatment) | | |
| C3 | For how many participants in each group were no outo | ome data available? | |
| | Experimental group N: 4; Control group N: 0 | | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Yes | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | | |
|--|---|--|--|
| direction of its effect? | | | |
| | Low risk of bias | | |
| Likel | y direction of effect: Not applicable | | |
| | | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | nosed or verified) | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) | |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) | |
| | , i | ection bias present? If so, what is the likely | |
| direction of its effect? | | | |
| Low risk of bias | | | |
| Likel | Likely direction of effect: Not applicable | | |
| confounding and prognostic factors Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | | |

1.6.10CHO2008

| Stud | y ID | CHO2008 |
|---|---|--|
| Bibli | ographic reference: | |
| | HJ, Kwon JH, Lee JJ. Antenatal cognitive-behavioral ther | rapy for prevention of postpartum depression: |
| | ot study. Yonsei Medical Journal. 2008;49:553-562. | |
| - | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 |
| | ral management and service guidance | |
| Chec | klist completed by: Odette Megnin-Viggars | |
| A. Se | election bias (systematic differences between the compari | ison groups) |
| A1 | An appropriate method of randomisation was used | |
| | to allocate participants to treatment groups (which | Unclear (randomication mathed is unclear) |
| | would have balanced any confounding factors | Unclear (randomisation method is unclear) |
| | equally across groups) | |
| A2 | There was adequate concealment of allocation (such | Unclear (insufficient detail reported with |
| | that investigators, clinicians and participants cannot | regards to allocation concealment) |
| | influence enrolment or treatment allocation) | regards to anocation conceannent) |
| A3 | The groups were comparable at baseline, including | No (statistically significant baseline group |
| | all major confounding and prognostic factors | differences in negative thoughts [higher |
| | | mean score in experimental group]) |
| Base | d on your answers to the above, in your opinion was sele | ection bias present? If so, what is the likely |
| direc | tion of its effect? | |
| | | |
| | High risk of bias | |
| Likely direction of effect: Unknown direction | | |
| | | |
| | | |

| P. Danfarmana his (anatomatic differences between ground in the age growth delegant | | | |
|--|---|--|--|
| B. Performance bias (systematic differences between groups in the care provided, apart | | | |
| from the intervention under investigation) | | | |
| | | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Yes | |
| | | 103 | |
| DO. | | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| | treatment allocation | No | |
| DO | T 1: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| В3 | Individuals administering care were kept 'blind' to | NT- | |
| | treatment allocation | No | |
| D | | | |
| | l on your answers to the above, in your opinion was perficion of its effect? | formance bias present? If so, what is the likely | |
| uireci | ion of its effect? | | |
| | TT: 1 · 1 · C1· | | |
| | High risk of bias | | |
| T :11 | - Hearting of officety Effect aire bigger | | |
| Likei | y direction of effect: Effect size bigger | | |
| | | | |
| C. At | C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | |
| | 1 | o o r | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | | |
| C2 | a. How many participants did not complete treatment : | in each group? | |
| C2 | Experimental group N: 2; Control group N: 3 | in each group: | |
| | b. The groups were comparable for treatment | | |
| | | | |
| | completion (that is, there were no important or | Yes | |
| | systematic differences between groups in terms of | | |
| | those who did not complete treatment) | 1. 1112 | |
| C3 | For how many participants in each group were no outo | come data available? | |
| | Experimental group N: 2; Control group N: 3 | | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Yes | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | | |
|--|---|--------------------|--|
| direction of its effect? | | | |
| | Low risk of bias | | |
| Likel | y direction of effect: Not applicable | | |
| | | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | nosed or verified) | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) | |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) | |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | | |
| Low risk of bias | | | |
| Likely direction of effect: Not applicable | | | |

1.6.11COOPER2003/MURRAY2003

| Study | y ID | COOPER2003/MURRAY2003 | |
|--|---|---|--|
| D:1.1: | 1: (| | |
| | ographic reference: er PJ, Murray L, Wilson A, Romaniuk H. Controlled tria | Lof the short, and long term offect of | |
| | nological treatment of post-partum depression. I. Impact | | |
| | al of Psychiatry. 2003;182:412-419. | on maternal mood. British | |
| jouri | iai of 1 3y chiairy. 2005,102.412-415. | | |
| Murr | ay L, Cooper PJ, Wilson A, Romaniuk H. Controlled tria | l of the short- and long-term effect of | |
| | nological treatment of post-partum depression. 2. Impact | 9 | |
| outco | ome. British Journal of Psychiatry. 2003;182;420-427. | | |
| Guid | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 | |
| clinic | al management and service guidance | | |
| Chec | klist completed by: Odette Megnin-Viggars | | |
| 1 Co | lection bias (systematic differences between the comparis | con groups) | |
| | | son groups) | |
| A1 | An appropriate method of randomisation was used | | |
| | to allocate participants to treatment groups (which | Yes (by drawing coloured balls) | |
| | would have balanced any confounding factors | (-) | |
| | equally across groups) | | |
| A2 | There was adequate concealment of allocation (such | Unclear (insufficient detail reported with | |
| | that investigators, clinicians and participants cannot | regards to allocation concealment) | |
| | influence enrolment or treatment allocation) | regular to unocation conceament) | |
| A3 | The groups were comparable at baseline, including | | |
| | all major confounding and prognostic factors | Yes | |
| D | | | |
| | d on your answers to the above, in your opinion was sele tion of its effect? | ction bias present? If so, what is the likely | |
| airec | uon oi us enect? | | |
| | I are vial of him | | |
| Low risk of bias | | | |
| Likely direction of effect: Not applicable | | | |
| LIKE | | | |
| | | | |

| B. Per | B. Performance bias (systematic differences between groups in the care provided, apart | | |
|---|--|--|--|
| from the intervention under investigation) | | | |
| | | | |
| D4 | mt 1.d | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Yes | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| Based | on your answers to the above, in your opinion was perf | ormance bias present? If so, what is the likely | |
| direct | ion of its effect? | | |
| | | | |
| | High risk of bias | | |
| | • | | |
| Likely | y direction of effect: Effect size bigger | | |
| | | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | | |
| C. Att | rition bias (systematic differences between the comparis | son groups with respect to loss of participants) | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | ies | |
| | | | |
| C2 | a. How many participants did not complete treatment i | 0 1 | |
| | Experimental group N: 15 (3 treatment arms combined |); Control group N: 4 | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | Yes | |
| | systematic differences between groups in terms of | | |
| | those who did not complete treatment) | | |
| C3 | For how many participants in each group were no outo | | |
| | Experimental group N: 19 (3 treatment arms combined |); Control group N: 4 | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Yes | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | |
|--|---|---|
| | Low risk of bias | |
| Likel | y direction of effect: Not applicable | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | gnosed or verified) |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-rated and blinded outcome assessment) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-rated and blinded outcome assessment) |
| | on your answers to the above, in your opinion was det ion of its effect? | rection bias present? If so, what is the likely |
| | Low risk of bias | |
| Likely direction of effect: Not applicable | | |

1.6.12DENNIS2003

| Stud | y ID | DENNIS2003 |
|--|---|---|
| Bibli | ographic reference: | |
| | nis C-L. The effect of peer support on postpartum depres | sion: a pilot randomised controlled trial. |
| | idian Journal of Psychiatry. 2003;48:115-124. | 1 |
| | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 |
| | cal management and service guidance | 1 |
| | klist completed by: Odette Megnin-Viggars | |
| A. Se | election bias (systematic differences between the compari | ison groups) |
| A1 | An appropriate method of randomisation was used | |
| | to allocate participants to treatment groups (which | Vec (non-density consents descent and |
| | would have balanced any confounding factors | Yes (randomly generated numbers) |
| | equally across groups) | |
| A2 | There was adequate concealment of allocation (such | Yes (independent allocation using random |
| | that investigators, clinicians and participants cannot | numbers in consecutively numbered sealed |
| | influence enrolment or treatment allocation) | opaque envelopes) |
| A3 | The groups were comparable at baseline, including | |
| | all major confounding and prognostic factors | Yes |
| Base | l d on your answers to the above, in your opinion was sele | l ection bias present? If so, what is the likely |
| direc | tion of its effect? | • |
| | | |
| Low risk of bias | | |
| Likely direction of effect: Not applicable | | |
| \ | | |
| | | |

| P. Dodowy and Live (and the 1200 months) and the second state of t | | | |
|--|--|--|--|
| B. Performance bias (systematic differences between groups in the care provided, apart | | | |
| from the intervention under investigation) | | | |
| | | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Yes | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely | |
| direct | ion of its effect? | | |
| | | | |
| | High risk of bias | | |
| | | | |
| Likel | y direction of effect: Effect size bigger | | |
| | | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | | |
| 0.110 | | | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | | |
| C2 | a. How many participants did not complete treatment: | l in each group? | |
| | Experimental group N: 0; Control group N: 1 | ar out. g. out. | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | | |
| | systematic differences between groups in terms of | Yes | |
| | those who did not complete treatment) | | |
| C3 | | | |
| | Experimental group N: 0; Control group N: 1 | | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Yes | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | |
|---|---|--|
| direction of its effect? | | |
| Low risk of bias | | |
| Likel | y direction of effect: Not applicable | |
| | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | nosed or verified) |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-rated) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-rated) |
| | on your answers to the above, in your opinion was det | ection bias present? If so, what is the likely |
| direction of its effect? | | |
| Low risk of bias | | |
| Likely direction of effect: Not applicable | | |
| | | |

1.6.13DENNIS2009/2010

| Study | 7 ID | DENNIS2009/2010 |
|---|--|--|
| Riblic | ographic reference: | |
| Bibliographic reference: Dennis C-L, Hodnett E, Reisman HM, Kenton L, Weston J, Zupancic J, et al. Effect of peer support on prevention of postnatal depression among high risk women: multisite randomised controlled trial. BMJ. 2009;338:a3064. | | |
| Denn | is C-L. Postpartum depression peer support: maternal p | erceptions from a randomised controlled trial. |
| Inter | national Journal of Nursing Studies. 2010;47:560-568. | |
| Guid | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 |
| clinic | al management and service guidance | |
| Chec | klist completed by: Odette Megnin-Viggars | |
| A. Se | lection bias (systematic differences between the compari | son groups) |
| A1 | An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups) | Yes (web randomisation service) |
| A2 | There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation) | Yes (centralised allocation) |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Yes |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | |
| Low risk of bias | | |
| Likely direction of effect: Not applicable | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | | |
|---|--|---|--|
| from the intervention under investigation) | | | |
| | | | |
| D4 | mt 1.d | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Yes | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| Based | on your answers to the above, in your opinion was perf | ormance bias present? If so, what is the likely | |
| direct | ion of its effect? | | |
| | | | |
| | High risk of bias | | |
| | | | |
| Likely | y direction of effect: Effect size bigger | | |
| | | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | | |
| C. Att | rition bias (systematic differences between the comparis | on groups with respect to loss of participants) | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | Tes | |
| | | | |
| C2 | a. How many participants did not complete treatment i | in each group? | |
| | Experimental group N: 52; Control group N: 36 | | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | Yes | |
| | systematic differences between groups in terms of | | |
| | those who did not complete treatment) | | |
| C3 | For how many participants in each group were no outo | rome data available? | |
| | Experimental group N: 52; Control group N: 36 | | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Yes | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | |
|--|---|---|
| Low risk of bias | | |
| Likely direction of effect: Not applicable | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | nosed or verified) |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report or blinded outcome assessment) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report or blinded outcome assessment) |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | |
| Low risk of bias | | |
| Likely direction of effect: Not applicable | | |

1.6.14DUGGAN2007/CALDERA2007

| Study | 7 ID | DUGGAN2007/CALDERA2007 | |
|---|--|--|--|
| Bibliographic reference: | | | |
| | an AK, Caldera D, Rodriguez K, Burrell L, Rohde C, Cro | owne SS. Impact of a statewide home visiting | |
| progr | ram to prevent child abuse. Child Abuse and Neglect. 20 | 07;31:829–852. | |
| | | | |
| | era D, Burrell L, Rodriguez K, Crowne SS, Rohde C, Dug | | |
| | ram on parenting and on child health and development. | | |
| | eline topic: Antenatal and postnatal mental health: al management and service guidance | Review question number: 4.1 | |
| | klist completed by: Odette Megnin-Viggars | | |
| Cileci | kiist completed by. Odette Wegimi-Viggars | | |
| A. Se | lection bias (systematic differences between the compari | son groups) | |
| A1 | An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups) | Yes (table of random numbers, equal allocation, and randomisation within site in blocks of 10) | |
| A2 | There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation) | Unclear (insufficient detail reported with regards to allocation concealment) | |
| A3 | The groups were comparable at baseline, including | No (statistically significant baseline | |
| | all major confounding and prognostic factors | differences in poor psychological resources | |
| | | [37% intervention group versus 50% control] | |
| | | and in prenatal enrolment [41% intervention | |
| - | | group and 53% control]) | |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely | | | |
| direction of its effect? | | | |
| High risk of bias | | | |
| Likely direction of effect: Unknown direction | | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | |
|---|--|---|
| from the intervention under investigation) | | |
| | | |
| D4 | | |
| B1 | The comparison groups received the same care apart | |
| | from the intervention(s) studied | Yes |
| | | |
| B2 | Participants receiving care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| В3 | Individuals administering care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| Based | on your answers to the above, in your opinion was perf | ormance bias present? If so, what is the likely |
| direct | ion of its effect? | |
| | | |
| | High risk of bias | |
| | | |
| Likely | y direction of effect: Effect size bigger | |
| | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | |
| C. All | inton bias (systematic unferences between the companis | on groups with respect to loss of participants) |
| | | |
| C1 | All groups were followed up for an equal length of | |
| | time (or analysis was adjusted to allow for | Yes |
| | differences in length of follow-up) | |
| C0 | TT (* * * * * * * * * * * * * * * * * * | 1 2 |
| C2 | a. How many participants did not complete treatment i | 0 1 |
| | Experimental group N: Not reported; Control group N | : Not reported |
| | b. The groups were comparable for treatment | |
| | completion (that is, there were no important or | Yes |
| | systematic differences between groups in terms of | |
| C2 | those who did not complete treatment) | 1. 1110 |
| C3 | For how many participants in each group were no outc | |
| | Experimental group N: Not reported; Control group N | : Not reported |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups | Yes |
| | in terms of those for whom outcome data were not | |
| | available). | |

Clinical evidence – completed methodology checklists

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely |
|---|
| direction of its effect? |
| Low risk of bias |
| Likely direction of effect: Not applicable |
| D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) |

| D1 | The study had an appropriate length of follow-up | Yes |
|----|---|---|
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report or blinded outcome assessment) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report or blinded outcome assessment) |

Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?

Low risk of bias

Likely direction of effect: Not applicable

1.6.15 DUGRAVIER 2013/GUEDENEY 2013

| Stud | y ID | DUGRAVIER2013/GUEDENEY2013 |
|--|---|--|
| Riblia | ographic reference: | |
| | ravier R, Tubach F, Saias T, Guedeney N, Pasquet B, Purp | per-Quakil D. et al. Impact of a manualized |
| _ | ifocal perinatal home-visiting program using psychologi | |
| | omised controlled trial. PLoS ONE. 2013;8:e72216. | The second secon |
| | | |
| Gued | leney A, Wendland J, Dugravier R, Saias T, Tubach F, W | elniarz B, et al. Impact of a randomised home- |
| visiti | ng trial on infant social withdrawal in the CAPEDP prev | ention study. Infant Mental Health Journal. |
| 2013; | 34:594-601. | |
| Guid | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 |
| clinic | al management and service guidance | |
| Chec | klist completed by: Odette Megnin-Viggars | |
| A Se | election bias (systematic differences between the compari | son groups) |
| | | |
| A1 | An appropriate method of randomisation was used | Yes (computer-generated randomisation |
| | to allocate participants to treatment groups (which | sequence, stratified by recruitment centre, |
| | would have balanced any confounding factors | with random block sizes of 2, 4 or 6 |
| | equally across groups) | participants) |
| A2 | There was adequate concealment of allocation (such | |
| | that investigators, clinicians and participants cannot | Yes (centralised allocation) |
| | influence enrolment or treatment allocation) | |
| A3 | The groups were comparable at baseline, including | |
| | all major confounding and prognostic factors | Yes |
| Rass | d on your analyses to the above in your oninion was sale | ection bigg proceed? If so, what is the likely |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | |
| unection of its effect: | | |
| Low risk of bias | | |
| LOW HOR OF DIGG | | |
| Likely direction of effect: Not applicable | | |
| | | |
| | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | | |
|--|--|--|--|
| from the intervention under investigation) | | | |
| | | | |
| D4 | mt 1.d | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Yes | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| Based | on your answers to the above, in your opinion was perf | ormance bias present? If so, what is the likely | |
| direct | ion of its effect? | | |
| | | | |
| | High risk of bias | | |
| | | | |
| Likely | y direction of effect: Effect size bigger | | |
| | | | |
| | | | |
| C. Att | rition bias (systematic differences between the comparis | son groups with respect to loss of participants) | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | ies | |
| | | | |
| C2 | a. How many participants did not complete treatment i | in each group? | |
| | Experimental group N: 38; Control group N: 35 | | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | Yes | |
| | systematic differences between groups in terms of | | |
| | those who did not complete treatment) | | |
| C3 | For how many participants in each group were no outo | come data available? | |
| | Experimental group N: 38; Control group N: 35 | | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Yes | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | |
|--|---|---|
| Low risk of bias | | |
| Likely direction of effect: Not applicable | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | gnosed or verified) |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report or blinded outcome assessment) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report or blinded outcome assessment) |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | |
| Low risk of bias | | |
| Likely direction of effect: Not applicable | | |

1.6.16ELMOHANDES2008

| Study | y ID | ELMOHANDES2008 |
|--|--|---|
| | | |
| Bibliographic reference: | | |
| El-Mohandes AAE, Kiely M, Joseph JG, Subramanian S, Johnson AA, Blake SM, et al. An intervention to | | |
| improve postpartum outcomes in African-American mothers: a randomised controlled trial. Obstetrics and | | |
| Gynecology. 2008;112: 611-620. | | |
| Guideline topic: Antenatal and postnatal mental health: | | Review question number: 4.1 |
| clinical management and service guidance | | |
| Checklist completed by: Odette Megnin-Viggars | | |
| A. Selection bias (systematic differences between the comparison groups) | | |
| A1 | An appropriate method of randomisation was used to allocate participants to treatment groups (which | Unclear (site- and risk-specific block |
| | would have balanced any confounding factors equally across groups) | randomization, no further detail reported) |
| A2 | There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation) | Unclear (insufficient detail reported with regards to allocation concealment) |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Yes |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | |
| Unclear/unknown risk of bias | | |
| Likely direction of effect: Unknown direction | | |

| B. Per | B. Performance bias (systematic differences between groups in the care provided, apart | | |
|---|--|---|--|
| from t | from the intervention under investigation) | | |
| | Ç , | | |
| D4 | mt 1.d | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Yes | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| Based | on your answers to the above, in your opinion was perf | ormance bias present? If so, what is the likely | |
| direct | ion of its effect? | | |
| | | | |
| | High risk of bias | | |
| | | | |
| Likely | y direction of effect: Effect size bigger | | |
| | | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | | |
| C. Att | rition bias (systematic differences between the comparis | on groups with respect to loss of participants) | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | ies | |
| | | | |
| C2 | a. How many participants did not complete treatment i | in each group? | |
| | Experimental group N: 102; Control group N: 88 | | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | Yes | |
| | systematic differences between groups in terms of | | |
| | those who did not complete treatment) | | |
| C3 | For how many participants in each group were no outo | come data available? | |
| | Experimental group N: 102; Control group N: 88 | | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Yes | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | |
|--|---|---|
| | Low risk of bias | |
| Likel | y direction of effect: Not applicable | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | gnosed or verified) |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report and blinded interviewers) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report and blinded interviewers) |
| Based | on your answers to the above, in your opinion was de | tection bias present? If so, what is the likely |
| direct | ion of its effect? | |
| | Low risk of bias | |
| Likel | y direction of effect: Not applicable | |

1.6.17FIELD2013A

| Study | 7 ID | FIELD2013A |
|--|--|---|
| D:1-1: | | |
| | ographic reference: | |
| | T, Diego M, Delgado J, Medina L. Peer support and inte | |
| | ased prentatal depression, anxiety and cortisol. Early Hu | |
| | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 |
| | al management and service guidance | |
| Chec | klist completed by: Odette Megnin-Viggars | |
| A. Se | lection bias (systematic differences between the compari | son groups) |
| A1 | An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups) | Unclear (randomisation method is unclear) |
| A2 | There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation) | Unclear (insufficient detail reported with regards to allocation concealment) |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | No (statistically significant baseline differences with the control group showing a higher SES score/lower income and higher depression [CES-D] mean score) |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | |
| High risk of bias | | |
| Likel | y direction of effect: Effect size bigger | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | | |
|--|---|--|--|
| | | | |
| from the intervention under investigation) | | | |
| | | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Yes | |
| | | 103 | |
| DO. | | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| | treatment allocation | No | |
| DO | T 1: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| В3 | Individuals administering care were kept 'blind' to | NT- | |
| | treatment allocation | No | |
| D | | | |
| l l | l on your answers to the above, in your opinion was perficion of its effect? | formance bias present? If so, what is the likely | |
| uireci | ion of its effect? | | |
| | TT: 1 - 1 - (1) | | |
| | High risk of bias | | |
| T '1 1 | 1' | | |
| Likel | y direction of effect: Effect size bigger | | |
| | | | |
| C. At | C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | |
| | | 9 | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | | |
| CO | . ITana mana mantisina mta di danat sa manlata trasturant | in and many 2 | |
| C2 | a. How many participants did not complete treatment: | in each group? | |
| | Experimental group N: 2; Control group N: 2 | T | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | Yes | |
| | systematic differences between groups in terms of | | |
| | those who did not complete treatment) | | |
| C3 | For how many participants in each group were no outo | come data available? | |
| | Experimental group N: 2; Control group N: 2 | | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Yes | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | | |
|--|---|---------------------|--|
| | Low risk of bias | | |
| Likely direction of effect: Not applicable | | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | gnosed or verified) | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) | |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) | |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | | |
| Low risk of bias | | | |
| Likely direction of effect: Not applicable | | | |

1.6.18GAMBLE2005

| Stud | y ID | GAMBLE2005 |
|--|---|---|
| Biblio | ographic reference: | |
| | ble J, Creedy D, Moyle W, Webster J, McAllister M, Dick | son P. Effectiveness of a counseling |
| inter | vention after a traumatic childbirth: a randomised contro | olled trial. Birth. 2005;32:11-19. |
| Guid | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 |
| clinic | al management and service guidance | - |
| Chec | klist completed by: Odette Megnin-Viggars | |
| A. Se | lection bias (systematic differences between the compari | son groups) |
| A1 | An appropriate method of randomisation was used | |
| | to allocate participants to treatment groups (which | Yes (computer-generated random |
| | would have balanced any confounding factors | allocations) |
| | equally across groups) | |
| A2 | There was adequate concealment of allocation (such | |
| | that investigators, clinicians and participants cannot | Yes (sealed opaque envelopes) |
| | influence enrolment or treatment allocation) | |
| A3 | The groups were comparable at baseline, including | |
| | all major confounding and prognostic factors | Yes |
| Based | l I on your answers to the above, in your opinion was sele | Lection bias present? If so, what is the likely |
| direc | tion of its effect? | |
| | | |
| Low risk of bias | | |
| Likely direction of effect: Not applicable | | |
| | | |
| | | |

| B. Per | B. Performance bias (systematic differences between groups in the care provided, apart | | |
|---|--|---|--|
| from the intervention under investigation) | | | |
| | Ç , | | |
| D4 | mt 1.d | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Yes | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| Based | on your answers to the above, in your opinion was perf | ormance bias present? If so, what is the likely | |
| direct | ion of its effect? | | |
| | | | |
| | High risk of bias | | |
| | | | |
| Likely | y direction of effect: Effect size bigger | | |
| | | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | | |
| C. Att | rition bias (systematic differences between the comparis | on groups with respect to loss of participants) | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | Tes | |
| | | | |
| C2 | a. How many participants did not complete treatment i | in each group? | |
| | Experimental group N: 0; Control group N: 0 | | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | Yes | |
| | systematic differences between groups in terms of | | |
| | those who did not complete treatment) | | |
| C3 | For how many participants in each group were no outo | rome data available? | |
| | Experimental group N: 0; Control group N: 0 | | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Yes | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | |
|--|---|---|
| | Low risk of bias | |
| Likel | y direction of effect: Not applicable | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | gnosed or verified) |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report or blinded outcome assessment) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report or blinded outcome assessment) |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | |
| Low risk of bias | | |
| Likel | y direction of effect: Not applicable | |

1.6.19GAO2010/2012

| C: 1 | C. 1 ID | | |
|--|---|---|--|
| Study | y ID | GAO2010/2012 | |
| | | | |
| | ographic reference: | | |
| | L-L, Chan SW-C, Li X, Chen S, Hao Y. Evaluation of an ir | | |
| | birth education programme for Chinese first-time childb | earing women: a randomised controlled trial. | |
| Inter | national Journal of Nursing Studies. 2010;47:1208-1216. | | |
| Gao l | L-L, Chan SW-C, Sun K. Effects of an interpersonal-psych | notherapy-oriented childbirth education | |
| | ramme for Chinese first-time childbearing women at 3-m | - 7 | |
| - 0 | national Journal of Nursing Studies. 2012;49:274-281. | controlled up. fundomised controlled trus. | |
| | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 | |
| | al management and service guidance | Review question number, 4.1 | |
| | klist completed by: Odette Megnin-Viggars | | |
| Chec | klist completed by: Odette Megnin-Viggars | | |
| A. Se | lection bias (systematic differences between the comparis | son groups) | |
| A1 | An appropriate method of randomisation was used | | |
| | to allocate participants to treatment groups (which | V (1-1-1 (1 1) | |
| | would have balanced any confounding factors | Yes (table of random numbers) | |
| | equally across groups) | | |
| A2 | There was adequate concealment of allocation (such | TT 1 (' (C' : 1 1 : 1 | |
| | that investigators, clinicians and participants cannot | Unclear (insufficient detail reported with | |
| | influence enrolment or treatment allocation) | regards to allocation concealment) | |
| A3 | The groups were comparable at baseline, including | | |
| | all major confounding and prognostic factors | Yes | |
| | , 0 1 0 | | |
| Based | d on your answers to the above, in your opinion was sele | ction bias present? If so, what is the likely | |
| direc | tion of its effect? | | |
| | | | |
| Low risk of bias | | | |
| | | | |
| Likely direction of effect: Not applicable | | | |
| | | | |
| | | | |

| P. D. Communication (control of 1996) and the state of th | | | |
|--|---|--|--|
| B. Performance bias (systematic differences between groups in the care provided, apart | | | |
| from the intervention under investigation) | | | |
| | | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Yes | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| | l on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely | |
| direct | ion of its effect? | | |
| | | | |
| | High risk of bias | | |
| | 11 11 11 11 11 11 | | |
| Likel | y direction of effect: Effect size bigger | | |
| | | | |
| C. At | C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | |
| | 1 | | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | | |
| C2 | a. How many participants did not complete treatment: | in each group? | |
| | Experimental group N: 4; Control group N: 0 | 0 1 | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | N. | |
| | systematic differences between groups in terms of | Yes | |
| | those who did not complete treatment) | | |
| C3 | For how many participants in each group were no outo | come data available? | |
| | Experimental group N: 9; Control group N: 10 | | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Yes | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | | |
|---|---|--|--|
| direction of its effect? | | | |
| | Low risk of bias | | |
| Likel | y direction of effect: Not applicable | | |
| | | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | nosed or verified) | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) | |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) | |
| | on your answers to the above, in your opinion was det | ection bias present? If so, what is the likely | |
| direction of its effect? | | | |
| Low risk of bias | | | |
| Likely direction of effect: Not applicable | | | |

1.6.20GROTE2009

| Stud | y ID | GROTE2009 | |
|--|---|--|--|
| | | | |
| Bibli | ographic reference: | | |
| Grote | e NK, Swartz HA, Geibel SL, Zuckoff A, Houck PR, Fran | ık E. A randomised controlled trial of | |
| cultu | rally relevant, brief interpersonal psychotherapy for per | inatal depression. Psychiatric Services. | |
| 2009; | 60:313-321. | | |
| Guid | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 | |
| clinic | al management and service guidance | | |
| Chec | klist completed by: Odette Megnin-Viggars | | |
| A. Se | election bias (systematic differences between the compari | ison groups) | |
| A1 | An appropriate method of randomisation was used | | |
| | to allocate participants to treatment groups (which | Yes (permuted block design stratified by | |
| | would have balanced any confounding factors | race) | |
| | equally across groups) | | |
| A2 | There was adequate concealment of allocation (such | | |
| | that investigators, clinicians and participants cannot | Yes (centralised allocation) | |
| | influence enrolment or treatment allocation) | | |
| A3 | The groups were comparable at baseline, including | | |
| | all major confounding and prognostic factors | Yes | |
| Base | d on your answers to the above, in your opinion was sele | ection bias present? If so, what is the likely | |
| direc | tion of its effect? | | |
| Low risk of bias | | | |
| LOW HOR OF DIAG | | | |
| Likely direction of effect: Not applicable | | | |
| | | | |
| | | | |

| B. Per | B. Performance bias (systematic differences between groups in the care provided, apart | | |
|---|--|--|--|
| from the intervention under investigation) | | | |
| | | | |
| D1 | The commercian array was incided the commercian | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Yes | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely | |
| direct | ion of its effect? | | |
| | | | |
| | High risk of bias | | |
| | | | |
| Likel | y direction of effect: Effect size bigger | | |
| | | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | | |
| C. Att | indon bias (systematic differences between the companis | on groups with respect to loss of participants) | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | | |
| C | . Here we were the inserts did not some late tweeters at i | in and many | |
| C2 | a. How many participants did not complete treatment i | 0 1 | |
| | Experimental group N: Not reported; Control group N | . Not reported | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | Yes | |
| | systematic differences between groups in terms of | | |
| C2 | those who did not complete treatment) | over data assistable? | |
| C3 | For how many participants in each group were no outc | | |
| | Experimental group N: Not reported; Control group N | : Not reported | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | V | |
| | important or systematic differences between groups | Yes | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?

Low risk of bias

Likely direction of effect: Not applicable

| D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | |
|---|---|---|
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Different for different outcome measures: Yes for EPDS, BAI, SAS (self-report); Unclear for SCID (blinding of outcome assessor not reported) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Different for different outcome measures: Yes for EPDS, BAI, SAS (self-report); Unclear for SCID (blinding of outcome assessor not reported) |

Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?

Different for different outcome measures: Low risk of bias for EPDS, BAI, SAS (self-report); Unclear risk of bias for SCID (blinding of outcome assessor not reported)

Likely direction of effect: Unknown direction where unclear risk of bias

1.6.21 GUARDINO 2014

| Stud | y ID | GUARDINO2014 | |
|--|---|---|--|
| Biblio | ographic reference: | | |
| | dino CM, Schetter CD, Bower JE, Lu MC, Smalley SL. Ra | ndomised controlled pilot trial of | |
| mind | Ifulness training for stress reduction during pregnancy. F | Psychology and Health. 2014;29:334-349. | |
| Guid | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 | |
| clinic | al management and service guidance | | |
| Chec | klist completed by: Odette Megnin-Viggars | | |
| A. Se | election bias (systematic differences between the compari- | son groups) | |
| A1 | An appropriate method of randomisation was used | | |
| | to allocate participants to treatment groups (which | Yes (computerised randomisation scheme) | |
| | would have balanced any confounding factors | res (computerised fandomisation scheme) | |
| | equally across groups) | | |
| A2 | There was adequate concealment of allocation (such | Unclear (insufficient detail reported with | |
| | that investigators, clinicians and participants cannot | regards to allocation concealment) | |
| | influence enrolment or treatment allocation) | regular to unocation conceament) | |
| A3 | The groups were comparable at baseline, including | | |
| | all major confounding and prognostic factors | Yes | |
| Based | l d on your answers to the above, in your opinion was sele | ction bias present? If so, what is the likely | |
| direc | tion of its effect? | | |
| | | | |
| Low risk of bias | | | |
| Likely direction of effect: Not applicable | | | |
| | | | |
| | | | |

| P. Danfarmana him (anatomatic differences between groups in the area quarided anat | | | |
|--|---|--|--|
| B. Performance bias (systematic differences between groups in the care provided, apart | | | |
| from the intervention under investigation) | | | |
| | | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Yes | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely | |
| direct | ion of its effect? | | |
| | | | |
| | High risk of bias | | |
| | | | |
| Likel | y direction of effect: Effect size bigger | | |
| | | | |
| C. At | C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | |
| | The second control of | 9 | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | | |
| C2 | a. How many participants did not complete treatment: | l in each group? | |
| | Experimental group N: 3; Control group N: 1 | ar out. g. out. | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | | |
| | systematic differences between groups in terms of | Yes | |
| | those who did not complete treatment) | | |
| C3 | For how many participants in each group were no outo | come data available? | |
| | Experimental group N: 4; Control group N: 3 | | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Yes | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | |
|--|---|---|
| | Low risk of bias | |
| Likely | y direction of effect: Not applicable | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | gnosed or verified) |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) |
| | on your answers to the above, in your opinion was det ion of its effect? | rection bias present? If so, what is the likely |
| | Low risk of bias | |
| Likely direction of effect: Not applicable | | |

1.6.22HAGAN2004

| Study | y ID | HAGAN2004 |
|--------|--|---|
| Biblio | ographic reference: | |
| | n R, Evans SF, Pope S. Preventing postnatal depression i | in mothers of very preterm infants: a |
| _ | omised controlled trial. BJOG. 2004;111:641-647. | in monets of very preterin munio. u |
| | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 |
| | al management and service guidance | Te to the queen manner in |
| | klist completed by: Odette Megnin-Viggars | |
| A. Se | lection bias (systematic differences between the compari | son groups) |
| A1 | An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups) | Yes (computer generated cards in sealed envelopes; stratified by gestational age at delivery and parity) |
| A2 | There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation) | Yes (opaque sealed envelope) |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Yes (statistically significant baseline group difference in previous preterm infant ([15% for control group and 6% for intervention group]) |
| | l on your answers to the above, in your opinion was seletion of its effect? | ection bias present? If so, what is the likely |
| | High risk of bias | |
| Likel | y direction of effect: Unknown direction | |

| B. Per | B. Performance bias (systematic differences between groups in the care provided, apart | | |
|---|--|---|--|
| from the intervention under investigation) | | | |
| | | | |
| D4 | mt 1.d | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Yes | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| Based | on your answers to the above, in your opinion was perf | ormance bias present? If so, what is the likely | |
| direct | ion of its effect? | | |
| | | | |
| | High risk of bias | | |
| | | | |
| Likely | y direction of effect: Effect size bigger | | |
| | | | |
| | | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | Tes | |
| | | | |
| C2 | a. How many participants did not complete treatment i | in each group? | |
| | Experimental group N: 2; Control group N: 0 | | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | Yes | |
| | systematic differences between groups in terms of | | |
| | those who did not complete treatment) | | |
| C3 | For how many participants in each group were no outo | rome data available? | |
| | Experimental group N: 2; Control group N: 0 | | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Yes | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | | |
|---|---|--|--|
| direction of its effect? | | | |
| | Low risk of bias | | |
| Likely | y direction of effect: Not applicable | | |
| | | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | nosed or verified) | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (blinded outcome assessment) | |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (blinded outcome assessment) | |
| | on your answers to the above, in your opinion was dete | ection bias present? If so, what is the likely | |
| direction of its effect? | | | |
| Low risk of bias | | | |
| Likely direction of effect: Not applicable | | | |

1.6.23HAYDEN2012

| Study | y ID | HAYDEN2012 |
|--|--|---|
| | | |
| | ographic reference: | |
| , | len T, Perantie DC, Nix BD, Barnes LD, Mostello DJ, Hol | 01 1 |
| _ | ession to improve infant developmental outcomes: a stud | dy of diabetes in pregnancy. Journal of Clinical |
| Psycl | nology in Medical Settings. 2012;19:285-292. | |
| Guid | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 |
| clinic | al management and service guidance | |
| Chec | klist completed by: Odette Megnin-Viggars | |
| A. Se | lection bias (systematic differences between the compari | ison groups) |
| A1 | An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups) | Yes (computer generated algorithm) |
| A2 | There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation) | Unclear (insufficient detail reported with regards to allocation concealment) |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Yes |
| | d on your answers to the above, in your opinion was seletion of its effect? | ection bias present? If so, what is the likely |
| Low risk of bias | | |
| Likely direction of effect: Not applicable | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | |
|---|--|--|
| from the intervention under investigation) | | |
| nom the file vention under investigation, | | |
| | | |
| B1 | The comparison groups received the same care apart | |
| | from the intervention(s) studied | Yes |
| | | |
| DO | D (11: 1/) | |
| B2 | Participants receiving care were kept 'blind' to | |
| | treatment allocation | No |
| - | | |
| В3 | Individuals administering care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely |
| direct | ion of its effect? | |
| | | |
| | High risk of bias | |
| | | |
| Likel | y direction of effect: Effect size bigger | |
| | | |
| C 411 | 1:1:1:(1:-1:1:-1:1:1:-1:1:-1: | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | |
| | | |
| C1 | All groups were followed up for an equal length of | |
| | time (or analysis was adjusted to allow for | |
| | differences in length of follow-up) | Yes |
| | differences in length of follow-up) | |
| C2 | a. How many participants did not complete treatment: | in each group? |
| | Experimental group N: Not reported; Control group N | : Not reported |
| | Unclear (N randomised to groups not clear and only co | ompleter data reported) |
| | b. The groups were comparable for treatment | |
| | completion (that is, there were no important or | , |
| | systematic differences between groups in terms of | Unclear |
| | those who did not complete treatment) | |
| C3 | For how many participants in each group were no outo | come data available? |
| | Experimental group N: Not reported; Control group N | |
| | Unclear (N randomised to groups not clear and only co | 1 |
| | b. The groups were comparable with respect to the | |
| | | |
| | availability of outcome data (that is, there were no | I Indian |
| | important or systematic differences between groups | Unclear |
| | in terms of those for whom outcome data were not | |
| 1 | available). | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | | |
|---|---|--|--|
| direct | direction of its effect? | | |
| | Unclear/unknown risk of bias | | |
| Likely | y direction of effect: Unknown direction | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | nosed or verified) | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-rated or blinded outcome assessor) | |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-rated or blinded outcome assessor) | |
| Based | on your answers to the above, in your opinion was det | ection bias present? If so, what is the likely | |
| direct | ion of its effect? | | |
| Low risk of bias | | | |
| Likel | y direction of effect: Not applicable | | |

1.6.24HISCOCK2002

| Study | ý ID | HISCOCK2002 |
|--|---|---|
| Riblio | ographic reference: | |
| | ock H, Wake M. Randomised controlled trial of behaviou | ural infant sleen intervention to improve infant |
| | and maternal mood. British Medical Journal. 2002;324:10 | 1 |
| _ | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 |
| | al management and service guidance | Neview question number. 4.1 |
| | klist completed by: Odette Megnin-Viggars | |
| A. Se | lection bias (systematic differences between the compari | son groups) |
| A1 A2 | An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups) There was adequate concealment of allocation (such that investigators, clinicians and participants cannot | Unclear (randomisation method is unclear) Yes (paper reports 'Allocation sequences were concealed from researchers and |
| 4.0 | influence enrolment or treatment allocation) | participants until allocation was complete') |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Yes |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | |
| Unclear/unknown risk of bias | | |
| Likely direction of effect: Unknown direction | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | |
|---|--|---|
| from the intervention under investigation) | | |
| | | |
| B1 | The companion groups received the came care aport | |
| DI | The comparison groups received the same care apart | |
| | from the intervention(s) studied | Yes |
| | | |
| B2 | Participants receiving care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| В3 | Individuals administering care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| Based | on your answers to the above, in your opinion was perf | ormance bias present? If so, what is the likely |
| direct | ion of its effect? | |
| | | |
| | High risk of bias | |
| | | |
| Likel | y direction of effect: Effect size bigger | |
| | | |
| | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | |
| | | |
| C1 | All groups were followed up for an equal length of | |
| | time (or analysis was adjusted to allow for | Yes |
| | differences in length of follow-up) | ies |
| | | |
| C2 | a. How many participants did not complete treatment i | © 1 |
| | Experimental group N: Not reported; Control group N | * |
| | N randomised to groups not clear for subgroup analysi | is and only completer data reported |
| | b. The groups were comparable for treatment | |
| | completion (that is, there were no important or | Unclear |
| | systematic differences between groups in terms of | Circical |
| | those who did not complete treatment) | |
| C3 | For how many participants in each group were no outc | ome data available? |
| | Experimental group N: Not reported; Control group N | : Not reported |
| | N randomised to groups not clear for subgroup analysis | is and only completer data reported |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups | Unclear |
| | in terms of those for whom outcome data were not | |
| | available). | |

 ${\it Clinical\ evidence-completed\ methodology\ checklists}$

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | |
|--|--|
| Unclear/unknown risk of bias | |
| Likely direction of effect: Unknown direction | |
| | |

| D1 | The study had an appropriate length of follow-up | Yes |
|----|---|---|
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) |
| | d on your answers to the above, in your opinion was de tion of its effect? | tection bias present? If so, what is the likely |

Antenatal and postnatal mental health (update)

Likely direction of effect: Not applicable

1.6.25HISCOCK2007/HISCOCK2008

| Hiscock H, Bayer JK, 2 effects of a population 2008;122:e621-627. Guideline topic: Anteclinical management at Checklist completed by A. Selection bias (syst A1 An appropriate to allocate part would have ba equally across A2 There was adented to the complete to allocate part would have ba equally across A3 | old L, Hampton A, Ukoumunne OC, Wer randomised trial. Archives of Disease Hampton A, Ukomunne OC, Wake M. In-based infant sleep intervention: cluster atal and postnatal mental health: and service guidance by: Odette Megnin-Viggars ematic differences between the comparate method of randomisation was used icipants to treatment groups (which | Long-term mother and child mental health er-randomised, controlled trial. Pediatrics. Review question number: 4.1 rison groups) |
|---|---|--|
| Hiscock H, Bayer J, Gmental health: a cluster Hiscock H, Bayer JK, effects of a population 2008;122:e621-627. Guideline topic: Anteclinical management at Checklist completed by A. Selection bias (system) A1 An appropriate to allocate part would have be equally across A2 There was adea. | old L, Hampton A, Ukoumunne OC, Wer randomised trial. Archives of Disease Hampton A, Ukomunne OC, Wake M. In-based infant sleep intervention: cluster atal and postnatal mental health: and service guidance by: Odette Megnin-Viggars ematic differences between the comparate method of randomisation was used icipants to treatment groups (which | e in Childhood. 2007;92:952-958. Long-term mother and child mental health er-randomised, controlled trial. Pediatrics. Review question number: 4.1 |
| Hiscock H, Bayer JK, 2 effects of a population 2008;122:e621-627. Guideline topic: Anteclinical management at Checklist completed by A. Selection bias (syst A1 An appropriate to allocate part would have ba equally across A2 There was adented to the complete to allocate part would have ba equally across A3 | Hampton A, Ukomunne OC, Wake M. In-based infant sleep intervention: cluster matal and postnatal mental health: and service guidance by: Odette Megnin-Viggars ematic differences between the comparate method of randomisation was used icipants to treatment groups (which | e in Childhood. 2007;92:952-958. Long-term mother and child mental health er-randomised, controlled trial. Pediatrics. Review question number: 4.1 |
| effects of a population 2008;122:e621-627. Guideline topic: Anteclinical management at Checklist completed by A. Selection bias (system A1 An appropriate to allocate part would have be equally across A2 There was ade | natal and postnatal mental health: and service guidance by: Odette Megnin-Viggars cematic differences between the comparate method of randomisation was used icipants to treatment groups (which | Review question number: 4.1 |
| effects of a population 2008;122:e621-627. Guideline topic: Anteclinical management at Checklist completed by A. Selection bias (system A1 An appropriate to allocate part would have be equally across A2 There was ade | natal and postnatal mental health: and service guidance by: Odette Megnin-Viggars cematic differences between the comparate method of randomisation was used icipants to treatment groups (which | Review question number: 4.1 |
| 2008;122:e621-627. Guideline topic: Anteclinical management at Checklist completed by A. Selection bias (system A1 An appropriate to allocate part would have basequally across A2 There was adea | natal and postnatal mental health: and service guidance y: Odette Megnin-Viggars ematic differences between the comparate method of randomisation was used icipants to treatment groups (which | Review question number: 4.1 |
| Checklist completed by A. Selection bias (system of the allocate part would have based at the allocate part would have be allocated at the allocate part would have be allocated at the allocated at | y: Odette Megnin-Viggars ematic differences between the compare e method of randomisation was used icipants to treatment groups (which | rison groups) |
| Checklist completed by A. Selection bias (system A1 An appropriate to allocate part would have be equally across A2 There was adea. | y: Odette Megnin-Viggars ematic differences between the compare e method of randomisation was used icipants to treatment groups (which | rison groups) |
| A. Selection bias (syst A. Selection bias (syst A. An appropriate to allocate part would have ba equally across A. There was ade | y: Odette Megnin-Viggars ematic differences between the compar- e method of randomisation was used icipants to treatment groups (which | |
| A. Selection bias (syst A1 An appropriate to allocate part would have ba equally across A2 There was ade | ematic differences between the compare e method of randomisation was used icipants to treatment groups (which | |
| A1 An appropriate to allocate part would have be equally across A2 There was ade | e method of randomisation was used icipants to treatment groups (which | |
| A1 An appropriate to allocate part would have be equally across A2 There was ade | e method of randomisation was used icipants to treatment groups (which | |
| to allocate part would have ba equally across A2 There was ade | icipants to treatment groups (which | |
| would have ba equally across A2 There was ade | 2 2 1 | TT 1 / 1 · · · · · · · · 1 · · · |
| equally across A2 There was ade | | Unclear (randomisation method is unclear) |
| A2 There was ade | lanced any confounding factors | , |
| | 3 1 7 | |
| that investigate | quate concealment of allocation (such | |
| Ü | ors, clinicians and participants cannot | Yes (centralised allocation) |
| | ment or treatment allocation) | |
| 0 1 | re comparable at baseline, including | |
| all major confo | unding and prognostic factors | Yes |
| Raced on your analysis | g to the above in your opinion was sol | ection bias present? If so, what is the likely |
| direction of its effect? | s to the above, in your opinion was see | ection bias present: It so, what is the likely |
| direction of its effect: | | |
| I In allow / unle | action might of bigg | |
| Unclear/ unki | nown risk of bias | |
| Likely direction of ef | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | |
|--|---|--|
| from the intervention under investigation) | | |
| | | |
| D1 | The comment of the comment | |
| B1 | The comparison groups received the same care apart | |
| | from the intervention(s) studied | Yes |
| | | |
| B2 | Participants receiving care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| В3 | Individuals administering care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| Based | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely |
| | ion of its effect? | |
| | | |
| | High risk of bias | |
| | | |
| Likel | y direction of effect: Effect size bigger | |
| | , · · · · · · · · · · · · · · · · · · · | |
| | | |
| C. At | trition bias (systematic differences between the comparis | son groups with respect to loss of participants) |
| | | |
| C1 | | |
| C1 | All groups were followed up for an equal length of | |
| | time (or analysis was adjusted to allow for | Yes |
| | differences in length of follow-up) | |
| C2 | a. How many participants did not complete treatment: | in each group? |
| | Experimental group N: Not reported; Control group N | ~ · |
| | N randomised to groups not clear for subgroup analysis and only completer data reported | |
| | b. The groups were comparable for treatment | The second secon |
| | completion (that is, there were no important or | |
| | systematic differences between groups in terms of | Unclear |
| | those who did not complete treatment) | |
| C3 | For how many participants in each group were no outo | |
| CS | | |
| | Experimental group N: Not reported; Control group N | - |
| | N randomised to groups not clear for subgroup analys | is and only completer data reported |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups | Unclear |
| | in terms of those for whom outcome data were not | |
| | available). | |

| | on your answers to the above, in your opinion was attrion of its effect? | rition bias present? If so, what is the likely |
|--|---|--|
| | Unclear/unknown risk of bias | |
| Likely direction of effect: Unknown direction | | |
| | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | gnosed or verified) |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | |
| | Low risk of bias | |
| Likely direction of effect: Not applicable | | |

1.6.26HOLDEN1989

| Stud | y ID | HOLDEN1989 |
|---|---|---|
| Bibli | ographic reference: | |
| | en JM, Sagovsky R, Cox JL. Counselling in a general prac | ctice setting: controlled study of health visitor |
| | vention in treatment of postnatal depression. British Med | • |
| | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 |
| clinic | ral management and service guidance | - |
| Chec | klist completed by: Odette Megnin-Viggars | |
| A. Se | election bias (systematic differences between the compari | son groups) |
| A1 | An appropriate method of randomisation was used | |
| | to allocate participants to treatment groups (which | Yes (random numbers) |
| | would have balanced any confounding factors | res (random numbers) |
| | equally across groups) | |
| A2 | There was adequate concealment of allocation (such | Unclear (insufficient detail reported with |
| | that investigators, clinicians and participants cannot | regards to allocation concealment) |
| | influence enrolment or treatment allocation) | regards to unocution conceannenty |
| A3 | The groups were comparable at baseline, including | |
| | all major confounding and prognostic factors | Yes |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely | | |
| direc | tion of its effect? | |
| | | |
| | Low risk of bias | |
| Like | ly direction of effect: Not applicable | |
| | , II | |
| | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | |
|---|--|---|
| from the intervention under investigation) | | |
| | | |
| D4 | mt 1.d | |
| B1 | The comparison groups received the same care apart | |
| | from the intervention(s) studied | Yes |
| | | |
| B2 | Participants receiving care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| В3 | Individuals administering care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| Based | on your answers to the above, in your opinion was perf | ormance bias present? If so, what is the likely |
| direct | ion of its effect? | |
| | | |
| | High risk of bias | |
| | | |
| Likely | y direction of effect: Effect size bigger | |
| | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | |
| C. Att | rition bias (systematic differences between the comparis | on groups with respect to loss of participants) |
| | | |
| C1 | All groups were followed up for an equal length of | |
| | time (or analysis was adjusted to allow for | Yes |
| | differences in length of follow-up) | res |
| | | |
| C2 | a. How many participants did not complete treatment i | 0 1 |
| | Experimental group N: Not reported; Control group N | : Not reported |
| | b. The groups were comparable for treatment | |
| | completion (that is, there were no important or | Unclear |
| | systematic differences between groups in terms of | Cheleur |
| | those who did not complete treatment) | |
| C3 | For how many participants in each group were no outo | |
| | Experimental group N: Not reported; Control group N | : Not reported |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups | Unclear |
| | in terms of those for whom outcome data were not | |
| | available). | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | |
|--|---|----------------------------------|
| | Unclear/unknown risk of bias | |
| Likel | y direction of effect: Unknown direction | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | gnosed or verified) |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (blinded outcome assessment) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (blinded outcome assessment) |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely | | |
| airect | ion of its effect? | |
| | Low risk of bias | |
| Likely direction of effect: Not applicable | | |

1.6.27HONEY2002

| Stud | y ID | HONEY2002 |
|--------|---|--|
| Bibli | ographic reference: | |
| | ey KL, Bennett P, Morgan M. A brief psycho-educational | group intervention for postnatal depression. |
| | sh Journal of Clinical Psychology. 2002;41:405-409. | |
| | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 |
| clinic | ral management and service guidance | _ |
| Chec | klist completed by: Odette Megnin-Viggars | |
| A. Se | lection bias (systematic differences between the compari | son groups) |
| A1 | An appropriate method of randomisation was used | |
| | to allocate participants to treatment groups (which | Unclear (block randomisation, no further |
| | would have balanced any confounding factors | detail reported) |
| | equally across groups) | |
| A2 | There was adequate concealment of allocation (such | Unclear (insufficient detail was reported |
| | that investigators, clinicians and participants cannot | with regards to allocation concealment) |
| | influence enrolment or treatment allocation) | with regards to unocation conceanienty |
| A3 | The groups were comparable at baseline, including | |
| | all major confounding and prognostic factors | Yes |
| Base | l d on your answers to the above, in your opinion was sele | ection bias present? If so, what is the likely |
| direc | tion of its effect? | |
| | Unclear/unknown risk of bias | |
| | , - · · · · · · · · · · · · · · | |
| Like | y direction of effect: Unknown direction | |
| | | |
| | | |

| р р | f | . (1 | |
|--|--|--|--|
| B. Performance bias (systematic differences between groups in the care provided, apart | | | |
| from the intervention under investigation) | | | |
| | | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Yes | |
| | | 165 | |
| DO. | D 1 ./11: 1/. | | |
| B2 | Participants receiving care were kept 'blind' to | NT- | |
| | treatment allocation | No | |
| B3 | Individuals administering care ware bent 'blind' to | | |
| ВЗ | Individuals administering care were kept 'blind' to treatment allocation | No | |
| | treatment anocation | | |
| Based | l l on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely | |
| | tion of its effect? | ormanice dias present. It so, what is the interf | |
| | | | |
| | High risk of bias | | |
| | The tion of the | | |
| Likel | y direction of effect: Effect size bigger | | |
| | | | |
| | | | |
| C. At | trition bias (systematic differences between the comparis | son groups with respect to loss of participants) | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| Cı | time (or analysis was adjusted to allow for | | |
| | differences in length of follow-up) | Yes | |
| | differences in length of follow up) | | |
| C2 | a. How many participants did not complete treatment | in each group? | |
| | Experimental group N: 4; Control group N: 0 | | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | Yes | |
| | systematic differences between groups in terms of | 103 | |
| | those who did not complete treatment) | | |
| C3 | For how many participants in each group were no outo | come data available? | |
| | Experimental group N: 4; Control group N: 0 | | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Yes | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

| | on your answers to the above, in your opinion was attrion of its effect? | rition bias present? If so, what is the likely |
|--|---|---|
| | Low risk of bias | |
| Likely direction of effect: Not applicable | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | gnosed or verified) |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) |
| | on your answers to the above, in your opinion was det ion of its effect? | rection bias present? If so, what is the likely |
| | Low risk of bias | |
| Likely direction of effect: Not applicable | | |

1.6.28HOROWITZ2001

| Study | 7 ID | HOROWITZ2001 |
|---|--|---|
| Bibliographic reference: | | |
| Horowitz JA, Bell M, Trybulski J, Munro BH, Moser D, Hartz SA, et al. Promoting responsiveness between | | |
| mothers with depressive symptoms and their infants. Journal of Nursing Scholarship. 2001;33:323-329. | | |
| Guideline topic: Antenatal and postnatal mental health: Review question number: 4.1 | | |
| clinical management and service guidance | | |
| Checklist completed by: Odette Megnin-Viggars | | |
| A. Selection bias (systematic differences between the comparison groups) | | |
| A1 | An appropriate method of randomisation was used | |
| | to allocate participants to treatment groups (which | Unclear (randomisation method is unclear) |
| | would have balanced any confounding factors | |
| | equally across groups) | |
| A2 | There was adequate concealment of allocation (such | |
| | that investigators, clinicians and participants cannot | Yes (sealed envelope technique) |
| | influence enrolment or treatment allocation) | |
| A3 | The groups were comparable at baseline, including | |
| | all major confounding and prognostic factors | Yes |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely | | |
| direction of its effect? | | |
| | | |
| Unclear/unknown risk of bias | | |
| Likely direction of effect: Unknown direction | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | |
|---|--|---|
| from the intervention under investigation) | | |
| | | |
| D4 | m · 1.d | |
| B1 | The comparison groups received the same care apart | |
| | from the intervention(s) studied | Yes |
| | | |
| B2 | Participants receiving care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| В3 | Individuals administering care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| Based | on your answers to the above, in your opinion was perf | ormance bias present? If so, what is the likely |
| direct | ion of its effect? | |
| | | |
| | High risk of bias | |
| | | |
| Likely | y direction of effect: Effect size bigger | |
| | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | |
| C. Att | rition bias (systematic differences between the comparis | on groups with respect to loss of participants) |
| | | |
| C1 | All groups were followed up for an equal length of | |
| | time (or analysis was adjusted to allow for | Yes |
| | differences in length of follow-up) | les |
| | | |
| C2 | a. How many participants did not complete treatment i | 0 1 |
| | Experimental group N: Not reported; Control group N | : Not reported |
| | b. The groups were comparable for treatment | |
| | completion (that is, there were no important or | Unclear |
| | systematic differences between groups in terms of | |
| | those who did not complete treatment) | |
| C3 | For how many participants in each group were no outo | |
| | Experimental group N: Not reported; Control group N | : Not reported |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups | Unclear |
| | in terms of those for whom outcome data were not | |
| | available). | |

Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? Unclear/unknown risk of bias Likely direction of effect: Unknown direction D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) D1 The study had an appropriate length of follow-up Yes D2The study used a precise definition of outcome Yes D3 A valid and reliable method was used to determine Yes the outcome Investigators were kept 'blind' to participants' D4Yes (self-report or blinded outcome exposure to the intervention assessment) D5Investigators were kept 'blind' to other important Yes (self-report or blinded outcome confounding and prognostic factors assessment) Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? Low risk of bias Likely direction of effect: Not applicable

1.6.29KAAYA2013

| Stud | y ID | KAAYA2013 | |
|--|---|--|--|
| D:1.1: | 1: 6 | | |
| | ographic reference: | | |
| | ra SF, Blander J, Antelman G, Cyprian F, Emmons KM, M | | |
| | evaluating the effect of an interactive group counseling is | - | |
| - | atal depression and disclosure of HIV status. AIDS Care: | Psychological and Socio-medical Aspects of | |
| | 6/HIV. 2013;25:854-862. | | |
| Guid | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 | |
| clinic | al management and service guidance | | |
| Chec | klist completed by: Odette Megnin-Viggars | | |
| A. Se | lection bias (systematic differences between the compari | son groups) | |
| A1 | An appropriate method of randomisation was used | | |
| | to allocate participants to treatment groups (which | Yes (random number table) | |
| | would have balanced any confounding factors | res (random number table) | |
| | equally across groups) | | |
| A2 | There was adequate concealment of allocation (such | | |
| | that investigators, clinicians and participants cannot | Yes (sealed envelopes) | |
| | influence enrolment or treatment allocation) | | |
| A3 | The groups were comparable at baseline, including | | |
| | all major confounding and prognostic factors | Yes | |
| Based | d on your answers to the above, in your opinion was sele | ection bias present? If so, what is the likely | |
| direction of its effect? | | | |
| Low risk of bias | | | |
| LOW 115K OI DIGS | | | |
| Likely direction of effect: Not applicable | | | |
| | | | |
| İ | | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | |
|---|---|---|
| from the intervention under investigation) | | |
| | | |
| D4 | m · 1.d | |
| B1 | The comparison groups received the same care apart | |
| | from the intervention(s) studied | Yes |
| | | |
| B2 | Participants receiving care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| В3 | Individuals administering care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| Based | on your answers to the above, in your opinion was perf | ormance bias present? If so, what is the likely |
| direct | ion of its effect? | |
| | | |
| | High risk of bias | |
| | | |
| Likely | y direction of effect: Effect size bigger | |
| | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | |
| C. All | indoit bias (systematic differences between the compans | on groups with respect to loss of participants) |
| | | |
| C1 | All groups were followed up for an equal length of | |
| | time (or analysis was adjusted to allow for | Yes |
| | differences in length of follow-up) | |
| C2 | TT | 1 2 |
| C2 | a. How many participants did not complete treatment in | in each group? |
| | Experimental group N: 49; Control group N: 55 | |
| | b. The groups were comparable for treatment | |
| | completion (that is, there were no important or | Yes |
| | systematic differences between groups in terms of | |
| | those who did not complete treatment) | 1. 1110 |
| C3 | For how many participants in each group were no outc | ome data available? |
| | Experimental group N: 71; Control group N: 72 | |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups | Yes |
| | in terms of those for whom outcome data were not | |
| | available). | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | | |
|---|---|--|--|
| direction of its effect? | | | |
| | Low risk of bias | | |
| Likel | y direction of effect: Not applicable | | |
| | | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | nosed or verified) | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) | |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) | |
| | on your answers to the above, in your opinion was det | ection bias present? If so, what is the likely | |
| direction of its effect? | | | |
| Low risk of bias | | | |
| Likely direction of effect: Not applicable | | | |
| | | | |

1.6.30KERSTING2011

| Study | y ID | KERSTING2011 |
|--|--|---|
| | | |
| Biblio | ographic reference: | |
| | ing A, Kroker K, Schlicht S, Baust K, Wagner B. Efficacy | e |
| | py in parents after the loss of a child during pregnancy: | pilot data from a randomised controlled trial. |
| Arch | ives of Womens Mental Health. 2011;14:465-477. | |
| Guid | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 |
| clinic | al management and service guidance | |
| Chec | klist completed by: Odette Megnin-Viggars | |
| A. Se | lection bias (systematic differences between the compari | ison groups) |
| A1 | An appropriate method of randomisation was used to allocate participants to treatment groups (which | Yes (block randomization using a random |
| | would have balanced any confounding factors equally across groups) | number table) |
| A2 | There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation) | Unclear (insufficient detail reported with regards to allocation concealment) |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Yes |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | |
| Low risk of bias | | |
| Likely direction of effect: Not applicable | | |

| P. Danfarmana his (anatomatic differences between groups in the area growing ded a gent | | |
|---|--|--|
| B. Performance bias (systematic differences between groups in the care provided, apart | | |
| from the intervention under investigation) | | |
| | | |
| B1 | The comparison groups received the same care apart | |
| | from the intervention(s) studied | Yes |
| | | |
| B2 | Participants receiving care were kept 'blind' to | |
| DZ | treatment allocation | No |
| | irealiteit anocation | |
| В3 | Individuals administering care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| Basec | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely |
| direct | tion of its effect? | |
| | | |
| | High risk of bias | |
| | | |
| Likel | y direction of effect: Effect size bigger | |
| | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | |
| C. 11t | union bias (systematic afferences between the comparis | on groups with respect to loss of participants) |
| | | |
| C1 | All groups were followed up for an equal length of | |
| | time (or analysis was adjusted to allow for | Yes |
| | differences in length of follow-up) | |
| C2 | a. How many participants did not complete treatment | in each group? |
| CZ | Experimental group N: 12; Control group N: 7 | in each group. |
| | b. The groups were comparable for treatment | |
| | completion (that is, there were no important or | |
| | systematic differences between groups in terms of | Yes |
| | those who did not complete treatment) | |
| C3 | For how many participants in each group were no outc | l come data available? |
| | Experimental group N: 15; Control group N: 9 | over the terms of the second o |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups | Yes |
| | in terms of those for whom outcome data were not | |
| | available). | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | | |
|---|---|--|--|
| direct | direction of its effect? | | |
| | Low risk of bias | | |
| Likel | y direction of effect: Not applicable | | |
| | | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | nosed or verified) | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) | |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) | |
| | on your answers to the above, in your opinion was det | ection bias present? If so, what is the likely | |
| direction of its effect? | | | |
| Low risk of bias | | | |
| Likely direction of effect: Not applicable | | | |
| | | | |

1.6.31KOZINSZKY2012

| Study | ·ID | KOZINSZKY2012 |
|--|---|--|
| | | |
| Biblic | graphic reference: | |
| Kozir | szky Z, Dudas RB, Devosa I, Csatordai S, Tóth É, Szabó | D, et al. Can a brief antepartum preventive |
| group | intervention help reduce postpartum depressive symp | tomatology? Psychotherapy and |
| Psych | osomatics. 2012;81:98-107. | |
| Guide | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 |
| clinic | al management and service guidance | |
| Checl | klist completed by: Odette Megnin-Viggars | |
| A. Sel | ection bias (systematic differences between the compari | son groups) |
| A1 | An appropriate method of randomisation was used | |
| | to allocate participants to treatment groups (which | Yes (randomised using appropriate |
| | would have balanced any confounding factors | software) |
| | equally across groups) | |
| A2 | There was adequate concealment of allocation (such | |
| | that investigators, clinicians and participants cannot | Yes (centralised allocation) |
| | influence enrolment or treatment allocation) | |
| A3 | The groups were comparable at baseline, including | |
| | all major confounding and prognostic factors | Yes |
| Based | lon your answers to the above, in your opinion was sele | ection bias present? If so, what is the likely |
| direction of its effect? | | |
| Low risk of bias | | |
| | | |
| Likely direction of effect: Not applicable | | |
| | | |
| | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | | |
|---|--|---|--|
| from the intervention under investigation) | | | |
| | | | |
| D4 | mt 1.d | | |
| B1 | The comparison groups received the same care apart | Yes | |
| | from the intervention(s) studied | 163 | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| Based | on your answers to the above, in your opinion was perf | ormance bias present? If so, what is the likely | |
| direct | ion of its effect? | | |
| | | | |
| | High risk of bias | | |
| | | | |
| Likely | y direction of effect: Effect size bigger | | |
| | | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | | |
| C. All | indon bias (systematic differences between the companis | on groups with respect to loss of participants) | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | | |
| C2 | a Uava many nauticinante did not complete tractment | in each arroun? | |
| C2 | a. How many participants did not complete treatment i Experimental group N: Not reported; Control group N | 0 1 | |
| | | . Not reported | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or systematic differences between groups in terms of | Unclear | |
| | 9 1 | | |
| C2 | those who did not complete treatment) | omo data available? | |
| C3 | For how many participants in each group were no outc | | |
| | Experimental group N: Not reported; Control group N | : Not reported | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | TT::-1 | |
| | important or systematic differences between groups | Unclear | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | | |
|--|---|----------------------------------|--|
| direct | direction of its effect? | | |
| Unclear/unknown risk of bias | | | |
| Likel | y direction of effect: Unknown direction | | |
| | | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | nosed or verified) | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (blinded outcome assessment) | |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (blinded outcome assessment) | |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | | |
| Low risk of bias | | | |
| Likely direction of effect: Not applicable | | | |

1.6.32LE2011

| Study | 'ID | LE2011 |
|---|--|---|
| | | |
| Biblio | graphic reference: | |
| | N, Perry DF, Stuart EA. Randomized controlled trial of a | 1 |
| | ession in high-risk Latinas. Journal of Consulting and Cli | nical Psychology. 2011;79:135-141. |
| Guid | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 |
| clinic | al management and service guidance | |
| Checl | klist completed by: Odette Megnin-Viggars | |
| A. Se | ection bias (systematic differences between the compari- | son groups) |
| A1 | An appropriate method of randomisation was used | |
| | to allocate participants to treatment groups (which | Unclear (randomisation method is unclear) |
| | would have balanced any confounding factors | Officieal (fandomisation metrod is unclear) |
| | equally across groups) | |
| A2 | There was adequate concealment of allocation (such | |
| | that investigators, clinicians and participants cannot | Yes (sealed envelope) |
| | influence enrolment or treatment allocation) | |
| A3 | The groups were comparable at baseline, including | |
| | all major confounding and prognostic factors | Yes |
| Basec | lon your answers to the above, in your opinion was sele | ction bias present? If so, what is the likely |
| direction of its effect? | | |
| Harden (and a sum sigh of his | | |
| Unclear/unknown risk of bias | | |
| Likely direction of effect: Unknown direction | | |
| | - | |
| | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | |
|---|---|---|
| from the intervention under investigation) | | |
| | | |
| D4 | m . 1d | |
| B1 | The comparison groups received the same care apart | |
| | from the intervention(s) studied | Yes |
| | | |
| B2 | Participants receiving care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| В3 | Individuals administering care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| Based | on your answers to the above, in your opinion was perf | ormance bias present? If so, what is the likely |
| direct | ion of its effect? | |
| | | |
| | High risk of bias | |
| | | |
| Likely | y direction of effect: Effect size bigger | |
| | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | |
| C. All | rtion bias (systematic differences between the comparis | on groups with respect to loss of participants) |
| | | |
| C1 | All groups were followed up for an equal length of | |
| | time (or analysis was adjusted to allow for | Yes |
| | differences in length of follow-up) | 165 |
| C2 | TT | |
| C2 | a. How many participants did not complete treatment i | in each group? |
| | Experimental group N: 6; Control group N: 8 | |
| | b. The groups were comparable for treatment | |
| | completion (that is, there were no important or | Yes |
| | systematic differences between groups in terms of | |
| | those who did not complete treatment) | 1 |
| C3 | For how many participants in each group were no outc | ome data available? |
| | Experimental group N: 18; Control group N: 13 | |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups | Yes |
| | in terms of those for whom outcome data were not | |
| | available). | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | |
|---|---|--|
| direction of its effect? | | |
| Low risk of bias | | |
| Likely | y direction of effect: Not applicable | |
| | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | nosed or verified) |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (blinded outcome assessment) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (blinded outcome assessment) |
| | on your answers to the above, in your opinion was dete | ection bias present? If so, what is the likely |
| direction of its effect? | | |
| Low risk of bias | | |
| Likely direction of effect: Not applicable | | |

1.6.33LETOURNEAU2011

| Study | ID | LETOURNEAU2011 |
|---|--|--|
| Biblio | graphic reference: | |
| | rneau N, Stewart M, Dennis C-L, Hegadoren K, Duffett | -Leger L, Watson B. Effect of home-based peer |
| | ort on maternal-infant interactions among women with p | - |
| | olled trial. International Journal of Mental Health Nursii | |
| Guide | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 |
| clinica | al management and service guidance | |
| Check | clist completed by: Odette Megnin-Viggars | |
| A. Sel | ection bias (systematic differences between the compari | son groups) |
| A1 | An appropriate method of randomisation was used | |
| | to allocate participants to treatment groups (which | I had a surface description and the discondern |
| | would have balanced any confounding factors | Unclear (randomisation method is unclear) |
| | equally across groups) | |
| A2 | There was adequate concealment of allocation (such | |
| | that investigators, clinicians and participants cannot | Yes (opaque sealed envelopes) |
| | influence enrolment or treatment allocation) | |
| A3 | The groups were comparable at baseline, including | |
| | all major confounding and prognostic factors | Yes |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely | | |
| direction of its effect? | | |
| Unclear/unknown risk of bias | | |
| Likely direction of effect: Unknown direction | | |
| - | • | |

| | B. Performance bias (systematic differences between groups in the care provided, apart | | |
|---|--|--|--|
| | | | |
| from the intervention under investigation) | | | |
| | | | |
| B1 The comparison groups received the same care apart | | | |
| from the intervention(s) studied Yes | | | |
| | | | |
| B2 Participants receiving care were kept 'blind' to | | | |
| treatment allocation No | | | |
| | | | |
| B3 Individuals administering care were kept 'blind' to | | | |
| treatment allocation No | | | |
| | | | |
| Based on your answers to the above, in your opinion was performance by | as present? If so, what is the likely | | |
| direction of its effect? | | | |
| | | | |
| High risk of bias | | | |
| | | | |
| Likely direction of effect: Effect size bigger | | | |
| | | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | | |
| C. Attrition bias (systematic unferences between the comparison groups | with respect to loss of participants) | | |
| | | | |
| C1 All groups were followed up for an equal length of | | | |
| | | | |
| time (or analysis was adjusted to allow for Yes | | | |
| time (or analysis was adjusted to allow for differences in length of follow-up) | | | |
| differences in length of follow-up) | un? | | |
| differences in length of follow-up) C2 a. How many participants did not complete treatment in each gro | - | | |
| differences in length of follow-up) C2 a. How many participants did not complete treatment in each groen Experimental group N: Not reported; Control group N: Not reported. | - | | |
| differences in length of follow-up) C2 a. How many participants did not complete treatment in each groen Experimental group N: Not reported; Control group N: Not report b. The groups were comparable for treatment completion (that is, there were no important or | - | | |
| differences in length of follow-up) C2 a. How many participants did not complete treatment in each groen Experimental group N: Not reported; Control group N: Not reported. The groups were comparable for treatment completion (that is, there were no important or Linclear Control group N: Not reported. | - | | |
| differences in length of follow-up) C2 a. How many participants did not complete treatment in each groest Experimental group N: Not reported; Control group N: Not reported. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of | - | | |
| differences in length of follow-up) C2 a. How many participants did not complete treatment in each gro Experimental group N: Not reported; Control group N: Not report b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) Unclear | ted | | |
| differences in length of follow-up) C2 a. How many participants did not complete treatment in each groest Experimental group N: Not reported; Control group N: Not reported. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) C3 For how many participants in each group were no outcome data as | vailable? | | |
| differences in length of follow-up) C2 a. How many participants did not complete treatment in each gro Experimental group N: Not reported; Control group N: Not reported. b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) C3 For how many participants in each group were no outcome data at Experimental group N: Not reported; Control group N: Not reported. | vailable? | | |
| differences in length of follow-up) C2 a. How many participants did not complete treatment in each groest Experimental group N: Not reported; Control group N: Not reported. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) C3 For how many participants in each group were no outcome data at Experimental group N: Not reported; Control group N: Not reported. The groups were comparable with respect to the | vailable? | | |
| differences in length of follow-up) C2 a. How many participants did not complete treatment in each groest Experimental group N: Not reported; Control group N: Not reported. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) C3 For how many participants in each group were no outcome data at Experimental group N: Not reported; Control group N: Not reported. The groups were comparable with respect to the availability of outcome data (that is, there were no | vailable? | | |
| differences in length of follow-up) C2 a. How many participants did not complete treatment in each groest Experimental group N: Not reported; Control group N: Not reported. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) C3 For how many participants in each group were no outcome data at Experimental group N: Not reported; Control group N: Not reported. The groups were comparable with respect to the | vailable? | | |

Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? Unclear/unknown risk of bias Likely direction of effect: Unknown direction D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) D1 The study had an appropriate length of follow-up Yes D2The study used a precise definition of outcome Yes D3 A valid and reliable method was used to determine Yes the outcome Investigators were kept 'blind' to participants' D4Yes (self-report or blinded outcome exposure to the intervention assessment) D5Investigators were kept 'blind' to other important Yes (self-report or blinded outcome confounding and prognostic factors assessment) Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? Low risk of bias Likely direction of effect: Not applicable

1.6.34LEUNG2012

| Study | , ID | LEUNG2012 |
|--|---|--|
| Study | 10 | ELONGZOIZ |
| Biblio | graphic reference: | |
| | g SS, Lam TH. Group antenatal intervention to reduce pe | erinatal stress and depressive symptoms |
| ' | d to intergenerational conflicts: a randomised controlled | 1 , 1 |
| | es. 2012;49:1391-1402. | and the state of t |
| Guide | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 |
| clinic | al management and service guidance | |
| Checl | klist completed by: Odette Megnin-Viggars | |
| A. Sel | ection bias (systematic differences between the compari | son groups) |
| | | 0 1 - 7 |
| A1 | An appropriate method of randomisation was used | N (1) (1) |
| | to allocate participants to treatment groups (which | Yes (list of random sequences generated by |
| | would have balanced any confounding factors | computer) |
| | equally across groups) | |
| A2 | There was adequate concealment of allocation (such | Yes (serially numbered opaque sealed |
| | that investigators, clinicians and participants cannot | envelopes) |
| | influence enrolment or treatment allocation) | envelopes) |
| A3 | The groups were comparable at baseline, including | |
| | all major confounding and prognostic factors | Yes |
| | | |
| Basec | on your answers to the above, in your opinion was sele | ction bias present? If so, what is the likely |
| direction of its effect? | | |
| | | |
| Low risk of bias | | |
| | | |
| Likely direction of effect: Not applicable | | |
| | | |
| | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | |
|---|---|---|
| from the intervention under investigation) | | |
| | | |
| D4 | m · 1.d | |
| B1 | The comparison groups received the same care apart | |
| | from the intervention(s) studied | Yes |
| | | |
| B2 | Participants receiving care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| В3 | Individuals administering care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| Based | on your answers to the above, in your opinion was perf | ormance bias present? If so, what is the likely |
| direct | ion of its effect? | |
| | | |
| | High risk of bias | |
| | | |
| Likely | y direction of effect: Effect size bigger | |
| | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | |
| C. All | rtion bias (systematic differences between the comparis | on groups with respect to loss of participants) |
| | | |
| C1 | All groups were followed up for an equal length of | |
| | time (or analysis was adjusted to allow for | Yes |
| | differences in length of follow-up) | 165 |
| C2 | TT | |
| C2 | a. How many participants did not complete treatment i | in each group? |
| | Experimental group N: 7; Control group N: 2 | |
| | b. The groups were comparable for treatment | |
| | completion (that is, there were no important or | Yes |
| | systematic differences between groups in terms of | |
| | those who did not complete treatment) | 1 |
| C3 | For how many participants in each group were no outc | ome data available? |
| | Experimental group N: 7; Control group N: 2 | |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups | Yes |
| | in terms of those for whom outcome data were not | |
| | available). | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | |
|--|---|---------------------|
| Low risk of bias | | |
| Likely direction of effect: Not applicable | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | gnosed or verified) |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | |
| Low risk of bias | | |
| Likely direction of effect: Not applicable | | |

1.6.35MILGROM2005B

| Study | y ID | MILGROM2005B |
|---|---|--|
| Biblio | ographic reference: | |
| | om J, Negri LM, Gemmill AW, McNeil M, Martin PR. A | randomised controlled trial of psychological |
| _ | ventions for postnatal depression. British Journal of Clin | |
| | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 |
| clinic | al management and service guidance | |
| Chec | klist completed by: Odette Megnin-Viggars | |
| A. Se | lection bias (systematic differences between the compari | son groups) |
| A1 | An appropriate method of randomisation was used | Unclear (coded slips of paper drawn from a |
| | to allocate participants to treatment groups (which | bag, paper reports that individual |
| | would have balanced any confounding factors | randomisation was unsuitable and |
| | equally across groups) | recruitment randomised in cycles) |
| A2 | There was adequate concealment of allocation (such | Yes (paper reports 'all potential participants |
| | that investigators, clinicians and participants cannot | were kept blinded to treatment until the |
| | influence enrolment or treatment allocation) | point of allocation') |
| A3 | The groups were comparable at baseline, including | |
| | all major confounding and prognostic factors | Yes |
| Based | l I on your answers to the above, in your opinion was sele | ection bias present? If so, what is the likely |
| direction of its effect? | | |
| Unclear/unknown risk of bias | | |
| Likely direction of effect: Unknown direction | | |

| B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation) | | | |
|---|---|---|--|
| nom the fact vertical traces have algorithms. | | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Yes | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | N. | |
| | treatment allocation | No | |
| Based | Lon your answers to the above, in your opinion was perf | ormance bias present? If so, what is the likely | |
| | ion of its effect? | | |
| | | | |
| | High risk of bias | | |
| T '11. | - Almost an acceptant P(Cost along Livers | | |
| Likei | Likely direction of effect: Effect size bigger | | |
| | | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | | |
| C2 | a. How many participants did not complete treatment | l in each group? | |
| | Experimental group N: 52 (combined 3 treatment arms | 0 1 | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | Yes | |
| | systematic differences between groups in terms of | 103 | |
| | those who did not complete treatment) | | |
| C3 | For how many participants in each group were no outo | | |
| | Experimental group N: 56 (combined 3 treatment arms |); Control group N: 33 | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Yes | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | |
|---|---|--|
| direction of its effect? | | |
| Low risk of bias | | |
| Likely | y direction of effect: Not applicable | |
| | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | nosed or verified) |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (blinded outcome assessment) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (blinded outcome assessment) |
| | on your answers to the above, in your opinion was dete | ection bias present? If so, what is the likely |
| direction of its effect? | | |
| Low risk of bias | | |
| Likely direction of effect: Not applicable | | |

1.6.36MILGROM2011A

| Study | 'ID | MILGROM2011A |
|--|---|--|
| Biblio | graphic reference: | |
| | om J, Schembri C, Ericksen J, Ross J, Gemmill AW. Tow | ards parenthood: an antenatal intervention to |
| | e depression, anxiety and parenting difficulties. Journal | 1 |
| | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 |
| | al management and service guidance | 1 |
| | klist completed by: Odette Megnin-Viggars | |
| A. Sel | ection bias (systematic differences between the compari | son groups) |
| A1 | An appropriate method of randomisation was used | |
| | to allocate participants to treatment groups (which | Yes (variable-length permuted block |
| | would have balanced any confounding factors | randomised treatment allocation schedule) |
| | equally across groups) | |
| A2 | There was adequate concealment of allocation (such | |
| | that investigators, clinicians and participants cannot | Yes (centralised allocation) |
| | influence enrolment or treatment allocation) | |
| A3 | The groups were comparable at baseline, including | |
| | all major confounding and prognostic factors | Yes |
| Based | l I on your answers to the above, in your opinion was sele | ection bias present? If so, what is the likely |
| direction of its effect? | | |
| | | |
| Low risk of bias | | |
| Likely direction of effect: Not applicable | | |
| | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | | |
|--|---|--|--|
| from the intervention under investigation) | | | |
| Tion the intervention tritter investigation) | | | |
| | | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Yes | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| Based | on your answers to the above, in your opinion was perf | ormance bias present? If so, what is the likely | |
| direct | ion of its effect? | | |
| | | | |
| | High risk of bias | | |
| | | | |
| Likel | y direction of effect: Effect size bigger | | |
| | | | |
| C 14 | witing him (anatomatic differences between the communic | are an experience with many act to loop of month in each | |
| C. Att | trition bias (systematic differences between the comparis | on groups with respect to loss of participants) | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | 103 | |
| | | | |
| C2 | a. How many participants did not complete treatment i | in each group? | |
| | Experimental group N: 15; Control group N: 0 | | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | Yes | |
| | systematic differences between groups in terms of | | |
| | those who did not complete treatment) | | |
| C3 | For how many participants in each group were no outc | come data available? | |
| | Experimental group N: 24; Control group N: 30 | | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Yes | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | |
|--|---|--|
| Low risk of bias | | |
| Likely direction of effect: Not applicable | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | nosed or verified) |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Unclear (identity and blinding of outcome assessor/s not reported) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Unclear (identity and blinding of outcome assessor/s not reported) |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | |
| Unclear/unknown risk of bias | | |
| Likely direction of effect: Unknown direction | | |

1.6.37MILGROM2011B

| Study | ID | MILGROM2011B |
|--|---|--|
| | | |
| | ographic reference: | |
| | om J, Holt CJ, Gemmill AW, Ericksen J, Leigh B, Buist A | |
| | otoms in primary care: a randomised controlled trial of C | GP management, with and without adjunctive |
| | selling. BMC Psychiatry. 2011b;11:95. | |
| | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 |
| clinic | al management and service guidance | |
| Chec | klist completed by: Odette Megnin-Viggars | |
| A. Se | lection bias (systematic differences between the compari | ison groups) |
| A1 | An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors | Unclear (randomisation method is unclear) |
| A2 | equally across groups) There was adequate concealment of allocation (such | |
| AZ | that investigators, clinicians and participants cannot influence enrolment or treatment allocation) | Yes (centralised allocation) |
| A3 | The groups were comparable at baseline, including | |
| | all major confounding and prognostic factors | Yes |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | |
| Unclear/unknown risk of bias | | |
| Likely direction of effect: Unknown direction | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | | |
|---|---|---|--|
| from the intervention under investigation) | | | |
| | | | |
| D4 | m · 1.d | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Yes | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| Based | on your answers to the above, in your opinion was perf | ormance bias present? If so, what is the likely | |
| direct | ion of its effect? | | |
| | | | |
| | High risk of bias | | |
| | | | |
| Likely | y direction of effect: Effect size bigger | | |
| | | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | | |
| C. All | rtion bias (systematic differences between the comparis | on groups with respect to loss of participants) | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | 163 | |
| 00 | | | |
| C2 | a. How many participants did not complete treatment i | | |
| | Experimental group N: 13 (combined 2 treatment arms |); Control group N: 6 | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | Yes | |
| | systematic differences between groups in terms of | | |
| | those who did not complete treatment) | 1 | |
| C3 | For how many participants in each group were no outcome data available? | | |
| | Experimental group N: 11 (combined 2 treatment arms |); Control group N: 8 | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Yes | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | | | |
|--|---|---------------------|--|--|
| | Low risk of bias | | | |
| Likely | Likely direction of effect: Not applicable | | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | gnosed or verified) | | |
| D1 | The study had an appropriate length of follow-up | Yes | | |
| D2 | The study used a precise definition of outcome | Yes | | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) | | |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) | | |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | | | |
| Low risk of bias | | | | |
| Likely direction of effect: Not applicable | | | | |

1.6.38MISRI2000

| Stud | y ID | MISRI2000 | | | |
|---|---|--|--|--|--|
| Biblio | Bibliographic reference: | | | | |
| | i S, Kostaras X, Fox D, Kostaras D. The impact of partner | support in the treatment of postpartum | | | |
| | ession. Canadian Journal of Psychiatry. 2000;45:554-558. | r | | | |
| | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 | | | |
| | ral management and service guidance | | | | |
| Chec | klist completed by: Odette Megnin-Viggars | | | | |
| A. Se | election bias (systematic differences between the compari | son groups) | | | |
| A1 | An appropriate method of randomisation was used | | | | |
| | to allocate participants to treatment groups (which | I I along (wan domination months die genelaar) | | | |
| | would have balanced any confounding factors | Unclear (randomisation method is unclear) | | | |
| | equally across groups) | | | | |
| A2 | There was adequate concealment of allocation (such | Unclear (insufficient detail reported with | | | |
| | that investigators, clinicians and participants cannot | regards to allocation concealment) | | | |
| | influence enrolment or treatment allocation) | regards to anocation conceannent) | | | |
| A3 | The groups were comparable at baseline, including | | | | |
| | all major confounding and prognostic factors | Yes | | | |
| Based | Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely | | | | |
| direction of its effect? | | | | | |
| | | | | | |
| Unclear/unknown risk of bias | | | | | |
| Likely direction of effect: Unknown direction | | | | | |
| | | | | | |
| | | | | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | | |
|---|--|---|--|
| from the intervention under investigation) | | | |
| | | | |
| D4 | mt 1.d | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Yes | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| Based | on your answers to the above, in your opinion was perf | ormance bias present? If so, what is the likely | |
| direct | ion of its effect? | | |
| | | | |
| | High risk of bias | | |
| | | | |
| Likely | y direction of effect: Effect size bigger | | |
| | | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | | |
| C. Att | rition bias (systematic differences between the comparis | on groups with respect to loss of participants) | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | Tes | |
| | | | |
| C2 | a. How many participants did not complete treatment | in each group? | |
| | Experimental group N: 0 Control group N: 0 | | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | Yes | |
| | systematic differences between groups in terms of | | |
| | those who did not complete treatment) | | |
| C3 | For how many participants in each group were no outo | rome data available? | |
| | Experimental group N: 0; Control group N: 0 | | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Yes | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?

Low risk of bias

Likely direction of effect: Not applicable

| D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | |
|---|---|--|
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Different for different outcomes: Yes for EPDS and Kellner Symptom Questionnaire (self-report); Unclear for MINI (identity and blinding of outcome assessor unclear |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Different for different outcomes: Yes for EPDS and Kellner Symptom Questionnaire (self-report); Unclear for MINI (identity and blinding of outcome assessor unclear) |

Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?

Different for different outcomes: Low risk of bias for EPDS and Kellner Symptom Questionnaire; Unclear/unknown risk of bias for MINI

Likely direction of effect: Unknown direction where risk of bias unclear

1.6.39MORRELL2009A/2009B/2011/BRUGHA2011

| Stud | y ID | MORRELL2009A/2009B/2011/BRUGHA2011 | | |
|--|---|--|--|--|
| Biblio | ographic reference: | | | |
| | ell CJ, Warner R, Slade P, Dixon S, Walters S, Paley G, o | et al. Psychological interventions for postnatal | | |
| | ession: cluster randomised trial and economic evaluation | | | |
| _ | ssment. 2009a;13:No. 30. | | | |
| | | | | |
| traini | Morrell CJ, Slade P, Warner R, Paley G, Dixon S, Walters SJ, et al. Clinical effectiveness of health visitor training in psychologically informed approaches for depression in postnatal women: pragmatic cluster randomised trial in primary care. BMJ. 2009b;338:a3045. | | | |
| Morr | ell CJ, Ricketts T, Tudor K, Williams C, Curran J, Barkh | nam M. Training health visitors in cognitive | | |
| | vioural and person-centred approaches for depression: | | | |
| | omised trial and economic evaluation in primary care: | - | | |
| | arch and Development. 2011;12:11-20. | , | | |
| | | | | |
| Brug | ha TS, Morrell CJ, Slade P, Walters SJ. Universal prever | ntion of depression in women postnatally: | | |
| cluste | er randomised trial evidence in primary care. Psycholo | _ | | |
| | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 | | |
| | al management and service guidance | | | |
| Chec | klist completed by: Odette Megnin-Viggars | | | |
| A. Se | lection bias (systematic differences between the compa | rison groups) | | |
| A1 | An appropriate method of randomisation was used | | | |
| | to allocate participants to treatment groups (which | Voc (computer randomication programma) | | |
| | would have balanced any confounding factors | Yes (computer randomisation programme) | | |
| | equally across groups) | | | |
| A2 | There was adequate concealment of allocation | | | |
| | (such that investigators, clinicians and participants | Yes (sequence was concealed to clusters) | | |
| | cannot influence enrolment or treatment allocation) | | | |
| A3 | The groups were comparable at baseline, including | | | |
| | all major confounding and prognostic factors | Yes | | |
| Bassa | l on your answers to the above, in your opinion was se | laction him present? If so what is the likely | | |
| | tion of its effect? | rection bias present: It so, what is the likely | | |
| unec | unection of its effect: | | | |
| Low risk of bias | | | | |
| Likely direction of effect: Not applicable | | | | |
| | | | | |
| | | | | |
| | | | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | | |
|--|---|---|--|
| from the intervention under investigation) | | | |
| | | | |
| B1 | The comparison groups received the same care | | |
| DI | apart from the intervention(s) studied | V | |
| | upart from the finervention(s) statica | Yes | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| | on your answers to the above, in your opinion was pe | rformance bias present? If so, what is the likely | |
| direct | ion of its effect? | | |
| | | | |
| | High risk of bias | | |
| | | | |
| Likel | y direction of effect: Effect size bigger | | |
| | | | |
| C AH | crition bias (systematic differences between the compar | ican groups with respect to loss of participants) | |
| C. All | Thion bias (systematic unferences between the compar | ison groups with respect to loss of participants) | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | | |
| C2 | TT (* * 1.1) 1 () | | |
| C2 | a. How many participants did not complete treatmen | 0 1 | |
| | Experimental group N: 130 (combined 2 treatment arm | ms); Control group N: 44 | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | Yes | |
| | systematic differences between groups in terms of | | |
| <i>C</i> 2 | those who did not complete treatment) | | |
| C3 | For how many participants in each group were no ou | | |
| | Experimental group N: 130 (combined 2 treatment ar | ms); Control group N: 44 | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between | Yes | |
| | groups in terms of those for whom outcome data | | |
| | were not available). | | |

 ${\it Clinical\ evidence-completed\ methodology\ checklists}$

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | |
|--|--|--|
| | | |
| Low risk of bias | | |
| Likely direction of effect: Not applicable | | |
| | | |
| | | |

| D1 | The study had an appropriate length of follow-up | Yes |
|----|---|---|
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) |
| | d on your answers to the above, in your opinion was de tion of its effect? | tection bias present? If so, what is the likely |

Low risk of bias

Likely direction of effect: Not applicable

1.6.40MULCAHY2010

| Study | · ID | MULCAHY2010 | | | |
|--|--|---|--|--|--|
| | | | | | |
| Biblio | Bibliographic reference: | | | | |
| Mulca | ahy R, Reay RE, Wilkinson RB, Owen C. A randomised | control trial for the effectiveness of group | | | |
| interp | personal psychotherapy for postnatal depression. Archiv | res of Women's Mental Health. 2010;13:125- | | | |
| 139. | | | | | |
| Guide | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 | | | |
| clinica | al management and service guidance | | | | |
| Check | klist completed by: Odette Megnin-Viggars | | | | |
| A. Sel | ection bias (systematic differences between the compari | son groups) | | | |
| A1 | An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups) | Yes (computerised randomisation schedule generated using the PHT system [Shadbolt et al. 2004]) | | | |
| A2 | There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation) | Unclear (Insufficient detail reported with regards to allocation concealment) | | | |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Yes | | | |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | | | | |
| Low risk of bias | | | | | |
| Likely direction of effect: Not applicable | | | | | |

| B. Per | formance bias (systematic differences between groups ir | n the care provided, apart |
|--------|---|---|
| from t | the intervention under investigation) | |
| | | |
| D1 | 771 | |
| B1 | The comparison groups received the same care apart | |
| | from the intervention(s) studied | Yes |
| | | |
| B2 | Participants receiving care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| В3 | Individuals administering care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| Based | on your answers to the above, in your opinion was perf | ormance bias present? If so, what is the likely |
| direct | ion of its effect? | |
| | | |
| | High risk of bias | |
| | | |
| Likely | y direction of effect: Effect size bigger | |
| | | |
| C 14 | wition him (material ifference hat man the communication) | on any work to look of most in out. |
| C. Att | rition bias (systematic differences between the comparis | on groups with respect to loss of participants) |
| | | |
| C1 | All groups were followed up for an equal length of | |
| | time (or analysis was adjusted to allow for | Yes |
| | differences in length of follow-up) | 165 |
| | | |
| C2 | a. How many participants did not complete treatment i | in each group? |
| | Experimental group N: 7; Control group N: 2 | |
| | b. The groups were comparable for treatment | |
| | completion (that is, there were no important or | Yes |
| | systematic differences between groups in terms of | |
| | those who did not complete treatment) | |
| C3 | For how many participants in each group were no outc | ome data available? |
| | Experimental group N: 6; Control group N: 1 | |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups | Yes |
| | in terms of those for whom outcome data were not | |
| | available). | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? |
|--|
| Low risk of bias |
| Likely direction of effect: Not applicable |
| |

| D1 | The study had an appropriate length of follow-up | Yes |
|----|---|---|
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) |
| | d on your answers to the above, in your opinion was detion of its effect? | tection bias present? If so, what is the likely |

Low risk of bias

1.6.41MUNOZ2007/URIZAR2011

| Stud | y ID | MUNOZ2007/URIZAR2011 |
|--------|--|--|
| Biblio | ographic reference: | |
| | oz RF, Le H-N, Ippen CG, Diaz MA, Urizar Jr. GG, Soto | , et al. Prevention of postpartum depression |
| | w-income women: development of the Mamas y Bebes/1 | |
| | vioral Practice. 2007;14:70-83. | Ç |
| | | |
| | ar Jr. GG, Muñoz RF. Impact of a prenatal cognitive-beha | e e e e e e e e e e e e e e e e e e e |
| saliv | ary cortisol levels in low-income mothers and their infan | ts. Psychoneuroendocrinology. 2011;36:1480- |
| 1494. | | |
| | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 |
| | ral management and service guidance | |
| Chec | klist completed by: Odette Megnin-Viggars | |
| A. Se | election bias (systematic differences between the compari | son groups) |
| A1 | An appropriate method of randomisation was used | |
| | to allocate participants to treatment groups (which | Unclear (blocked randomization procedure |
| | would have balanced any confounding factors | [no further detail reported]) |
| | equally across groups) | |
| A2 | There was adequate concealment of allocation (such | |
| | that investigators, clinicians and participants cannot | Yes (sealed envelope) |
| | influence enrolment or treatment allocation) | |
| A3 | The groups were comparable at baseline, including | No (statistically significant baseline/mid- |
| | all major confounding and prognostic factors | treatment difference in average maternal |
| | | salivary cortisol levels [0.62 in intervention |
| | | group and 0.75 in control group]) |
| | d on your answers to the above, in your opinion was sele | ection bias present? If so, what is the likely |
| direc | tion of its effect? | |
| | High risk of bias | |
| Like | ly direction of effect: Effect size bigger | |
| Line | The comment of the control of the co | |
| | | |

| B. Per | B. Performance bias (systematic differences between groups in the care provided, apart | |
|--|--|--|
| from the intervention under investigation) | | |
| | | |
| D1 | TTI . 1.1 | |
| B1 | The comparison groups received the same care apart | |
| | from the intervention(s) studied | Yes |
| | | |
| B2 | Participants receiving care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| В3 | Individuals administering care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely |
| direct | ion of its effect? | |
| | | |
| | High risk of bias | |
| | | |
| Likely | y direction of effect: Effect size bigger | |
| | | |
| C 14 | crition bias (systematic differences between the comparis | on another with respect to loss of porticinants) |
| C. Au | rition bias (systematic unferences between the comparis | on groups with respect to loss of participants) |
| | • | 0 1 1 1 7 |
| | | |
| C1 | All groups were followed up for an equal length of | |
| | .,, | |
| | All groups were followed up for an equal length of | Yes |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Yes |
| | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) a. How many participants did not complete treatment | Yes in each group? |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) a. How many participants did not complete treatment is Experimental group N: Not reported; Control group N | Yes in each group? : Not reported |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) a. How many participants did not complete treatment Experimental group N: Not reported; Control group N N=16 dropped out prior to randomization and N=4 (N | Yes in each group? : Not reported |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) a. How many participants did not complete treatment is Experimental group N: Not reported; Control group N N=16 dropped out prior to randomization and N=4 (N group assignment for these participants not reported | Yes in each group? : Not reported |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) a. How many participants did not complete treatment is Experimental group N: Not reported; Control group N: N=16 dropped out prior to randomization and N=4 (N group assignment for these participants not reported b. The groups were comparable for treatment | Yes in each group? : Not reported |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) a. How many participants did not complete treatment Experimental group N: Not reported; Control group N N=16 dropped out prior to randomization and N=4 (N group assignment for these participants not reported b. The groups were comparable for treatment completion (that is, there were no important or | Yes in each group? : Not reported |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) a. How many participants did not complete treatment is Experimental group N: Not reported; Control group N N=16 dropped out prior to randomization and N=4 (N group assignment for these participants not reported b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of | Yes in each group? : Not reported =3 lost their baby) post-randomization but |
| C1 C2 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) a. How many participants did not complete treatment Experimental group N: Not reported; Control group N N=16 dropped out prior to randomization and N=4 (N group assignment for these participants not reported b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Yes in each group? : Not reported =3 lost their baby) post-randomization but Yes (only N=1 dropout post-randomization) |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) a. How many participants did not complete treatment is Experimental group N: Not reported; Control group N N=16 dropped out prior to randomization and N=4 (N group assignment for these participants not reported b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) For how many participants in each group were no outcome. | Yes in each group? : Not reported =3 lost their baby) post-randomization but Yes (only N=1 dropout post-randomization) come data available? |
| C1 C2 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) a. How many participants did not complete treatment is Experimental group N: Not reported; Control group N N=16 dropped out prior to randomization and N=4 (N group assignment for these participants not reported b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) For how many participants in each group were no outcome Experimental group N: Not reported; Control group N | Yes in each group? : Not reported =3 lost their baby) post-randomization but Yes (only N=1 dropout post-randomization) come data available? : Not reported |
| C1 C2 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) a. How many participants did not complete treatment Experimental group N: Not reported; Control group N N=16 dropped out prior to randomization and N=4 (N group assignment for these participants not reported b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) For how many participants in each group were no outcomplete treatment group N: Not reported; Control group N N=16 dropped out prior to randomization and N=4 (N | Yes in each group? : Not reported =3 lost their baby) post-randomization but Yes (only N=1 dropout post-randomization) come data available? : Not reported |
| C1 C2 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) a. How many participants did not complete treatment is Experimental group N: Not reported; Control group N N=16 dropped out prior to randomization and N=4 (N group assignment for these participants not reported b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) For how many participants in each group were no oute Experimental group N: Not reported; Control group N N=16 dropped out prior to randomization and N=4 (N group assignment for these participants not reported | Yes in each group? : Not reported =3 lost their baby) post-randomization but Yes (only N=1 dropout post-randomization) rome data available? : Not reported |
| C1 C2 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) a. How many participants did not complete treatment Experimental group N: Not reported; Control group N N=16 dropped out prior to randomization and N=4 (N group assignment for these participants not reported b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) For how many participants in each group were no outcomplete treatment group N: Not reported; Control group N N=16 dropped out prior to randomization and N=4 (N group assignment for these participants not reported b. The groups were comparable with respect to the | Yes in each group? : Not reported =3 lost their baby) post-randomization but Yes (only N=1 dropout post-randomization) come data available? : Not reported |
| C1 C2 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) a. How many participants did not complete treatment is Experimental group N: Not reported; Control group N N=16 dropped out prior to randomization and N=4 (N group assignment for these participants not reported b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) For how many participants in each group were no outce Experimental group N: Not reported; Control group N N=16 dropped out prior to randomization and N=4 (N group assignment for these participants not reported b. The groups were comparable with respect to the availability of outcome data (that is, there were no | Yes in each group? : Not reported =3 lost their baby) post-randomization but Yes (only N=1 dropout post-randomization) come data available? : Not reported =3 lost their baby) post-randomization but |
| C1 C2 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) a. How many participants did not complete treatment Experimental group N: Not reported; Control group N N=16 dropped out prior to randomization and N=4 (N group assignment for these participants not reported b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) For how many participants in each group were no outcomplete treatment group N: Not reported; Control group N N=16 dropped out prior to randomization and N=4 (N group assignment for these participants not reported b. The groups were comparable with respect to the | Yes in each group? : Not reported =3 lost their baby) post-randomization but Yes (only N=1 dropout post-randomization) come data available? : Not reported |

Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? Low risk of bias Likely direction of effect: Not applicable D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) D1 The study had an appropriate length of follow-up Yes D2The study used a precise definition of outcome Yes D3 A valid and reliable method was used to determine Yes the outcome Investigators were kept 'blind' to participants' D4Unclear (identity and blinding of outcome exposure to the intervention assessor/s not reported) D5Investigators were kept 'blind' to other important Unclear (identity and blinding of outcome confounding and prognostic factors assessor/s not reported) Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? Unclear/unknown risk of bias Likely direction of effect: Unknown direction

1.6.42NEUGEBAUER2006

| Study | , ID | NEUGEBAUER2006 |
|--------|--|--|
| Biblio | ographic reference: | |
| | ebauer R, Kline J, Markowitz JC, Bleiberg KL, Baxi L, Ro | sing MA, et al. Pilot randomised controlled |
| _ | of interpersonal counseling for subsyndromal depression | · · |
| | niatry. 2006;67:1299-1304. | |
| Guid | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 |
| clinic | al management and service guidance | |
| Checl | klist completed by: Odette Megnin-Viggars | |
| A. Se | lection bias (systematic differences between the compari- | son groups) |
| A1 | An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups) | Unclear (randomisation method is unclear) |
| A2 | There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation) | Unclear (insufficient detail reported with regards to allocation concealment) |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | No (baseline differences between groups in ethnicity [80% Hispanic in intervention group and 44% in TAU] and Hispanic ethnicity was associated with primary outcome with higher depression scores in Hispanic group) |
| | on your answers to the above, in your opinion was sele | ction bias present? If so, what is the likely |
| direct | cion of its effect? | |
| | High risk of bias | |
| Likel | y direction of effect: Unknown direction | |

| B. Per | formance bias (systematic differences between groups ir | n the care provided, apart |
|--------|---|---|
| from t | the intervention under investigation) | |
| | Ç , | |
| D4 | mt 1.d | |
| B1 | The comparison groups received the same care apart | |
| | from the intervention(s) studied | Yes |
| | | |
| B2 | Participants receiving care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| В3 | Individuals administering care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| Based | on your answers to the above, in your opinion was perf | ormance bias present? If so, what is the likely |
| direct | ion of its effect? | |
| | | |
| | High risk of bias | |
| | | |
| Likely | y direction of effect: Effect size bigger | |
| | | |
| C 14 | wition him (material ifference hat man the communication) | an annual with mannat to look of month in each |
| C. Att | rition bias (systematic differences between the comparis | on groups with respect to loss of participants) |
| | | |
| C1 | All groups were followed up for an equal length of | |
| | time (or analysis was adjusted to allow for | Yes |
| | differences in length of follow-up) | 163 |
| | | |
| C2 | a. How many participants did not complete treatment i | in each group? |
| | Experimental group N: 2; Control group N: 2 | |
| | b. The groups were comparable for treatment | |
| | completion (that is, there were no important or | Yes |
| | systematic differences between groups in terms of | |
| | those who did not complete treatment) | |
| C3 | For how many participants in each group were no outo | come data available? |
| | Experimental group N: 2; Control group N: 2 | |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups | Yes |
| | in terms of those for whom outcome data were not | |
| | available). | |

| Based | sed on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | |
|--------|---|--|
| direct | rection of its effect? | |
| | Low risk of bias | |
| Likel | y direction of effect: Not applicable | |
| | | |
| D. De | D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (blinded outcome assessment) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (blinded outcome assessment) |
| Based | on your answers to the above, in your opinion was dete | ection bias present? If so, what is the likely |
| direct | ection of its effect? | |
| | Low risk of bias | |
| Likely | y direction of effect: Not applicable | |

1.6.43 NIKCEVIC2007

| Stud | y ID | NIKCEVIC2007 |
|--------|---|--|
| Bibli | ographic reference: | |
| | evic AV, Kuczmierczyk AR, Nicolaides KH. The influenc | ce of medical and psychological interventions |
| on w | omen's distress after miscarriage. Journal of Psychosoma | atic Research. 2007;63:283-290. |
| | leline topic: Antenatal and postnatal mental health: | Review question number: 4.1 |
| clinic | cal management and service guidance | _ |
| Chec | klist completed by: Odette Megnin-Viggars | |
| A. Se | election bias (systematic differences between the compari | son groups) |
| A1 | An appropriate method of randomisation was used | |
| | to allocate participants to treatment groups (which | Yes (computer generated random number |
| | would have balanced any confounding factors | tables) |
| | equally across groups) | |
| A2 | There was adequate concealment of allocation (such | |
| | that investigators, clinicians and participants cannot | Yes (sealed envelope) |
| | influence enrolment or treatment allocation) | |
| A3 | The groups were comparable at baseline, including | |
| | all major confounding and prognostic factors | Yes |
| Base | l d on your answers to the above, in your opinion was sele | ection bias present? If so, what is the likely |
| direc | tion of its effect? | |
| | Laurain of him | |
| | Low risk of bias | |
| Like | ly direction of effect: Not applicable | |
| | | |
| | | |

| р р | f | . (1 |
|--------|---|--|
| | formance bias (systematic differences between groups in | n the care provided, apart |
| irom | the intervention under investigation) | |
| | | |
| B1 | The comparison groups received the same care apart | |
| | from the intervention(s) studied | Yes |
| | | |
| B2 | Participants receiving care were kept 'blind' to | |
| D_ | treatment allocation | No |
| | | |
| В3 | Individuals administering care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| Basec | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely |
| direct | tion of its effect? | |
| | | |
| | High risk of bias | |
| | | |
| Likel | y direction of effect: Effect size bigger | |
| | | |
| C At | trition bias (systematic differences between the comparis | son groups with respect to loss of participants) |
| C. 11t | artion bias (by stematic anterences between the comparis | on groups with respect to loss of participants) |
| | | |
| C1 | All groups were followed up for an equal length of | |
| | time (or analysis was adjusted to allow for | Yes |
| | differences in length of follow-up) | |
| C2 | a. How many participants did not complete treatment: | l in each group? |
| C2 | Experimental group N: 6; Control group N: 8 | in each group. |
| | b. The groups were comparable for treatment | |
| | completion (that is, there were no important or | |
| | systematic differences between groups in terms of | Yes |
| | those who did not complete treatment) | |
| C3 | For how many participants in each group were no outc | come data available? |
| | Experimental group N: 6; Control group N: 8 | |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups | Yes |
| | in terms of those for whom outcome data were not | |
| | available). | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely |
|---|
| direction of its effect? |
| Low risk of bias |
| Likely direction of effect: Not applicable |
| |
| |

| D1 | The study had an appropriate length of follow-up | Yes |
|----|---|---|
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) |
| | l don your answers to the above, in your opinion was de tion of its effect? | tection bias present? If so, what is the like |

Low risk of bias

1.6.44OHARA2000

| Stud | y ID | OHARA2000 |
|--------|---|--|
| Bibli | ographic reference: | |
| | ara MW, Stuart S, Gorman LL, Wenzel A. Efficacy of inter | rpersonal psychotherapy for postpartum |
| depr | ession. Archives of General Psychiatry. 2000;57:1039-104 | 5. |
| Guid | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 |
| clinic | cal management and service guidance | _ |
| Chec | klist completed by: Odette Megnin-Viggars | |
| A. Se | election bias (systematic differences between the compari | son groups) |
| A1 | An appropriate method of randomisation was used | Yes (by random number tables, blocked by |
| | to allocate participants to treatment groups (which | depression history. Re-randomised after |
| | would have balanced any confounding factors | 77th and 108th participant to achieve equal |
| | equally across groups) | group numbers) |
| A2 | There was adequate concealment of allocation (such | Unclear (insufficient detail reported with |
| | that investigators, clinicians and participants cannot | regards to allocation concealment) |
| | influence enrolment or treatment allocation) | regards to unocution concedimenty |
| A3 | The groups were comparable at baseline, including | |
| | all major confounding and prognostic factors | Yes |
| Base | l d on your answers to the above, in your opinion was sele | ection bias present? If so, what is the likely |
| direc | tion of its effect? | - |
| | | |
| | Low risk of bias | |
| Like | ly direction of effect: Not applicable | |
| | -y | |
| | | |

| B. Per | formance bias (systematic differences between groups ir | n the care provided, apart | | |
|--------|--|---|--|--|
| | the intervention under investigation) | • | | |
| | Ç , | | | |
| D4 | mt 1.d | | | |
| B1 | The comparison groups received the same care apart | | | |
| | from the intervention(s) studied | Yes | | |
| | | | | |
| B2 | Participants receiving care were kept 'blind' to | | | |
| | treatment allocation | No | | |
| | | | | |
| В3 | Individuals administering care were kept 'blind' to | | | |
| | treatment allocation | No | | |
| | | | | |
| Based | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely | | |
| direct | ion of its effect? | | | |
| | | | | |
| | High risk of bias | | | |
| | | | | |
| Likely | y direction of effect: Effect size bigger | | | |
| | | | | |
| C 14 | wition biss (sections tis differences between the second | or answers with many set to less of resultiving sets) | | |
| C. Att | rition bias (systematic differences between the comparis | on groups with respect to loss of participants) | | |
| | | | | |
| C1 | All groups were followed up for an equal length of | | | |
| | time (or analysis was adjusted to allow for | Yes | | |
| | differences in length of follow-up) | 163 | | |
| | | | | |
| C2 | a. How many participants did not complete treatment i | in each group? | | |
| | Experimental group N: 12; Control group N: 9 | | | |
| | b. The groups were comparable for treatment | | | |
| | completion (that is, there were no important or | Yes | | |
| | systematic differences between groups in terms of | | | |
| | those who did not complete treatment) | | | |
| C3 | For how many participants in each group were no outc | come data available? | | |
| | Experimental group N: 12; Control group N: 9 | | | |
| | b. The groups were comparable with respect to the | | | |
| | availability of outcome data (that is, there were no | | | |
| | important or systematic differences between groups | Yes | | |
| | in terms of those for whom outcome data were not | | | |
| | available). | | | |

Clinical evidence – completed methodology checklists

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely |
|---|
| direction of its effect? |
| Low risk of bias |
| Likely direction of effect: Not applicable |
| |

| D1 | The study had an appropriate length of follow-up | Yes |
|----|---|---|
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | No (non-blind outcome assessment) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | No (non-blind outcome assessment) |
| | d on your answers to the above, in your opinion was de tion of its effect? | tection bias present? If so, what is the likely |

Likely direction of effect: Effect size bigger

1.6.45 OMAHEN 2013 A

| Study | y ID | OMAHEN2013A |
|--------|--|--|
| | | |
| | ographic reference: | |
| | ihen HA, Woodford J, McGinley J, Warren FC, Richards | ž |
| | vioral activation – treatment for postnatal depression (N | etmums): a randomised controlled trial. |
| Journ | nal of Affective Disorders. 2013;150:814-822. | |
| Guid | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 |
| clinic | al management and service guidance | |
| Chec | klist completed by: Odette Megnin-Viggars | |
| A. Se | lection bias (systematic differences between the compari | ison groups) |
| A1 | An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups) | Yes (computer-generated code) |
| A2 | There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation) | Yes (paper reports 'A computer-generated code to ensure allocation concealment') |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Yes |
| | d on your answers to the above, in your opinion was seletion of its effect? | ection bias present? If so, what is the likely |
| | Low risk of bias | |
| Likel | y direction of effect: Not applicable | |

| D D | 1. / 1. / 1. / 1. / 1. / 1. / 1. / 1. / | | |
|---|---|--|--|
| | formance bias (systematic differences between groups in | n the care provided, apart | |
| from | the intervention under investigation) | | |
| | | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Yes | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| DZ | treatment allocation | No | |
| | ireathen anocation | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| Basec | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely | |
| direct | cion of its effect? | | |
| | | | |
| | High risk of bias | | |
| | | | |
| Likel | y direction of effect: Effect size bigger | | |
| | | | |
| C At | trition bias (systematic differences between the comparis | son groups with respect to loss of participants) | |
| C. 71t | inition bias (systematic afferences between the comparis | on groups with respect to loss of participants) | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | | |
| C2 a. How many participants did not complete treatment in each group? | | l in each group? | |
| | Experimental group N: 281; Control group N: 286 | | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | | |
| | systematic differences between groups in terms of | Yes | |
| | those who did not complete treatment) | | |
| C3 | For how many participants in each group were no outc | come data available? | |
| | Experimental group N: 0; Control group N: 0 | | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Yes (ITT [WCS]) | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? |
|--|
| Low risk of bias |
| Likely direction of effect: Not applicable |
| |

| D1 | The study had an appropriate length of follow-up | Yes |
|----|---|---|
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) |
| | d on your answers to the above, in your opinion was detion of its effect? | tection bias present? If so, what is the likely |

1.6.46 OMAHEN 2013 B

| Study | , ID | OMAHEN2013B |
|---------|--|--|
| Biblio | graphic reference: | |
| | hen H, Himle JA, Fedock MA, Henshaw E, Flynn H. A 1 | pilot ramdomised controlled trial of cognitive |
| | vioural therapy for perinatal depression adapted for wor | |
| Anxie | ety. 2013;30:679-687. | - |
| Guide | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 |
| clinica | al management and service guidance | _ |
| Check | klist completed by: Odette Megnin-Viggars | |
| A. Sel | ection bias (systematic differences between the compari | ison groups) |
| A1 | An appropriate method of randomisation was used | |
| | to allocate participants to treatment groups (which | Yes (statistician computer generated |
| | would have balanced any confounding factors | random assignment block) |
| | equally across groups) | |
| A2 | There was adequate concealment of allocation (such | |
| | that investigators, clinicians and participants cannot | Yes (opaque sealed envelope) |
| | influence enrolment or treatment allocation) | |
| A3 | The groups were comparable at baseline, including | |
| | all major confounding and prognostic factors | Yes |
| Based | on your answers to the above, in your opinion was sele | ection bias present? If so, what is the likely |
| direct | ion of its effect? | |
| | Low risk of bias | |
| Likely | y direction of effect: Not applicable | |
| , | | |

| n n | f 1: / / /: 1:cc 1 / | d 111 (| | |
|--------|---|--|--|--|
| | formance bias (systematic differences between groups in | n the care provided, apart | | |
| irom | the intervention under investigation) | | | |
| | | | | |
| B1 | The comparison groups received the same care apart | | | |
| | from the intervention(s) studied | Yes | | |
| | | | | |
| B2 | Participants receiving care were kept 'blind' to | | | |
| | treatment allocation | No | | |
| | | | | |
| В3 | Individuals administering care were kept 'blind' to | | | |
| | treatment allocation | No | | |
| | | | | |
| Based | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely | | |
| direct | ion of its effect? | | | |
| | | | | |
| | High risk of bias | | | |
| | | | | |
| Likel | y direction of effect: Effect size bigger | | | |
| | | | | |
| C. At | trition bias (systematic differences between the comparis | son groups with respect to loss of participants) | | |
| 0,110 | armon cano (e) eterrane universite e companie | ori groupe wantespeer to toos or participation | | |
| | | | | |
| C1 | All groups were followed up for an equal length of | | | |
| | time (or analysis was adjusted to allow for | Yes | | |
| | differences in length of follow-up) | | | |
| C2 | a. How many participants did not complete treatment | l in each group? | | |
| | Experimental group N: 8; Control group N: 4 | | | |
| | b. The groups were comparable for treatment | | | |
| | completion (that is, there were no important or | | | |
| | systematic differences between groups in terms of | Yes | | |
| | those who did not complete treatment) | | | |
| C3 | For how many participants in each group were no outo | come data available? | | |
| | Experimental group N: 9; Control group N: 4 | | | |
| | b. The groups were comparable with respect to the | | | |
| | availability of outcome data (that is, there were no | | | |
| | important or systematic differences between groups | Yes | | |
| | in terms of those for whom outcome data were not | | | |
| | available). | | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? |
|--|
| Low risk of bias |
| Likely direction of effect: Not applicable |
| |

| D1 | The study had an appropriate length of follow-up | Yes |
|----|---|--|
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) |
| | d on your answers to the above, in your opinion was det tion of its effect? | ection bias present? If so, what is the likely |

Low risk of bias

1.6.47OMAHEN2013C

| Study | y ID | OMAHEN2013C |
|--|---|--|
| D:1.1: | 11. | |
| | ographic reference: | |
| | then HA, Richards DA, Woodford J, Wilkinson E, McGin | |
| | omised controlled trial of a guided internet behavioural a | |
| | ession. Psychological Medicine. 2013; Oct 23:1-15. [Epub | ± - |
| | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 |
| | al management and service guidance | |
| Chec | klist completed by: Odette Megnin-Viggars | |
| A. Se | lection bias (systematic differences between the compari | son groups) |
| A1 | An appropriate method of randomisation was used | |
| | to allocate participants to treatment groups (which | |
| | would have balanced any confounding factors | Yes (computer-generated code) |
| | equally across groups) | |
| A2 | There was adequate concealment of allocation (such | Yes (randomisation occurred online, eligible |
| | that investigators, clinicians and participants cannot | women were sent an electronic link to a |
| | influence enrolment or treatment allocation) | webpage where they could learn their |
| | maracree emoniters of treatment unocarrony | randomisation assignment) |
| A3 | The groups were comparable at baseline, including | randomisation assignment) |
| AS | 0 1 | Yes |
| | all major confounding and prognostic factors | res |
| Based | l on your answers to the above, in your opinion was sele | ection bias present? If so, what is the likely |
| direction of its effect? | | |
| ancedon of no enect. | | |
| I am wish of his a | | |
| Low risk of bias | | |
| Likely direction of effect: Not applicable | | |
| Excert direction of circus (vot applicable | | |
| | | |

| B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation) | | |
|---|--|--|
| Hom | the mervention ander investigation, | |
| B1 | The comparison groups received the same care apart | |
| | from the intervention(s) studied | V. |
| | (2) | Yes |
| B2 | Participants receiving care were kept 'blind' to | |
| DZ | treatment allocation | No |
| | iredirect discussion | |
| В3 | Individuals administering care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely |
| direct | cion of its effect? | |
| | III.d. atd. aCl.: | |
| | High risk of bias | |
| Likel | y direction of effect: Effect size bigger | |
| | , | |
| | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | |
| | | |
| C1 | All groups were followed up for an equal length of | |
| | time (or analysis was adjusted to allow for | Yes |
| | differences in length of follow-up) | |
| C2 | a. How many participants did not complete treatment | l in each group? |
| | Experimental group N: 3; Control group N: 8 | 9-0-5-F |
| | b. The groups were comparable for treatment | |
| | completion (that is, there were no important or | Vas |
| | systematic differences between groups in terms of | Yes |
| | those who did not complete treatment) | |
| C3 | For how many participants in each group were no outo | come data available? |
| | Experimental group N: 4; Control group N: 8 | |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups | Yes |
| | in terms of those for whom outcome data were not | |
| 1 | available). | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? |
|--|
| |
| Low risk of bias |
| Likely direction of effect: Not applicable |
| |
| |

| D1 | The study had an appropriate length of follow-up | Yes |
|--|---|-------------------|
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | |

Low risk of bias

1.6.48ORTIZCOLLADO2014

| Study | y ID | ORTIZCOLLADO2014 |
|--|--|---|
| Bibliographic reference: | | |
| Ortiz | Collado MA, Saez M, Favrod J, Hatem M. Antenatal psy | ychosomatic programming to reduce |
| postp | partum depression risk and improve childbirth outcomes | s: a randomised controlled trial in Spain and |
| | ce. BMC Pregnancy and Childbirth. 2014;14:22. | |
| | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 |
| clinic | al management and service guidance | |
| Chec | klist completed by: Odette Megnin-Viggars | |
| A. Se | lection bias (systematic differences between the compari | son groups) |
| A1 | An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups) | Unclear ('random sampling allocation sequence' [no further detail reported]) |
| A2 | There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation) | Yes (Centralised allocation [all interviews were sent to an outside statistician who never met the participants. The statistician telephoned the researcher to notify the assignment of eligible women to control groups or experimental groups]) |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Yes |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | |
| Unclear/unknown risk of bias | | |
| Likely direction of effect: Unknown direction | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | |
|---|--|--|
| from the intervention under investigation) | | |
| | | |
| B1 | The comparison groups received the same care apart | |
| | from the intervention(s) studied | |
| | from the intervention(3) statied | Yes |
| | | |
| B2 | Participants receiving care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| В3 | Individuals administering care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| Based | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely |
| | ion of its effect? | , |
| | | |
| | High risk of bias | |
| | Tilgit fisk of blas | |
| Lileal | y divertion of offerty Effect size bigger | |
| Likei | y direction of effect: Effect size bigger | |
| | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | |
| C. 110 | anion out (systematic unreferees between the companie | on groups with respect to 1000 or participants) |
| | | |
| C1 | All groups were followed up for an equal length of | |
| | time (or analysis was adjusted to allow for | Yes |
| | differences in length of follow-up) | 165 |
| | | |
| C2 | a. How many participants did not complete treatment | in each group? |
| | Experimental group N: 13; Control group N: 24 | |
| | b. The groups were comparable for treatment | |
| | completion (that is, there were no important or | Vac |
| | systematic differences between groups in terms of | Yes |
| | those who did not complete treatment) | |
| C3 | For how many participants in each group were no outo | come data available? |
| | Experimental group N: 23; Control group N: 34 | |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups | Yes |
| | in terms of those for whom outcome data were not | 165 |
| | | |
| 1 | available). | |

Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?

High risk of bias (Drop-out was higher in the control group [N=34;37%] than in the intervention group [N=23;25%])

Likely direction of effect: Unknown direction

| D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | |
|---|---|---|
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report or blinded outcome assessment) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report or blinded outcome assessment) |
| | l on your answers to the above, in your opinion was det ion of its effect? | ection bias present? If so, what is the likely |

Low risk of bias

1.6.49PINHEIRO2014

| Study | y ID | PINHEIRO2014 | |
|--|--|---|--|
| | | | |
| Bibliographic reference: | | | |
| Pinhe | eiro RT, Botella L, Quevedo LDA, Pinheiro KAT, Jansen | K, Osório CM, et al. Maintenance of the effects | |
| of co | gnitive behavioural and relational constructivist psychot | herapies in the treatment of women with | |
| postp | partum depression: a randomised clinical trial. Journal of | Constructuvist Psychology. 2014;27:59-68. | |
| Guid | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 | |
| clinic | al management and service guidance | | |
| Chec | klist completed by: Odette Megnin-Viggars | | |
| A. Se | lection bias (systematic differences between the compari | son groups) | |
| A1 | An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors | Unclear (randomisation method is unclear) | |
| A2 | equally across groups) | | |
| A2 | There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation) | Yes (opaque sealed envelope) | |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Yes | |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | | |
| Unclear/unknown risk of bias | | | |
| Likely direction of effect: Unknown direction | | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | |
|---|--|---|
| from the intervention under investigation) | | |
| | | |
| D4 | mt 1.d | |
| B1 | The comparison groups received the same care apart | |
| | from the intervention(s) studied | Yes |
| | | |
| B2 | Participants receiving care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| В3 | Individuals administering care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| Based | on your answers to the above, in your opinion was perf | ormance bias present? If so, what is the likely |
| direct | ion of its effect? | |
| | | |
| | High risk of bias | |
| | | |
| Likely | y direction of effect: Effect size bigger | |
| | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | |
| C. Att | rition bias (systematic differences between the comparis | on groups with respect to loss of participants) |
| | | |
| C1 | All groups were followed up for an equal length of | |
| | time (or analysis was adjusted to allow for | Yes |
| | differences in length of follow-up) | 163 |
| C2 | ** | |
| C2 | a. How many participants did not complete treatment i | in each group? |
| | Experimental group N: 2; Control group N: 2 | |
| | b. The groups were comparable for treatment | |
| | completion (that is, there were no important or | Yes |
| | systematic differences between groups in terms of | |
| | those who did not complete treatment) | |
| C3 | For how many participants in each group were no outo | come data available? |
| | Experimental group N: 2; Control group N: 2 | |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups | Yes |
| | in terms of those for whom outcome data were not | |
| | available). | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | |
|--|---|--|
| direction of its effect? | | |
| Low risk of bias | | |
| Likel | y direction of effect: Not applicable | |
| | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | nosed or verified) |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) |
| | , i | ection bias present? If so, what is the likely |
| direction of its effect? | | |
| Low risk of bias | | |
| Likely direction of effect: Not applicable | | |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? Low risk of bias | | |

1.6.50PRENDERGAST2001

| Bibliographic reference: Prendergast J, Austin M-P. Early childhood nurse-delivered cognitive behave natal depression. Australasian Psychiatry. 2001;9:255-259. | rioural counselling for post- | |
|---|-----------------------------------|--|
| natal depression. Australasian Psychiatry. 2001;9:255-259. | vioural counselling for post- | |
| | | |
| | | |
| Guideline topic: Antenatal and postnatal mental health: Review ques | tion number: 4.1 | |
| clinical management and service guidance | | |
| Checklist completed by: Odette Megnin-Viggars | | |
| A. Selection bias (systematic differences between the comparison groups) | | |
| A1 An appropriate method of randomisation was used | | |
| to allocate participants to treatment groups (which | isation tables) | |
| would have balanced any confounding factors | iisation tables) | |
| equally across groups) | | |
| A2 There was adequate concealment of allocation (such | afficient detail reported with | |
| that investigators, clinicians and participants cannot regards to all | location concealment) | |
| influence enrolment or treatment allocation) | , | |
| | ally significant group difference | |
| | nean EPDS score [15.9 in | |
| intervention group]) | group and 13.7 in control | |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | |
| unection of its effect: | | |
| High risk of bias | | |
| | | |
| Likely direction of effect: Unknown direction | | |
| | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | |
|--|--|---|
| from the intervention under investigation) | | |
| | | |
| D4 | mt 1.d | |
| B1 | The comparison groups received the same care apart | |
| | from the intervention(s) studied | Yes |
| | | |
| B2 | Participants receiving care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| В3 | Individuals administering care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| Based | on your answers to the above, in your opinion was perf | ormance bias present? If so, what is the likely |
| direct | ion of its effect? | |
| | | |
| | High risk of bias | |
| | | |
| Likely | y direction of effect: Effect size bigger | |
| | | |
| | | |
| C. Att | rition bias (systematic differences between the comparis | on groups with respect to loss of participants) |
| | | |
| C1 | All groups were followed up for an equal length of | |
| | time (or analysis was adjusted to allow for | Yes |
| | differences in length of follow-up) | ies |
| | | |
| C2 | a. How many participants did not complete treatment i | in each group? |
| | Experimental group N: 0; Control group N: 0 | |
| | b. The groups were comparable for treatment | |
| | completion (that is, there were no important or | Yes |
| | systematic differences between groups in terms of | |
| | those who did not complete treatment) | |
| C3 | For how many participants in each group were no outo | rome data available? |
| | Experimental group N: 0; Control group N: 0 | |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups | Yes |
| | in terms of those for whom outcome data were not | |
| | available). | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | |
|---|--|--|
| direction of its effect? | | |
| Low risk of bias | | |
| Likely direction of effect: Not applicable | | |
| | | |
| | | |

| D1 | The study had an appropriate length of follow-up | Yes |
|----|---|---|
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) |
| | d on your answers to the above, in your opinion was de tion of its effect? | tection bias present? If so, what is the likely |

Low risk of bias

1.6.51RAHMAN2008

| Stud | y ID | RAHMAN2008 | | | |
|--|--|--|--|--|--|
| Biblio | Bibliographic reference: | | | | |
| | Rahman A, Malik A, Sikander S, Roberts C, Creed F. Cognitive behaviour therapy-based intervention by | | | | |
| | nunity health workers for mothers with depression and | | | | |
| | randomised controlled trial. Lancet. 2008;372:902-909. | | | | |
| Guid | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 | | | |
| clinic | clinical management and service guidance | | | | |
| Chec | klist completed by: Odette Megnin-Viggars | | | | |
| A. Se | election bias (systematic differences between the compari | ison groups) | | | |
| A1 | An appropriate method of randomisation was used | | | | |
| | to allocate participants to treatment groups (which | Yes (table of random numbers [cluster | | | |
| | would have balanced any confounding factors | randomisation]) | | | |
| | equally across groups) | | | | |
| A2 | There was adequate concealment of allocation (such | Yes (administrative units were assigned by | | | |
| | that investigators, clinicians and participants cannot | random allocation with a table of random | | | |
| | influence enrolment or treatment allocation) | numbers by a researcher who was not | | | |
| | | involved in the study and who was | | | |
| | | unaware of the identity of the Union | | | |
| 4.0 | | Councils) | | | |
| A3 | The groups were comparable at baseline, including | V | | | |
| | all major confounding and prognostic factors | Yes | | | |
| Based | d on your answers to the above, in your opinion was sele | ection bias present? If so, what is the likely | | | |
| direc | tion of its effect? | | | | |
| | Low risk of bias | | | | |
| Likely direction of effect: Not applicable | | | | | |
| mery uncertain of effects (vot applicable | | | | | |
| | | | | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | | | |
|--|---|--|--|--|
| from the intervention under investigation) | | | | |
| | | | | |
| D4 | mt 1.d | | | |
| B1 | The comparison groups received the same care apart | | | |
| | from the intervention(s) studied | Yes | | |
| | | | | |
| B2 | Participants receiving care were kept 'blind' to | | | |
| | treatment allocation | No | | |
| | | | | |
| В3 | Individuals administering care were kept 'blind' to | | | |
| | treatment allocation | No | | |
| | | | | |
| Based | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely | | |
| direct | ion of its effect? | | | |
| | | | | |
| | High risk of bias | | | |
| | | | | |
| Likely | y direction of effect: Effect size bigger | | | |
| | | | | |
| C AH | rition bias (systematic differences between the comparis | on groups with respect to loss of participants) | | |
| C. All | indon bias (systematic differences between the compans | on groups with respect to loss of participants) | | |
| | | | | |
| C1 | All groups were followed up for an equal length of | | | |
| | time (or analysis was adjusted to allow for | Yes | | |
| | differences in length of follow-up) | | | |
| C2 | TT | . 1 2 | | |
| C2 | a. How many participants did not complete treatment in | in each group? | | |
| | Experimental group N: 103; Control group N: 95 | | | |
| | b. The groups were comparable for treatment | | | |
| | completion (that is, there were no important or | Yes | | |
| | systematic differences between groups in terms of | | | |
| C2 | those who did not complete treatment) | 1. 1112 | | |
| C3 | For how many participants in each group were no outcome data available? | | | |
| | Experimental group N: 51; Control group N: 54 | | | |
| | b. The groups were comparable with respect to the | | | |
| | availability of outcome data (that is, there were no | | | |
| | important or systematic differences between groups | Yes | | |
| | in terms of those for whom outcome data were not | | | |
| | available) | | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | | |
|--|---|---|--|
| | Low risk of bias | | |
| Likel | y direction of effect: Not applicable | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | nosed or verified) | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report or blinded outcome assessment) | |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report or blinded outcome assessment) | |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | | |
| | Low risk of bias | | |
| Likely direction of effect: Not applicable | | | |

1.6.52ROMAN2009

| Stud | y ID | ROMAN2009 | | | |
|--|--|--|--|--|--|
| | | | | | |
| | Bibliographic reference: | | | | |
| | Roman LA, Gardiner JC, Lindsay JK, Moore JS, Luo Z, Baer LJ, et al. Alleviating perinatal depressive | | | | |
| - | otoms and stress: A nurse-community health worker ran | domised trial. Archives of Women's Mental | | | |
| Heal | Health. 2009;12:379-391. | | | | |
| Guid | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 | | | |
| clinic | cal management and service guidance | | | | |
| Chec | klist completed by: Odette Megnin-Viggars | | | | |
| A. Se | election bias (systematic differences between the compari | ison groups) | | | |
| A1 | An appropriate method of randomisation was used | | | | |
| | to allocate participants to treatment groups (which | Yes (computer-generated random | | | |
| | would have balanced any confounding factors | permutations blocked in groups of four) | | | |
| | equally across groups) | | | | |
| A2 | There was adequate concealment of allocation (such | Yes (sequentially numbered, opaque, sealed | | | |
| | that investigators, clinicians and participants cannot | envelopes provided to a research | | | |
| | influence enrolment or treatment allocation) | coordinator) | | | |
| A3 | The groups were comparable at baseline, including | | | | |
| | all major confounding and prognostic factors | Yes | | | |
| Base | l on your answers to the above, in your opinion was sele | ection bias present? If so, what is the likely | | | |
| direction of its effect? | | | | | |
| | | | | | |
| Low risk of bias | | | | | |
| Likely direction of effect: Not applicable | | | | | |
| Jrr | | | | | |
| | | | | | |

| D. Doule was a big for a tour stir difference between another in the case quarided a gent | | | |
|---|--|--|--|
| B. Performance bias (systematic differences between groups in the care provided, apart | | | |
| from the intervention under investigation) | | | |
| | | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Yes | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| | l on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely | |
| direct | ion of its effect? | | |
| | | | |
| | High risk of bias | | |
| | | | |
| Likel | y direction of effect: Effect size bigger | | |
| | | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | | |
| | 1 | | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | | |
| C2 | a. How many participants did not complete treatment: | in each group? | |
| | Experimental group N: 41; Control group N: 42 | 0 1 | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | | |
| | systematic differences between groups in terms of | Yes | |
| | those who did not complete treatment) | | |
| C3 | For how many participants in each group were no outo | come data available? | |
| | Experimental group N: 77; Control group N: 73 | | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Yes | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | |
|--|---|---|
| | Low risk of bias | |
| Likel | y direction of effect: Not applicable | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | nosed or verified) |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report or blinded outcome assessment) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report or blinded outcome assessment) |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | |
| Low risk of bias | | |
| Likely direction of effect: Not applicable | | |

1.6.53ROUHE2012/SALMELAARO2012

| Study | 7 ID | ROUHE2012/SALMELAARO2012 | |
|---|---|--|--|
| R:bl: | ographic reference | | |
| | ographic reference: e H, Salmela-Aro K, Toivanen R, Tokola M, Halmesmäk: | i F. at al. Obstatric outcome after intervention | |
| | evere fear of childbirth in nulliparous women – Randomi | | |
| | etrics and Gynaecology. 2012;120:75-84. | sed trial. bjog. All filternational journal of | |
| Obsid | errics and Gynaecology. 2012,120.73-04. | | |
| Salm | ela-Aro K, Read S, Rouhe H, Halmesmäki E, Toivanen Rl | M, et al. Promoting positive motherhood | |
| | ng nulliparous pregnant women with an intense fear of cl | ~ - | |
| | nology. 2012;17:520-534. | ŕ | |
| | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 | |
| | al management and service guidance | 1 | |
| | klist completed by: Odette Megnin-Viggars | | |
| A. Se | lection bias (systematic differences between the comparis | son groups) | |
| A1 | | 0 1 / | |
| AI | An appropriate method of randomisation was used | | |
| | to allocate participants to treatment groups (which | Unclear (randomisation method is unclear) | |
| | would have balanced any confounding factors | | |
| 4.0 | equally across groups) | | |
| A2 | There was adequate concealment of allocation (such | | |
| | that investigators, clinicians and participants cannot | Yes (sealed opaque envelopes) | |
| | influence enrolment or treatment allocation) | | |
| A3 | The groups were comparable at baseline, including | | |
| | all major confounding and prognostic factors | Yes | |
| Based | l I on your answers to the above, in your opinion was sele | l ction bias present? If so, what is the likely | |
| direction of its effect? | | | |
| | | | |
| Unclear/unknown risk of bias | | | |
| | | | |
| Likely direction of effect: Unknown direction | | | |
| | | | |
| | | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | | |
|---|--|---|--|
| from the intervention under investigation) | | | |
| Trong the filter vertical distance in vestigation) | | | |
| | | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Yes | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| Based | on your answers to the above, in your opinion was perf | ormance bias present? If so, what is the likely | |
| direct | ion of its effect? | | |
| | | | |
| | High risk of bias | | |
| | | | |
| Likel | y direction of effect: Effect size bigger | | |
| | | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | | |
| C. All | Thion bias (systematic differences between the compans | on groups with respect to loss of participants) | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | 165 | |
| <i>C</i> 2 | TT | | |
| C2 | a. How many participants did not complete treatment in | in each group? | |
| | Experimental group N: 41; Control group N: 106 | | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | Yes | |
| | systematic differences between groups in terms of | | |
| | those who did not complete treatment) | 1. 1110 | |
| C3 | For how many participants in each group were no outc | ome data available? | |
| | Experimental group N: 0; Control group N: 0 | | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Yes (ITT analysis) | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | | |
|---|---|--|--|
| direction of its effect? | | | |
| | Low risk of bias | | |
| Likel | y direction of effect: Not applicable | | |
| | | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | nosed or verified) | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) | |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) | |
| | on your answers to the above, in your opinion was det | ection bias present? If so, what is the likely | |
| direct | ion of its effect? | | |
| Low risk of bias | | | |
| Likely direction of effect: Not applicable | | | |
| | | | |

1.6.54SAISTO2001

| Stud | y ID | SAISTO2001 |
|---|---|---|
| Bibli | ographic reference: | |
| | o T, Salmela-Aro K, Nurmi J, Könönen T, Halmesmäki E. | . A randomised controlled trial of intervention |
| in fea | ar of childbirth. Acta Obstetricia et Gynecologica Scandir | navica. 2001; 98: 820-826. |
| Guid | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 |
| clinic | cal management and service guidance | _ |
| Chec | klist completed by: Odette Megnin-Viggars | |
| A. Se | election bias (systematic differences between the compari | son groups) |
| A1 | An appropriate method of randomisation was used | |
| | to allocate participants to treatment groups (which | Unclear (randomisation mathed is unclear) |
| | would have balanced any confounding factors | Unclear (randomisation method is unclear) |
| | equally across groups) | |
| A2 | There was adequate concealment of allocation (such | |
| | that investigators, clinicians and participants cannot | Yes (sealed opaque envelopes) |
| | influence enrolment or treatment allocation) | |
| A3 | The groups were comparable at baseline, including | |
| | all major confounding and prognostic factors | Yes |
| Base | l d on your answers to the above, in your opinion was sele | ection bias present? If so, what is the likely |
| direc | tion of its effect? | |
| | | |
| Unclear/unknown risk of bias | | |
| Likely direction of effect: Unknown direction | | |
| | • | |
| l | | · |

| B. Performance bias (systematic differences between groups in the care provided, apart | | | |
|---|--|--|--|
| from the intervention under investigation) | | | |
| | | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Yes | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely | |
| direct | ion of its effect? | | |
| | | | |
| | High risk of bias | | |
| | 1 | | |
| Likel | y direction of effect: Effect size bigger | | |
| | | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | | |
| | 1 | | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | | |
| C2 | a. How many participants did not complete treatment | in each group? | |
| | Experimental group N: Not reported; Control group N | 0 1 | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | | |
| | systematic differences between groups in terms of | Unclear | |
| | those who did not complete treatment) | | |
| C3 | For how many participants in each group were no outc | come data available? | |
| | Experimental group N: Not reported; Control group N | : Not reported | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Unclear | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? Unclear/unknown risk of bias Likely direction of effect: Unknown direction D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) D1 The study had an appropriate length of follow-up Yes D2The study used a precise definition of outcome Yes D3 A valid and reliable method was used to determine Yes the outcome Investigators were kept 'blind' to participants' D4Yes (self-report or blinded outcome exposure to the intervention assessment) D5Investigators were kept 'blind' to other important Yes (self-report or blinded outcome confounding and prognostic factors assessment) Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? Low risk of bias Likely direction of effect: Not applicable

1.6.55 SALOMONS SON 2011

| Study | y ID | SALOMONSSON2011 |
|--|--|--|
| Riblio | ographic reference: | |
| | nonsson B, Sandell R. A randomised controlled trial of m | nother infant nevehoanalytic treatment: I |
| | omes on self-report questionnaires and eternal ratings. In | 1 0 |
| | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 |
| | al management and service guidance | Review question number, 4.1 |
| | klist completed by: Odette Megnin-Viggars | |
| A. Se | lection bias (systematic differences between the compari | son groups) |
| A1 | An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups) | Yes (picked a sealed envelope from a bag containing 40 tickets for each treatment type) |
| A2 | There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation) | Yes (an official outside the project placed the tickets in identical envelopes before the project even started) |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | No (statistically significant baseline difference in the age of infants [4.4 months old in intervention group versus 5.9 months old in TAU group]) |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | |
| High risk of bias | | |
| Likely direction of effect: Unknown direction | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | |
|---|--|---|
| from the intervention under investigation) | | |
| , | | |
| D4 | m · 1.d | |
| B1 | The comparison groups received the same care apart | |
| | from the intervention(s) studied | Yes |
| | | |
| B2 | Participants receiving care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| В3 | Individuals administering care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| Based | on your answers to the above, in your opinion was perf | ormance bias present? If so, what is the likely |
| direct | ion of its effect? | |
| | | |
| | High risk of bias | |
| | | |
| Likely | y direction of effect: Effect size bigger | |
| | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | |
| C. Att | rition bias (systematic differences between the comparis | on groups with respect to loss of participants) |
| | | |
| C1 | All groups were followed up for an equal length of | |
| | time (or analysis was adjusted to allow for | Yes |
| | differences in length of follow-up) | 163 |
| | | |
| C2 | a. How many participants did not complete treatment i | in each group? |
| | Experimental group N: 7; Control group N: 4 | |
| | b. The groups were comparable for treatment | |
| | completion (that is, there were no important or | Yes |
| | systematic differences between groups in terms of | |
| | those who did not complete treatment) | |
| C3 | For how many participants in each group were no outc | come data available? |
| | Experimental group N: 2; Control group N: 3 | |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups | Yes |
| | in terms of those for whom outcome data were not | |
| | available). | |

Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?

Low risk of bias

Likely direction of effect: Not applicable

| D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | |
|---|---|--|
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (with the exception of PIR-GAS where the outcome assessor was non-blind) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (with the exception of PIR-GAS where the outcome assessor was non-blind) |

Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?

Low risk of bias (with the exception of PIR-GAS where there was a high risk of bias)

Likely direction of effect: Not applicable (with the exception of PIR-GAS where the likely direction of effect was effect size bigger)

1.6.56SILVERSTEIN2011

| Stud | y ID | SILVERSTEIN2011 | | | |
|--|---|--|--|--|--|
| Biblio | Bibliographic reference: | | | | |
| | rstein M, Feinberg E, Cabral H, Sauder S, Egbert L, Schai | nker E, et al. Problem-solving education to | | | |
| | ent depression among low-income mothers of preterm in | | | | |
| - | ives of Women's Mental Health. 2011;14:317-324. | • | | | |
| Guid | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 | | | |
| clinic | al management and service guidance | _ | | | |
| Chec | klist completed by: Odette Megnin-Viggars | | | | |
| A. Se | lection bias (systematic differences between the compari | son groups) | | | |
| A1 | An appropriate method of randomisation was used | Yes (computer-generated randomization | | | |
| | to allocate participants to treatment groups (which | list, randomizing in blocks of randomly | | | |
| | would have balanced any confounding factors | varying sizes of 2 and 4, independently at | | | |
| | equally across groups) | each study site, ensured balance between | | | |
| | | study arms) | | | |
| A2 | There was adequate concealment of allocation (such | Yes (sequentially numbered, opaque, sealed | | | |
| | that investigators, clinicians and participants cannot | envelopes) | | | |
| | influence enrolment or treatment allocation) | chivelopes) | | | |
| A3 | The groups were comparable at baseline, including | | | | |
| | all major confounding and prognostic factors | Yes | | | |
| Based | l I on your answers to the above, in your opinion was sele | ection bias present? If so, what is the likely | | | |
| direction of its effect? | | | | | |
| Low risk of bias | | | | | |
| LOW 115K OI DIAS | | | | | |
| Likely direction of effect: Not applicable | | | | | |
| | | | | | |
| | | | | | |

| P. Danfarrange him (anatomatic differences between groups in the gave growing ded growt | | |
|---|--|--|
| B. Performance bias (systematic differences between groups in the care provided, apart | | |
| from the intervention under investigation) | | |
| | | |
| B1 | The comparison groups received the same care apart | |
| | from the intervention(s) studied | Yes |
| | | 103 |
| DO. | | |
| B2 | Participants receiving care were kept 'blind' to | |
| | treatment allocation | No |
| DO | T 1: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| В3 | Individuals administering care were kept 'blind' to | NT- |
| | treatment allocation | No |
| D | | |
| | l on your answers to the above, in your opinion was perficion of its effect? | formance bias present? If so, what is the likely |
| uireci | ion of its effect? | |
| | TT: 1 - 1 - (1) | |
| | High risk of bias | |
| T '1 1 | 1' | |
| Likel | y direction of effect: Effect size bigger | |
| | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | |
| | | 9 |
| | | |
| C1 | All groups were followed up for an equal length of | |
| | time (or analysis was adjusted to allow for | Yes |
| | differences in length of follow-up) | |
| C2 | a Havy many manticipants did not complete tractment | in each group? |
| C2 | a. How many participants did not complete treatment: | in each group? |
| | Experimental group N: 0; Control group N: 1 | |
| | b. The groups were comparable for treatment | |
| | completion (that is, there were no important or | Yes |
| | systematic differences between groups in terms of | |
| | those who did not complete treatment) | |
| C3 | For how many participants in each group were no outo | come data available? |
| | Experimental group N: 0; Control group N: 2 | |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups | Yes |
| | in terms of those for whom outcome data were not | |
| | available). | |

| Based | ased on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | |
|--------|--|--|
| direct | direction of its effect? | |
| | Low risk of bias | |
| Likel | y direction of effect: Not applicable | |
| | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | nosed or verified) |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) |
| Based | on your answers to the above, in your opinion was det | ection bias present? If so, what is the likely |
| direct | ion of its effect? | |
| | Low risk of bias | |
| Likel | y direction of effect: Not applicable | |

1.6.57SIMAVLI2014

| Study | 7 ID | SIMAVLI2014 |
|--------|--|---|
| 70.11 | 1 | |
| | ographic reference: | |
| | vli S, Kaygusuz I, Gumus I, Usluogullari B, Yildirim M, | 1, |
| | al delivery on postpartum pain relief and mental health | . Journal of Affective Disorders. 2014;156:194- |
| 199. | | |
| | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 |
| clinic | al management and service guidance | |
| Checl | klist completed by: Odette Megnin-Viggars | |
| A. Se | lection bias (systematic differences between the compari | son groups) |
| A1 | An appropriate method of randomisation was used to allocate participants to treatment groups (which | Yes (computerized minimization program, stratified according to maternal age, |
| | would have balanced any confounding factors equally across groups) | gestational week, education and family class) |
| A2 | There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation) | Unclear (insufficient detail reported with regards to allocation concealment) |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Yes |
| | d on your answers to the above, in your opinion was selection of its effect? | ection bias present? If so, what is the likely |
| | Low risk of bias | |
| Likel | y direction of effect: Not applicable | |

| B. Per | formance bias (systematic differences between groups ir | n the care provided, apart |
|--------|--|---|
| | the intervention under investigation) | • |
| | Ç , | |
| D4 | mt 1.d | |
| B1 | The comparison groups received the same care apart | |
| | from the intervention(s) studied | Yes |
| | | |
| B2 | Participants receiving care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| В3 | Individuals administering care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| Based | on your answers to the above, in your opinion was perf | ormance bias present? If so, what is the likely |
| direct | ion of its effect? | |
| | | |
| | High risk of bias | |
| | | |
| Likely | y direction of effect: Effect size bigger | |
| | | |
| C A | 1. / 1.66 1 | |
| C. Att | rition bias (systematic differences between the comparis | on groups with respect to loss of participants) |
| | | |
| C1 | All groups were followed up for an equal length of | |
| | time (or analysis was adjusted to allow for | Yes |
| | differences in length of follow-up) | Tes |
| | | |
| C2 | a. How many participants did not complete treatment i | in each group? |
| | Experimental group N: 9; Control group N: 11 | |
| | b. The groups were comparable for treatment | |
| | completion (that is, there were no important or | Yes |
| | systematic differences between groups in terms of | |
| | those who did not complete treatment) | |
| C3 | For how many participants in each group were no outo | rome data available? |
| | Experimental group N: 9; Control group N: 11 | |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups | Yes |
| | in terms of those for whom outcome data were not | |
| | available). | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? |
|--|
| Low risk of bias |
| Likely direction of effect: Not applicable |
| |

| D1 | The study had an appropriate length of follow-up | Yes |
|----|---|---|
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) |
| | d on your answers to the above, in your opinion was detion of its effect? | tection bias present? If so, what is the likely |

Low risk of bias

1.6.58SLEED2013

| Stud | y ID | SLEED2013 |
|--------|---|--|
| Bibli | ographic reference: | |
| | l M, Baradon T, Fonagy P. New Beginnings for mothers a | and babies in prison: a cluster randomised |
| contr | rolled trial. Attachment and Human Development. 2013; | 15:349-367. |
| Guid | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 |
| clinic | al management and service guidance | |
| Chec | klist completed by: Odette Megnin-Viggars | |
| A. Se | election bias (systematic differences between the compari | son groups) |
| A1 | An appropriate method of randomisation was used | |
| | to allocate participants to treatment groups (which | Unclear (randomisation method is unclear) |
| | would have balanced any confounding factors | Officieal (fandomisation method is unclear) |
| | equally across groups) | |
| A2 | There was adequate concealment of allocation (such | Yes (randomisation was carried out by an |
| | that investigators, clinicians and participants cannot | independent statistician) |
| | influence enrolment or treatment allocation) | independent statistician) |
| A3 | The groups were comparable at baseline, including | |
| | all major confounding and prognostic factors | Yes |
| Base | l d on your answers to the above, in your opinion was sele | ection bias present? If so, what is the likely |
| direc | tion of its effect? | |
| | Unclear/unknown risk of bias | |
| Like | ly direction of effect: Unknown direction | |
| | • | |
| | | |

| B. Per | formance bias (systematic differences between groups ir | the care provided, apart |
|-----------|---|---|
| from t | the intervention under investigation) | |
| | , | |
| D4 | m . 1d | |
| B1 | The comparison groups received the same care apart | |
| | from the intervention(s) studied | Yes |
| | | |
| B2 | Participants receiving care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| В3 | Individuals administering care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| Based | on your answers to the above, in your opinion was perf | ormance bias present? If so, what is the likely |
| direct | ion of its effect? | |
| | | |
| | High risk of bias | |
| | | |
| Likely | y direction of effect: Effect size bigger | |
| | | |
| C 14 | wition biss (see towards differences between the seemonic | or annual with approach to loss of resultiving anto |
| C. Att | rition bias (systematic differences between the comparis | on groups with respect to loss of participants) |
| | | |
| C1 | All groups were followed up for an equal length of | |
| | time (or analysis was adjusted to allow for | Yes |
| | differences in length of follow-up) | 163 |
| C2 | ** | |
| C2 | a. How many participants did not complete treatment in | in each group? |
| | Experimental group N: 34; Control group N: 46 | |
| | b. The groups were comparable for treatment | |
| | completion (that is, there were no important or | Yes |
| | systematic differences between groups in terms of | |
| | those who did not complete treatment) | 1 |
| C3 | For how many participants in each group were no outc | ome data available? |
| | Experimental group N: 34; Control group N: 46 | |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups | Yes |
| | in terms of those for whom outcome data were not | |
| | available). | |

| | on your answers to the above, in your opinion was attrion of its effect? | rition bias present? If so, what is the likely |
|-------|---|---|
| | Low risk of bias | |
| Likel | y direction of effect: Not applicable | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | gnosed or verified) |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report or blinded outcome assessor) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report or blinded outcome assessor) |
| | on your answers to the above, in your opinion was det ion of its effect? | rection bias present? If so, what is the likely |
| | Low risk of bias | |
| Likel | y direction of effect: Not applicable | |

1.6.59SPINELLI2003

| Study | y ID | SPINELLI2003 |
|--------|---|---|
| Biblio | ographic reference: | |
| | elli MG, Endicott J. Controlled clinical trial of interpersor | nal psychotherapy versus parenting education |
| - | ram for depressed pregnant women. American Journal o | |
| | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 |
| | al management and service guidance | 1 |
| Chec | klist completed by: Odette Megnin-Viggars | |
| A. Se | lection bias (systematic differences between the compari | son groups) |
| A1 | An appropriate method of randomisation was used | |
| | to allocate participants to treatment groups (which | Vos (randam number tables) |
| | would have balanced any confounding factors | Yes (random number tables) |
| | equally across groups) | |
| A2 | There was adequate concealment of allocation (such | Unclear (insufficient detail reported with |
| | that investigators, clinicians and participants cannot | regards to allocation concealment) |
| | influence enrolment or treatment allocation) | regards to anocation conceannerity |
| A3 | The groups were comparable at baseline, including | |
| | all major confounding and prognostic factors | Yes |
| Basec | l I on your answers to the above, in your opinion was sele | l ection bias present? If so, what is the likely |
| direc | tion of its effect? | |
| | Low risk of bias | |
| | | |
| Likel | y direction of effect: Not applicable | |
| | | |

| D D | f | . 11 |
|--------|---|--|
| | formance bias (systematic differences between groups in the intervention under investigation) | i the care provided, apart |
| 110111 | the intervention under investigation) | |
| | | |
| B1 | The comparison groups received the same care apart | |
| | from the intervention(s) studied | Yes |
| | | |
| B2 | Participants receiving care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| В3 | Individuals administering care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely |
| direct | ion of its effect? | |
| | | |
| | High risk of bias | |
| | | |
| Likel | y direction of effect: Effect size bigger | |
| | | |
| C. At | trition bias (systematic differences between the comparis | son groups with respect to loss of participants) |
| | The second control of | 9 |
| | | |
| C1 | All groups were followed up for an equal length of | |
| | time (or analysis was adjusted to allow for | Yes |
| | differences in length of follow-up) | |
| C2 | a. How many participants did not complete treatment: | l in each group? |
| | Experimental group N: 4; Control group N: 8 | ar out 8. out |
| | b. The groups were comparable for treatment | |
| | completion (that is, there were no important or | |
| | systematic differences between groups in terms of | Yes |
| | those who did not complete treatment) | |
| C3 | For how many participants in each group were no outo | come data available? |
| | Experimental group N: 4; Control group N: 8 | |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups | Yes |
| | in terms of those for whom outcome data were not | |
| | available). | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely |
|---|
| direction of its effect? |
| Low risk of bias |
| Likely direction of effect: Not applicable |
| |
| |

| D1 | The study had an appropriate length of follow-up | Yes |
|----|---|--|
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) |
| | d on your answers to the above, in your opinion was detion of its effect? | etection bias present? If so, what is the likely |

Low risk of bias

1.6.60STEIN2006

| Stud | y ID | STEIN2006 | | | |
|---|---|---|--|--|--|
| | | | | | |
| | Bibliographic reference: | | | | |
| | Stein A, Woolley H, Senior R, Hertzmann L, Lovel M, Lee J, et al. Treating disturbances in the relationship | | | | |
| | een mothers with bulimic eating disorders and their infa | nts: a randomised, controlled trial of video | | | |
| | back. American Journal of Psychiatry. 2006;163:899-906. | | | | |
| | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 | | | |
| clinic | cal management and service guidance | | | | |
| Chec | Checklist completed by: Odette Megnin-Viggars | | | | |
| A. Selection bias (systematic differences between the comparison groups) | | | | | |
| A1 | An appropriate method of randomisation was used | Yes (block randomisation with fixed blocks | | | |
| | to allocate participants to treatment groups (which | of size six, computer generated by an | | | |
| | would have balanced any confounding factors | independent statistician and stratified | | | |
| | equally across groups) | according to eating disorder diagnosis) | | | |
| A2 | There was adequate concealment of allocation (such | Ver (excusptibility growth and a growth and a | | | |
| | that investigators, clinicians and participants cannot | Yes (sequentially numbered opaque sealed | | | |
| | influence enrolment or treatment allocation) | envelopes) | | | |
| A3 | The groups were comparable at baseline, including | | | | |
| | all major confounding and prognostic factors | Yes | | | |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely | | | | | |
| direc | tion of its effect? | | | | |
| Low risk of bias | | | | | |
| Likely direction of effect: Not applicable | | | | | |
| Likely direction of effects two applicable | | | | | |
| | | | | | |

| D D | f | . (1 | |
|---|---|--|--|
| | formance bias (systematic differences between groups in | i the care provided, apart | |
| from the intervention under investigation) | | | |
| | | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Yes | |
| | | | |
| B2 | Posticipante receiving care vyone least thin d' to | | |
| DZ | Participants receiving care were kept 'blind' to treatment allocation | No | |
| | treatment anocation | INO | |
| В3 | Individuals administering care were kept 'blind' to | | |
| DO | treatment allocation | No | |
| | irealment anocation | | |
| Based | l l on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely | |
| | tion of its effect? | , | |
| | | | |
| | High risk of bias | | |
| | | | |
| Likel | y direction of effect: Effect size bigger | | |
| | | | |
| <u> </u> | | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | 165 | |
| | | | |
| C2 | a. How many participants did not complete treatment in each group? | | |
| | Experimental group N: 0; Control group N: 1 | T | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | Yes | |
| | systematic differences between groups in terms of | | |
| | those who did not complete treatment) | | |
| C3 | For how many participants in each group were no outo | come data available? | |
| | Experimental group N: 2; Control group N: 1 | | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Yes | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | |
|---|--|--|
| direction of its effect? | | |
| Low risk of bias | | |
| Likely direction of effect: Not applicable | | |
| | | |
| | | |

| D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | |
|--|---|----------------------------------|
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (blinded outcome assessment) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (blinded outcome assessment) |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | |
| Low risk of bias | | |

1.6.61SWANSON2009

| Study | y ID | SWANSON2009 | | |
|---|--|--|--|--|
| | | | | |
| | Bibliographic reference: | | | |
| | son KM, Chen H-T, Graham JC, Wojnar DM, Petra A. R | 1 0 | | |
| | year after miscarriage: a randomised controlled clinical t | rial of couples-focused interventions. Journal | | |
| | omen's Health. 2009;18:1245-1257. | | | |
| | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 | | |
| clinic | al management and service guidance | | | |
| Chec | Checklist completed by: Odette Megnin-Viggars | | | |
| A. Selection bias (systematic differences between the comparison groups) | | | | |
| A1 | An appropriate method of randomisation was used | | | |
| | to allocate participants to treatment groups (which | Yes (card-pulling protocol, randomised in | | |
| | would have balanced any confounding factors | blocks of 12) | | |
| | equally across groups) | | | |
| A2 | There was adequate concealment of allocation (such | | | |
| | that investigators, clinicians and participants cannot | No | | |
| | influence enrolment or treatment allocation) | | | |
| A3 | The groups were comparable at baseline, including | | | |
| | all major confounding and prognostic factors | Yes | | |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely | | | | |
| direction of its effect? | | | | |
| Unclear/unknown risk of bias | | | | |
| Likely direction of effect: Unknown direction | | | | |
| | | | | |

| D.D. (1' / ('' 1')) | | |
|---|---|--|
| B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation) | | |
| 110111 | the mervernon under investigation | |
| B1 | The comparison groups received the same care apart | |
| | from the intervention(s) studied | Yes |
| | | |
| B2 | Participants receiving care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| В3 | Individuals administering care were kept 'blind' to | N |
| | treatment allocation | No |
| Based | l l on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely |
| | tion of its effect? | , , |
| | | |
| | High risk of bias | |
| Likal | y direction of affects Effect size higger | |
| Likei | y direction of effect: Effect size bigger | |
| | | |
| C. At | trition bias (systematic differences between the comparis | son groups with respect to loss of participants) |
| | | |
| C1 | All groups were followed up for an equal length of | |
| | time (or analysis was adjusted to allow for | Yes |
| | differences in length of follow-up) | |
| C2 | a. How many participants did not complete treatment: | in each group? |
| | Experimental group N: 47 (3 treatment arms combined |); Control group N: 20 |
| | b. The groups were comparable for treatment | |
| | completion (that is, there were no important or | Yes |
| | systematic differences between groups in terms of | 103 |
| | those who did not complete treatment) | |
| C3 | For how many participants in each group were no outo | come data available? |
| | Experimental group N: 0; Control group N: 0 | |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups | Yes |
| | in terms of those for whom outcome data were not | |
| | available). | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | |
|--|--|--|
| Low risk of bias | | |
| Likely direction of effect: Not applicable | | |
| | | |

| D1 | The study had an appropriate length of follow-up | Yes |
|----|---|---|
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) |
| | d on your answers to the above, in your opinion was detion of its effect? | tection bias present? If so, what is the likely |

Low risk of bias

1.6.62TAMAKI2008

| Stud | y ID | TAMAKI2008 | | | |
|--|---|---|--|--|--|
| Biblio | Bibliographic reference: | | | | |
| | aki A. Effectiveness of home visits by mental health nurse | es for Japanese women with post-partum | | | |
| depr | ession. International Journal of Mental Health Nursing. 2 | 008;17:419-427. | | | |
| Guid | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 | | | |
| clinic | al management and service guidance | | | | |
| Chec | klist completed by: Odette Megnin-Viggars | | | | |
| A. Se | lection bias (systematic differences between the compari | son groups) | | | |
| A1 | An appropriate method of randomisation was used | | | | |
| | to allocate participants to treatment groups (which | Yes (computer-generated random numbers) | | | |
| | would have balanced any confounding factors | res (computer-generated random numbers) | | | |
| | equally across groups) | | | | |
| A2 | There was adequate concealment of allocation (such | Unclear (insufficient detail reported with | | | |
| | that investigators, clinicians and participants cannot | regards to allocation concealment) | | | |
| | influence enrolment or treatment allocation) | regular to unocation conceament) | | | |
| A3 | The groups were comparable at baseline, including | | | | |
| | all major confounding and prognostic factors | Yes | | | |
| Based | l d on your answers to the above, in your opinion was sele | ction bias present? If so, what is the likely | | | |
| direction of its effect? | | | | | |
| | | | | | |
| Low risk of bias | | | | | |
| Likely direction of effect: Not applicable | | | | | |
| | | | | | |
| | | | | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | | |
|---|---|--|--|
| | · · · · · · · · · · · · · · · · · · · | n the care provided, apart | |
| from the intervention under investigation) | | | |
| | | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Yes | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely | |
| direct | ion of its effect? | | |
| | | | |
| | High risk of bias | | |
| | | | |
| Likel | y direction of effect: Effect size bigger | | |
| | | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | | |
| | The second control of | 9 | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | | |
| C2 | a. How many participants did not complete treatment: | l in each group? | |
| | Experimental group N: 2; Control group N: 0 | | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | | |
| | systematic differences between groups in terms of | Yes | |
| | those who did not complete treatment) | | |
| C3 | For how many participants in each group were no outo | come data available? | |
| | Experimental group N: 2; Control group N: 0 | | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Yes | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | |
|--|---|---|
| Low risk of bias | | |
| Likely direction of effect: Not applicable | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | nosed or verified) |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Unclear (identity and blinding of outcome assessors not reported) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Unclear (identity and blinding of outcome assessors not reported) |
| | on your answers to the above, in your opinion was deterion of its effect? | ection bias present? If so, what is the likely |
| Unclear/unknown risk of bias | | |
| Likely direction of effect: Unknown direction | | |

1.6.63TANDON2011/2014/MENDELSON2013

| 0. 1 | Th. | EANTE ON TOOLS (SOLE) (NEW YORK) | |
|---|--|---|--|
| Study | · ID | TANDON2011/2014/MENDELSON2013 | |
| | | | |
| | graphic reference: | | |
| | on SD, Perry DF, Mendelson T, Kemp K, Leis JA. Preven | | |
| home | visiting clients. Journal of Consulting and Clinical Psych | nology. 2011;79:707-712. | |
| Tando | on SD, Leis JA, Mendelson T, Perry DF, Kemp K. Six-mo | nth outcomes from a randomised controlled | |
| trial to | o prevent perinatal depression in low-income home visit | ting clients. Maternal and Child Health | |
| Journ | al. 2014;18:873-881. | | |
| | | | |
| Mend | elson T, Leis JA, Perry DF, Stuart EA, Tandon SD. Impa | ct of a preventative intervention for perinatal | |
| depre | ssion on mood regulation, social support, and coping. A | rchives of Womens Mental Health. | |
| 2013;1 | 16:211-218. | | |
| Guide | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 | |
| clinica | al management and service guidance | | |
| Check | Checklist completed by: Odette Megnin-Viggars | | |
| A. Sel | ection bias (systematic differences between the comparis | son groups) | |
| A1 | An appropriate method of randomisation was used | | |
| | to allocate participants to treatment groups (which | Vos (von dom number table) | |
| | would have balanced any confounding factors | Yes (random number table) | |
| | equally across groups) | | |
| A2 | There was adequate concealment of allocation (such | The share (in sufficient data;) was acted suith | |
| | that investigators, clinicians and participants cannot | Unclear (insufficient detail reported with | |
| | influence enrolment or treatment allocation) | regards to allocation concealment) | |
| A3 | The groups were comparable at baseline, including | | |
| | all major confounding and prognostic factors | Yes | |
| | | | |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely | | | |
| direction of its effect? | | | |
| | | | |
| Low risk of bias | | | |
| | | | |
| Likely direction of effect: Not applicable | | | |
| | | | |
| | | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | | | |
|--|---|--|--|--|
| from the intervention under investigation) | | | | |
| | | | | |
| D1 | 771 | | | |
| B1 | The comparison groups received the same care apart | | | |
| | from the intervention(s) studied | Yes | | |
| | | | | |
| B2 | Participants receiving care were kept 'blind' to | | | |
| | treatment allocation | No | | |
| | | | | |
| В3 | Individuals administering care were kept 'blind' to | | | |
| | treatment allocation | No | | |
| | | | | |
| Based | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely | | |
| direct | ion of its effect? | | | |
| | | | | |
| | High risk of bias | | | |
| | | | | |
| Likely | y direction of effect: Effect size bigger | | | |
| | | | | |
| | | | | |
| C. Att | rition bias (systematic differences between the comparis | on groups with respect to loss of participants) | | |
| | | | | |
| C1 | All groups were followed up for an equal length of | | | |
| CI | time (or analysis was adjusted to allow for | | | |
| | differences in length of follow-up) | Yes | | |
| | uniciences in length of follow up) | | | |
| C2 | a. How many participants did not complete treatment | in each group? | | |
| | Experimental group N: 0; Control group N: 2 | | | |
| | Randomization was performed before consent so number | pers enrolled are extracted and taken as N | | |
| | randomised for the purposes of ITT analysis | | | |
| | b. The groups were comparable for treatment | | | |
| | completion (that is, there were no important or | Vec | | |
| | systematic differences between groups in terms of | Yes | | |
| | those who did not complete treatment) | | | |
| C3 | For how many participants in each group were no outcome data available? | | | |
| | Experimental group N: 0; Control group N: 2 | | | |
| | Randomization was performed before consent so numbers enrolled are extracted and taken as N | | | |
| | randomised for the purposes of ITT analysis | | | |
| | b. The groups were comparable with respect to the | | | |
| | availability of outcome data (that is, there were no | | | |
| | important or systematic differences between groups | Yes | | |
| | in terms of those for whom outcome data were not | | | |
| | available). | | | |

Clinical evidence – completed methodology checklists

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | | |
|--|--|--|--|
| Low risk of bias | | | |
| Likely direction of effect: Not applicable | | | |
| | | | |

| D1 | The study had an appropriate length of follow-up | Yes |
|----|---|---|
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report or blinded outcome assessment) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report or blinded outcome assessment) |
| | d on your answers to the above, in your opinion was detion of its effect? | tection bias present? If so, what is the likely |

Low risk of bias

1.6.64TIMPANO2011

| Stud | y ID | TIMPANO2011 | | | |
|---|---|---|--|--|--|
| Bibli | ographic reference: | | | | |
| Timpano KR, Abramowitz JS, Mahaffey BL, Mitchell MA, Schmidt NB. Efficacy of a prevention program | | | | | |
| for postpartum obsessive-compulsive symptoms. Journal of Psychiatric Research. 2011;45:1511-1517. | | | | | |
| Guideline topic: Antenatal and postnatal mental health: Review question number: 4.1 | | | | | |
| | ral management and service guidance | | | | |
| Chec | klist completed by: Odette Megnin-Viggars | | | | |
| A. Se | A. Selection bias (systematic differences between the comparison groups) | | | | |
| A1 | An appropriate method of randomisation was used to allocate participants to treatment groups (which | | | | |
| | would have balanced any confounding factors | Unclear (randomisation method is unclear) | | | |
| | equally across groups) | | | | |
| A2 | There was adequate concealment of allocation (such | Unclear (insufficient detail reported with regards to allocation concealment) | | | |
| | that investigators, clinicians and participants cannot | | | | |
| | influence enrolment or treatment allocation) | | | | |
| A3 | The groups were comparable at baseline, including | | | | |
| | all major confounding and prognostic factors | Yes | | | |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely | | | | | |
| direction of its effect? | | | | | |
| | | | | | |
| Unclear/unknown risk of bias | | | | | |
| Likely direction of effect: Unknown direction | | | | | |
| | | | | | |
| | | | | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | | |
|--|---|--|--|
| from the intervention under investigation) | | | |
| from the intervention under investigation) | | | |
| | | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Yes | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely | |
| direct | ion of its effect? | | |
| | | | |
| | High risk of bias | | |
| | | | |
| Likel | y direction of effect: Effect size bigger | | |
| | | | |
| C. At | trition bias (systematic differences between the comparis | son groups with respect to loss of participants) | |
| | The second control of | 9 | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | | |
| C2 | a. How many participants did not complete treatment: | l in each group? | |
| C2 | Experimental group N: 0; Control group N: 0 | | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | | |
| | systematic differences between groups in terms of | Yes | |
| | those who did not complete treatment) | | |
| C3 | For how many participants in each group were no outo | come data available? | |
| | Experimental group N: 5; Control group N: 8 | | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Yes | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

Clinical evidence – completed methodology checklists

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | |
|---|--|--|
| direction of its effect? | | |
| Low risk of bias | | |
| Likely direction of effect: Not applicable | | |
| | | |
| | | |

| D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | |
|--|---|----------------------------------|
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (blinded outcome assessment) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (blinded outcome assessment) |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | |
| Low risk of bias | | |

${\bf 1.6.65 VANDOESUM 2008/KERSTENAL VARE Z2010}$

| Stud | y ID | VANDOESUM2008/KERSTENALVAREZ2010 | | |
|--|--|---|--|--|
| Biblio | Bibliographic reference: | | | |
| | Doesum KTM, Riksen-Walraven JM, Hosman CMH, H | loefnagels C. A randomised controlled trial of a | | |
| home | e-visiting intervention aimed at preventing relationship | p problems in depressed mothers and their | | |
| infan | ts. Child Development. 2008;79:547–561. | | | |
| | | | | |
| | en-Alvarez LE, Hosman CMH, Riksen-Walraven JM, v | | | |
| | s of a home-visiting intervention for depressed mother | rs and their infants. Journal of child psychology | | |
| | osychiatry, and allied disciplines. 2010;51:1160-1170. | | | |
| | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 | | |
| | al management and service guidance | | | |
| Chec | klist completed by: Odette Megnin-Viggars | | | |
| A. Se | lection bias (systematic differences between the compa | nrison groups) | | |
| A1 | An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups) | Yes (the two groups were balanced in sets of 10, each with a computer-generated randomization sequence) | | |
| A2 | There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation) | Unclear (insufficient detail reported with regards to allocation concealment) | | |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Yes | | |
| | Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | | |
| Low risk of bias | | | | |
| Likely direction of effect: Not applicable | | | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | | |
|---|--|--|--|
| from the intervention under investigation) | | | |
| | | | |
| | | | |
| B1 | The comparison groups received the same care | | |
| | apart from the intervention(s) studied | Yes | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| Based | on your answers to the above, in your opinion was pe | erformance bias present? If so, what is the likely | |
| direct | ion of its effect? | | |
| | | | |
| | High risk of bias | | |
| | | | |
| Likel | y direction of effect: Effect size bigger | | |
| | | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | | |
| C. Attituoli bias (systematic differences between the comparison groups with respect to loss of participants) | | | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | ics | |
| | | | |
| C2 | a. How many participants did not complete treatmen | it in each group? | |
| | Experimental group N: 8; Control group N: 3 | | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | Yes | |
| | systematic differences between groups in terms of | | |
| | those who did not complete treatment) | | |
| C3 | For how many participants in each group were no ou | tcome data available? | |
| | Experimental group N: 8; Control group N: 6 | | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between | Yes | |
| | groups in terms of those for whom outcome data | | |
| | were not available). | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | |
|---|--|--|
| direction of its effect? | | |
| Low risk of bias | | |
| Likely direction of effect: Not applicable | | |
| | | |

| D1 | The study had an appropriate length of follow-up | Yes |
|----|---|---|
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report or blinded outcome assessment) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report or blinded outcome assessment) |
| | d on your answers to the above, in your opinion was det tion of its effect? | ection bias present? If so, what is the likely |

Low risk of bias

1.6.66 VIETEN 2008

| Stud | y ID | VIETEN2008 | | | |
|---|--|---|--|--|--|
| Bibli | Bibliographic reference: | | | | |
| | Vieten C, Astin J. Effects of a mindfulness-based intervention during pregnancy on prenatal stress and | | | | |
| | d: results of a pilot study. Archives of Womens Mental H | | | | |
| Guid | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 | | | |
| clinic | ral management and service guidance | _ | | | |
| Chec | klist completed by: Odette Megnin-Viggars | | | | |
| A. Se | election bias (systematic differences between the compari | son groups) | | | |
| A1 | An appropriate method of randomisation was used | | | | |
| | to allocate participants to treatment groups (which | Unclear (randomisation method is unclear) | | | |
| | would have balanced any confounding factors | Officieal (fandofffisation filethod is difficeal) | | | |
| | equally across groups) | | | | |
| A2 | There was adequate concealment of allocation (such | Unclear (insufficient detail reported with | | | |
| | that investigators, clinicians and participants cannot | regards to allocation concealment) | | | |
| | influence enrolment or treatment allocation) | regards to unocution conceannenty | | | |
| A3 | The groups were comparable at baseline, including | | | | |
| | all major confounding and prognostic factors | Yes | | | |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely | | | | | |
| direction of its effect? | | | | | |
| | | | | | |
| Unclear/unknown risk of bias | | | | | |
| Likely direction of effect: Unknown direction | | | | | |
| | | | | | |
| | | | | | |

| B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation) | | | |
|---|--|--|--|
| from the intervention under investigation) | | | |
| | | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Yes | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely | |
| direct | ion of its effect? | | |
| | | | |
| | High risk of bias | | |
| T 11 1 | 11 d 6 6 4 FG 4 1 1 | | |
| Likel | y direction of effect: Effect size bigger | | |
| | | | |
| C. Att | rition bias (systematic differences between the comparis | son groups with respect to loss of participants) | |
| | () | | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | | |
| C2 | a. How many participants did not complete treatment | in each group? | |
| | Experimental group N: 2; Control group N: 1 | | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | | |
| | systematic differences between groups in terms of | Yes | |
| | those who did not complete treatment) | | |
| СЗ | For how many participants in each group were no outc | come data available? | |
| | Experimental group N: 2; Control group N: 1 | | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Yes | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | |
|--|--|--|
| Low risk of bias | | |
| Likely direction of effect: Not applicable | | |
| | | |

| D1 | The study had an appropriate length of follow-up | Yes |
|----|---|---|
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) |
| | d on your answers to the above, in your opinion was detion of its effect? | tection bias present? If so, what is the likely |

1.6.67WEIDNER2010

| Study | 7 ID | WEIDNER2010 | |
|--|---|---|--|
| D:1.1: | and the section of | | |
| | ographic reference: | adaptem F. Dishton I at al. A navyshagamatic | |
| | Weidner K, Bittner A, Junge-Hoffmeister J, Zimmerman K, Siedentopf F, Richter J, et al. A psychosomatic intervention in pregnant in-patient women with prenatal somatic risks. Journal of psychosomatic obstetrics | | |
| | yendon in pregnant in-padent women with prenatal son gynaecology. 2010;31:188-198. | latic risks. Journal of psychosomatic obstetrics | |
| | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 | |
| | al management and service guidance | Review question number: 4.1 | |
| | | | |
| Cneci | klist completed by: Odette Megnin-Viggars | | |
| A. Se | lection bias (systematic differences between the compari | ison groups) | |
| A1 A2 | An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups) There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence and participants cannot influence and participants. | Yes (randomisation was conducted using a list with a preset random series of the labels A and B, respectively. According to the mail order of the incoming questionnaires, the next letter [A or B] in the list was assigned to the respective subject and scratched out from the list) No | |
| A3 | influence enrolment or treatment allocation) The groups were comparable at baseline, including all major confounding and prognostic factors | Yes | |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | | |
| | Unclear/unknown risk of bias | | |
| Likely direction of effect: Unknown direction | | | |

| D Day | formance bias (systematic differences between groups in | the same muselided amount | |
|--|---|--|--|
| | · · · · · · · · · · · · · · · · · · · | i the care provided, apart | |
| from the intervention under investigation) | | | |
| | | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Yes | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| DZ | treatment allocation | No | |
| | if carrier anocation | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| Basec | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely | |
| direct | ion of its effect? | | |
| | | | |
| | High risk of bias | | |
| | | | |
| Likel | y direction of effect: Effect size bigger | | |
| | | | |
| C At | trition bias (systematic differences between the comparis | con groups with respect to loss of participants) | |
| C. 11t | inition bias (systematic unicrences between the companie | on groups with respect to loss of participants) | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | | |
| C2 | a. How many participants did not complete treatment: | in each group? | |
| CZ | Experimental group N: 25; Control group N: 23 | in each group. | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | | |
| | systematic differences between groups in terms of | Yes | |
| | those who did not complete treatment) | | |
| C3 | For how many participants in each group were no outc | l come data available? | |
| | Experimental group N: 25; Control group N: 23 | | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Yes | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | |
|---|--|--|
| direction of its effect? | | |
| Low risk of bias | | |
| Likely direction of effect: Not applicable | | |
| | | |
| | | |

| D1 | The study had an appropriate length of follow-up | Yes |
|----|---|--|
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) |
| | d on your answers to the above, in your opinion was detion of its effect? | etection bias present? If so, what is the likely |

Low risk of bias

1.6.68WICKBERG1996

| Stud | y ID | WICKBERG1996 | | | |
|---|---|--|--|--|--|
| Bibli | Bibliographic reference: | | | | |
| | Wickberg B, Hwang CP. Counselling of postnatal depression: a controlled study on a population-based | | | | |
| | Swedish sample. Journal of Affective Disorders. 1996;39:209-216. | | | | |
| Guid | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 | | | |
| clinic | ral management and service guidance | _ | | | |
| Chec | klist completed by: Odette Megnin-Viggars | | | | |
| A. Se | election bias (systematic differences between the compari | son groups) | | | |
| A1 | An appropriate method of randomisation was used | | | | |
| | to allocate participants to treatment groups (which | Unclear (method of randomisation unclear) | | | |
| | would have balanced any confounding factors | Officieal (method of fandomisation difficieal) | | | |
| | equally across groups) | | | | |
| A2 | There was adequate concealment of allocation (such | Unclear (insufficient detail reported with | | | |
| | that investigators, clinicians and participants cannot | regards to allocation concealment) | | | |
| | influence enrolment or treatment allocation) | regards to unocution conceanienty | | | |
| A3 | The groups were comparable at baseline, including | | | | |
| | all major confounding and prognostic factors | Yes | | | |
| Base | Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely | | | | |
| direc | tion of its effect? | | | | |
| | | | | | |
| Unclear/unknown risk of bias | | | | | |
| Likely direction of effect: Unknown direction | | | | | |
| | | | | | |
| | | | | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | | |
|--|--|--|--|
| from the intervention under investigation) | | | |
| | | | |
| B1 | The comparison groups received the same care apart | | |
| DI | from the intervention(s) studied | | |
| | from the intervention(s) studied | Yes | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| Based | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely | |
| | ion of its effect? | • | |
| | | | |
| High | risk of bias | | |
| 111811 | | | |
| Likel | y direction of effect: Effect size bigger | | |
| | , 4.1.00.101.02 0.100. Effect 0.120 0.1860. | | |
| | | | |
| C. Att | rition bias (systematic differences between the comparis | son groups with respect to loss of participants) | |
| | | | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | | |
| C2 | a. How many participants did not complete treatment | in each group? | |
| C2 | Experimental group N: Not reported; Control group N | ~ · | |
| | N=7 dropped out but group assignment of these partic | 1 | |
| | | ipants is unclear | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | Unclear | |
| | systematic differences between groups in terms of | | |
| | those who did not complete treatment) | | |
| C3 | For how many participants in each group were no outo | | |
| | Experimental group N: Not reported; Control group N | - | |
| | N=7 dropped out but group assignment of these partic | ipants is unclear | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Unclear | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | | |
|--|--|--|--|
| Unclear/unknown risk of bias | | | |
| Likely direction of effect: Unknown direction | | | |
| | | | |

| D1 | The study had an appropriate length of follow-up | Yes |
|----|---|--|
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report and blinded outcome assessment) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report and blinded outcome assessment) |
| | d on your answers to the above, in your opinion was de tion of its effect? | tection bias present? If so, what is the likely |

1.6.69WIGGINS2005

| Study | y ID | WIGGINS2005 |
|----------|---|--|
| Biblio | ographic reference: | |
| | rins M, Oakley A, Roberts I, Turner H, Rajan L, Austerbe | erry H, et al. Postnatal support for mothers |
| | g in disadvantaged inner city areas: a randomised contro | |
| , | munity Health. 2005;59:288-295. | , |
| Guid | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 |
| clinic | al management and service guidance | |
| Chec | klist completed by: Odette Megnin-Viggars | |
| A. Se | lection bias (systematic differences between the compara | ison groups) |
| A1 | An appropriate method of randomisation was used | Yes (allocation sequence was computer |
| | to allocate participants to treatment groups (which | generated [MINIM software program] and |
| | would have balanced any confounding factors | minimisation was used to provide a |
| | equally across groups) | reasonable balance on three potential |
| | | confounders [housing |
| | | tenure, lone parenthood, and parity]) |
| A2 | There was adequate concealment of allocation (such | Yes (paper reports 'recruiters had no |
| | that investigators, clinicians and participants cannot | knowledge of the participant's allocation |
| | influence enrolment or treatment allocation) | until allocation had taken place') |
| A3 | The groups were comparable at baseline, including | |
| | all major confounding and prognostic factors | Yes |
| | I on your answers to the above, in your opinion was sele tion of its effect? | ection bias present? If so, what is the likely |
| uirec | uon or its effect? | |
| | Low risk of bias | |
| T :1:c:1 | vy divortion of offerty Net applicable | |
| Like | y direction of effect: Not applicable | |
| | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | | | |
|---|--|--|--|--|
| from the intervention under investigation) | | | | |
| | | | | |
| D1 | The commercian array was incided the commercial | | | |
| B1 | The comparison groups received the same care apart | | | |
| | from the intervention(s) studied | Yes | | |
| | | | | |
| B2 | Participants receiving care were kept 'blind' to | | | |
| | treatment allocation | No | | |
| | | | | |
| В3 | Individuals administering care were kept 'blind' to | | | |
| | treatment allocation | No | | |
| | | | | |
| | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely | | |
| direct | ion of its effect? | | | |
| | | | | |
| | High risk of bias | | | |
| | | | | |
| Likely | y direction of effect: Effect size bigger | | | |
| | | | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | | | |
| C. All | 2 | | | |
| | | | | |
| C1 | All groups were followed up for an equal length of | | | |
| | time (or analysis was adjusted to allow for | Yes | | |
| | differences in length of follow-up) | 165 | | |
| C2 | TT | 1 2 | | |
| C2 | a. How many participants did not complete treatment i | - | | |
| | Experimental group N: 18; Control group N: 56 (two co | ontroi arms combinea) | | |
| | b. The groups were comparable for treatment | | | |
| | completion (that is, there were no important or | Yes | | |
| | systematic differences between groups in terms of | | | |
| C2 | those who did not complete treatment) | 1. 1110 | | |
| C3 | For how many participants in each group were no outc | | | |
| | Experimental group N: 18; Control group N: 56 (two co | ontrol arms combined) | | |
| | b. The groups were comparable with respect to the | | | |
| | availability of outcome data (that is, there were no | | | |
| | important or systematic differences between groups | Yes | | |
| | in terms of those for whom outcome data were not | | | |
| | available). | | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | |
|--|--|--|
| Low risk of bias | | |
| Likely direction of effect: Not applicable | | |
| | | |

| D1 | The study had an appropriate length of follow-up | Yes |
|----|---|---|
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) |
| | d on your answers to the above, in your opinion was detion of its effect? | tection bias present? If so, what is the likely |

Low risk of bias

1.6.70WIKLUND2010

| Study | y ID | WIKLUND2010 | | |
|--|--|---|--|--|
| | | | | |
| Biblio | Bibliographic reference: | | | |
| Wiklund I, Mohlkert P, Edman G. Evaluation of a brief cognitive intervention in patients with signs of | | | | |
| postr | postnatal depression: a randomised controlled trial. Acta Obstetricia et Gynecologica | | | |
| Scano | dinavica.2010;89:1100-1104. | | | |
| Guid | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 | | |
| clinic | al management and service guidance | | | |
| Chec | klist completed by: Odette Megnin-Viggars | | | |
| A. Se | lection bias (systematic differences between the compari | ison groups) | | |
| A1 | An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups) | Unclear (method of randomisation is unclear) | | |
| A2 | There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation) | Unclear (insufficient detail reported with regards to allocation concealment) | | |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | No (statistically significant group difference in baseline EPDS [16.9 in intervention group and 13.6 in control group]) | | |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | | | |
| High risk of bias | | | | |
| Likely direction of effect: Unknown direction | | | | |

| D. I emon | rmance bias (systematic differences between groups in | a the care provided apart |
|-------------------------------------|---|--|
| | intervention under investigation) | i the care provided, apart |
| Hom the | intervention under investigation) | |
| | | |
| B1 Th | he comparison groups received the same care apart | |
| fre | rom the intervention(s) studied | Yes |
| | | |
| B2 Pa | articipants receiving care were kept 'blind' to | |
| | reatment allocation | No |
| | | |
| B3 In | ndividuals administering care were kept 'blind' to | |
| | reatment allocation | No |
| | | |
| Based on | n your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely |
| direction | n of its effect? | |
| | | |
| I | High risk of bias | |
| | | |
| Likely di | irection of effect: Effect size bigger | |
| | | |
| C Attriti | ion bias (systematic differences between the comparis | on groups with respect to loss of participants) |
| C. Muliu | ion bus (systematic unicrences between the companis | on groups with respect to 1033 of participants) |
| | | |
| C1 A1 | | |
| C1 A | ll groups were followed up for an equal length of | |
| | .ll groups were followed up for an equal length of me (or analysis was adjusted to allow for | Yes |
| tir | | Yes |
| tir di | me (or analysis was adjusted to allow for ifferences in length of follow-up) | |
| tir di C2 a. | me (or analysis was adjusted to allow for ifferences in length of follow-up) . How many participants did not complete treatment | |
| tir di C2 a. Ex | me (or analysis was adjusted to allow for ifferences in length of follow-up) How many participants did not complete treatment experimental group: 0; Control group: 0 | |
| C2 a. Ex | me (or analysis was adjusted to allow for ifferences in length of follow-up) How many participants did not complete treatment experimental group: 0; Control group: 0 The groups were comparable for treatment | |
| C2 a. Ex | me (or analysis was adjusted to allow for ifferences in length of follow-up) How many participants did not complete treatment experimental group: 0; Control group: 0 The groups were comparable for treatment completion (that is, there were no important or | |
| C2 a. Ex b. co sy | me (or analysis was adjusted to allow for ifferences in length of follow-up) How many participants did not complete treatment experimental group: 0; Control group: 0 The groups were comparable for treatment empletion (that is, there were no important or systematic differences between groups in terms of | in each group? |
| C2 a. Ex b. co sy th | me (or analysis was adjusted to allow for ifferences in length of follow-up) How many participants did not complete treatment experimental group: 0; Control group: 0 The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of mose who did not complete treatment) | in each group? Yes |
| C2 a. Ex b. co sy th | me (or analysis was adjusted to allow for ifferences in length of follow-up) How many participants did not complete treatment experimental group: 0; Control group: 0 The groups were comparable for treatment empletion (that is, there were no important or systematic differences between groups in terms of mose who did not complete treatment) or how many participants in each group were no outcome. | in each group? Yes |
| C2 a. Ex b. co sy th | me (or analysis was adjusted to allow for ifferences in length of follow-up) How many participants did not complete treatment experimental group: 0; Control group: 0 The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of mose who did not complete treatment) or how many participants in each group were no outcomperimental group: 0; Control group: 0 | in each group? Yes |
| C2 a. Ex b. co sy th C3 Fo Ex b. | me (or analysis was adjusted to allow for ifferences in length of follow-up) How many participants did not complete treatment apperimental group: 0; Control group: 0 The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of mose who did not complete treatment) or how many participants in each group were no outcomplete treatment group: 0; Control group: 0 The groups were comparable with respect to the | in each group? Yes |
| C2 a. Ex b. co sy th C3 Fc Ex b. av | me (or analysis was adjusted to allow for ifferences in length of follow-up) How many participants did not complete treatment experimental group: 0; Control group: 0 The groups were comparable for treatment ompletion (that is, there were no important or externatic differences between groups in terms of mose who did not complete treatment) or how many participants in each group were no outcomposition of the groups were comparable with respect to the vailability of outcome data (that is, there were no | Yes come data available? |
| C2 a. Ex b. co sy th C3 Fo Ex av im | me (or analysis was adjusted to allow for ifferences in length of follow-up) How many participants did not complete treatment apperimental group: 0; Control group: 0 The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of mose who did not complete treatment) or how many participants in each group were no outcomplete treatment group: 0; Control group: 0 The groups were comparable with respect to the | in each group? Yes |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely |
|---|
| direction of its effect? |
| Low risk of bias |
| Likely direction of effect: Not applicable |
| |
| |

| D1 | The study had an appropriate length of follow-up | Yes |
|----|---|---|
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) |
| | d on your answers to the above, in your opinion was de tion of its effect? | tection bias present? If so, what is the likely |

1.6.71ZELKOWITZ2008/2011/FEELEY2012

| Study | 7 ID | ZELKOWITZ2008/2011/FEELEY2012 |
|--|---|---|
| Biblio | ographic reference: | |
| Zelkowitz P, Feeley N, Shrier I, Stremler R, Westreich R, Dunkley D, et al. The cues and care trial: a | | |
| rando | omised controlled trial of an intervention to reduce mate | rnal anxiety and improve developmental |
| outco | mes in very low birthweight infants. Neonatal Intensive | Care. 2008;22:31-36. |
| | owitz P, Feeley N, Shrier I, Stremler R, Westreich R, Dunl | |
| | olled trial of a neonatal intensive care unit intervention: | |
| moth | er-infant interaction. Journal of Developmental and Beha | avioral Pediatrics. 2011;32:591-599. |
| | y N, Zelkowitz P, Shrier I, Stremler R, Westreich R, Dunl | |
| | mother and infant outcomes at 6 months. Journal of Earl | - |
| | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 |
| | al management and service guidance | |
| Checl | klist completed by: Odette Megnin-Viggars | |
| A. Se | lection bias (systematic differences between the comparis | son groups) |
| A1 | An appropriate method of randomisation was used | |
| | to allocate participants to treatment groups (which | Yes (website) |
| | would have balanced any confounding factors | res (website) |
| | equally across groups) | |
| A2 | There was adequate concealment of allocation (such | Yes (the project coordinator used a centrally |
| | that investigators, clinicians and participants cannot | controlled website to generate the |
| | influence enrolment or treatment allocation) | participant's group assignment) |
| A3 | The groups were comparable at baseline, including | |
| | all major confounding and prognostic factors | Yes |
| Basec | lon your answers to the above, in your opinion was sele | ction bias present? If so, what is the likely |
| direct | tion of its effect? | · |
| | Low risk of bias | |
| Likel | y direction of effect: Not applicable | |
| | - | |
| | | |

| B. Per | formance bias (systematic differences between groups ir | n the care provided, apart |
|-----------|---|--|
| from t | the intervention under investigation) | |
| | Ç , | |
| D4 | mt 1.d | |
| B1 | The comparison groups received the same care apart | |
| | from the intervention(s) studied | Yes |
| | | |
| B2 | Participants receiving care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| В3 | Individuals administering care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| Based | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely |
| direct | ion of its effect? | |
| | | |
| | High risk of bias | |
| | | |
| Likely | y direction of effect: Effect size bigger | |
| | | |
| C 14 | wition him (material ifference hat man the communication) | an annual with mannat to look of month in each |
| C. Att | rition bias (systematic differences between the comparis | on groups with respect to loss of participants) |
| | | |
| C1 | All groups were followed up for an equal length of | |
| | time (or analysis was adjusted to allow for | Yes |
| | differences in length of follow-up) | 163 |
| C2 | ** | |
| C2 | a. How many participants did not complete treatment i | in each group? |
| | Experimental group N: 10; Control group N: 10 | |
| | b. The groups were comparable for treatment | |
| | completion (that is, there were no important or | Yes |
| | systematic differences between groups in terms of | |
| | those who did not complete treatment) | |
| C3 | For how many participants in each group were no outc | come data available? |
| | Experimental group N: 12; Control group N: 11 | |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups | Yes |
| | in terms of those for whom outcome data were not | |
| | available). | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely |
|---|
| direction of its effect? |
| Low risk of bias |
| Likely direction of effect: Not applicable |
| |

| D1 | The study had an appropriate length of follow-up | Yes |
|----|---|---|
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report or blinded outcome assessment) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report or blinded outcome assessment) |
| | d on your answers to the above, in your opinion was detition of its effect? | tection bias present? If so, what is the likely |

1.6.72ZLOTNICK2001

| Stud | y ID | ZLOTNICK2001 |
|--------|--|---|
| Biblio | ographic reference: | |
| | nick C, Johnson SL, Miller IW, Pearlstein T, Howard M. P | Ostpartum depression in women receiving |
| | c assistance: pilot study of an interpersonal-therapy-orie | 1 1 |
| - | nal of Psychiatry. 2001;158:638-640. | 0 1 |
| Guid | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 |
| clinic | ral management and service guidance | - |
| Chec | klist completed by: Odette Megnin-Viggars | |
| A. Se | lection bias (systematic differences between the compari | son groups) |
| A1 | An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups) | Unclear (randomisation method is unclear) |
| A2 | There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation) | Unclear (insufficient detail reported with regards to allocation concealment) |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Yes |
| | d on your answers to the above, in your opinion was seletion of its effect? | ection bias present? If so, what is the likely |
| | Unclear/unknown risk of bias | |
| Like | ly direction of effect: Unknown direction | |

| B. Per | formance bias (systematic differences between groups ir | n the care provided, apart |
|-----------|--|--|
| from t | the intervention under investigation) | |
| | Ç , | |
| D4 | mt 1.d | |
| B1 | The comparison groups received the same care apart | |
| | from the intervention(s) studied | Yes |
| | | |
| B2 | Participants receiving care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| В3 | Individuals administering care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| Based | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely |
| direct | ion of its effect? | |
| | | |
| | High risk of bias | |
| | | |
| Likely | y direction of effect: Effect size bigger | |
| | | |
| C 1 | rition bias (systematic differences between the comparis | on aroung with respect to loss of participants) |
| C. All | rition bias (systematic differences between the comparis | on groups with respect to loss of participants) |
| | | |
| C1 | All groups were followed up for an equal length of | |
| | time (or analysis was adjusted to allow for | Yes |
| | differences in length of follow-up) | |
| C2 | TT | |
| C2 | a. How many participants did not complete treatment i | in each group? |
| | Experimental group N: 1; Control group N: 1 | |
| | b. The groups were comparable for treatment | |
| | completion (that is, there were no important or | Yes |
| | systematic differences between groups in terms of | |
| | those who did not complete treatment) | |
| C3 | For how many participants in each group were no outc | come data available? |
| | Experimental group N: 1; Control group N: 1 | |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups | Yes |
| | in terms of those for whom outcome data were not | |
| | available). | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? |
|--|
| Low risk of bias |
| Likely direction of effect: Not applicable |

| D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | |
|--|---|--|
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Different for different outcomes: Yes for BDI (self-report); Unclear for SCID (identity and blinding of outcome assessor not reported) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Different for different outcomes: Yes for BDI (self-report); Unclear for SCID (identity and blinding of outcome assessor not reported) |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | |
| Different for different outcomes: Low risk of bias for BDI; Unclear/unknown risk of bias for SCID | | |
| Likel | y direction of effect: Not applicable for BDI; Unknown | direction for SCID |

1.6.73ZLOTNICK2006

| Study | y ID | ZLOTNICK2006 |
|--------|---|--|
| Biblio | ographic reference: | |
| | nick C, Miller IW, Pearlstein T, Howard M, Sweeney P. A | preventive intervention for pregnant women |
| | ıblic assistance at risk for postpartum depression. Ameri | 1 0 |
| | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 |
| clinic | al management and service guidance | |
| Chec | klist completed by: Odette Megnin-Viggars | |
| A. Se | lection bias (systematic differences between the comparis | son groups) |
| A1 | An appropriate method of randomisation was used | |
| | to allocate participants to treatment groups (which | Unclear ('urn' randomization [no further |
| | would have balanced any confounding factors | detail reported]) |
| | equally across groups) | |
| A2 | There was adequate concealment of allocation (such | Unclear (insufficient detail reported with |
| | that investigators, clinicians and participants cannot | regards to allocation concealment) |
| | influence enrolment or treatment allocation) | , |
| A3 | The groups were comparable at baseline, including | N. |
| | all major confounding and prognostic factors | Yes |
| | Unclear/unknown risk of bias | |
| Like | y direction of effect: Unknown direction | |
| B. Pe | rformance bias (systematic differences between groups in | n the care provided, apart |
| | the intervention under investigation) | a the care provided, aport |
| | , | |
| B1 | The comparison groups received the same care apart | |
| | from the intervention(s) studied | Yes |
| | | ies |
| R2 | Posticipants receiving care views bent /hlind/ to | |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No |
| | treatment anocation | INO |
| В3 | Individuals administering care were kept 'blind' to | |
| - | treatment allocation | No |
| | | |
| | | |
| Based | l d on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely |

| High risk of bias | | | |
|--|--|--|--|
| Likel | Likely direction of effect: Effect size bigger | | |
| C. At | trition bias (systematic differences between the compari | son groups with respect to loss of participants) | |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Yes | |
| C2 | a. How many participants did not complete treatment Experimental group N: 7; Control group N: 6 | in each group? | |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Yes | |
| C3 | For how many participants in each group were no out Experimental group N: 7; Control group N: 6 | come data available? | |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available). | Yes | |
| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | | |
| Low risk of bias | | | |
| Likely direction of effect: Not applicable | | | |
| D. De | etection bias (bias in how outcomes are ascertained, diag | gnosed or verified) | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Different for different outcome measures: Yes for BDI (self-report); Unclear for LIFE (identity and blinding of outcome assessor not reported) | |

| D5 | Investigators were kept 'blind' to other important | Different for different outcome measures: | |
|---|--|--|--|
| | confounding and prognostic factors | Yes for BDI (self-report); Unclear for LIFE | |
| | | (identity and blinding of outcome assessor | |
| | | not reported) | |
| Based | on your answers to the above, in your opinion was dete | ection bias present? If so, what is the likely | |
| direction of its effect? | | | |
| | Different for different outcome measures: Low risk of | bias for BDI; Unclear/unknown risk of bias | |
| for LIFE | | | |
| | | | |
| Likely direction of effect: Not applicable for BDI; Unknown direction for LIFE | | | |
| | | | |
| | | | |

1.6.74ZLOTNICK2011

| Study | 7 ID | ZLOTNICK2011 | | |
|--|---|---|--|--|
| 70.11.11 | | | | |
| | Bibliographic reference: | | | |
| | ick C, Capezza NM, Parker D. An interpersonally based | 1 0 | | |
| | intimate partner violence: a pilot study. Archives of Wor | | | |
| | eline topic: Antenatal and postnatal mental health: | Review question number: 4.1 | | |
| | al management and service guidance | | | |
| Checl | klist completed by: Odette Megnin-Viggars | | | |
| A. Se | lection bias (systematic differences between the compari | son groups) | | |
| A1 | An appropriate method of randomisation was used | Ves (non-demissation allegation eshedule vess | | |
| | to allocate participants to treatment groups (which would have balanced any confounding factors | Yes (randomization allocation schedule was generated by computer) | | |
| | equally across groups) | generated by computer) | | |
| A2 | There was adequate concealment of allocation (such | Yes (concealed in consecutively numbered, | | |
| | that investigators, clinicians and participants cannot | sealed envelopes by the principal | | |
| | influence enrolment or treatment allocation) | investigator who was masked to the | | |
| | | women's intake assessments) | | |
| A3 | The groups were comparable at baseline, including | | | |
| | all major confounding and prognostic factors | Yes | | |
| Based | on your answers to the above, in your opinion was sele | ection bias present? If so, what is the likely | | |
| direction of its effect? | | | | |
| Leave the Chine | | | | |
| Low risk of bias | | | | |
| Likely direction of effect: Not applicable | | | | |
| | | | | |
| | | | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | | |
|---|--|--|--|
| from the intervention under investigation) | | | |
| | | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Yes | |
| | | 165 | |
| B2 | Participants receiving care were kept 'blind' to | | |
| DΖ | treatment allocation | No | |
| | treatment anocation | INO | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| Based | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely | |
| direct | ion of its effect? | | |
| | | | |
| | High risk of bias | | |
| | | | |
| Likel | y direction of effect: Effect size bigger | | |
| | | | |
| C. Att | rition bias (systematic differences between the comparis | son groups with respect to loss of participants) | |
| | (c) | 8 | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | | |
| C2 | a. How many participants did not complete treatment in each group? | | |
| | Experimental group N: 3; Control group N: 5 | | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | Vec | |
| | systematic differences between groups in terms of | Yes | |
| | those who did not complete treatment) | | |
| C3 | For how many participants in each group were no outo | come data available? | |
| | Experimental group N: 3; Control group N: 5 | | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Yes | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |
| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | | |
| direction of its effect? | | | |
| Low rick of high | | | |
| | Low risk of bias | | |
| | | | |

| Likely direction of effect: Not applicable | | | |
|--|---|--|--|
| | | | |
| D. De | etection bias (bias in how outcomes are ascertained, diag | gnosed or verified) | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Unclear (identity and blinding of outcome assessor not reported) | |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Unclear (identity and blinding of outcome assessor not reported) | |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | | |
| Unclear/unknown risk of bias | | | |
| Likely direction of effect: Unknown direction | | | |

1.7 PSYCHOSOCIAL INTERVENTIONS: ALCOHOL OR SUBSTANCE MISUSE

1.7.1 STADE2009B

| Study identification | | |
|--|---------------------|--|
| Stade BC, Bailey C, Dzendoletas D, Sgro M, Dowswell T, Bennett D. Psychological and/or educational | | |
| interventions for reducing alcohol consumption in pregnant women and women planning pregnancy. | | |
| Cochrane Database of Systematic Reviews. 2009b; Issue 2: CD004228. | | |
| Guideline topic: | Review question no: | |
| Interventions for the treatment of mental health problems – | 4.1 | |
| substance misuse (including drugs and alcohol) | | |
| Checklist completed by: Bronwyn Harrison | | |
| SCREENING QUESTIONS | | |
| In a well-conducted, relevant systematic review: | | |
| The review addresses an appropriate and clearly focused | Yes | |
| question that is relevant to the guideline review question | | |
| | | |
| | | |
| The review collects the type of studies you consider | Yes | |
| relevant to the guideline review question | | |
| | | |
| | | |
| The literature search is sufficiently rigorous to identify | | |
| all the relevant studies | Yes | |
| | | |
| | | |
| Study quality is assessed and reported | | |
| | Yes | |
| | | |
| | | |
| An adequate description of the methodology used is | | |
| included, and the methods used are appropriate to the | Yes | |
| question | | |
| | | |
| | | |

1.7.2 TERPLAN2007

| Study identification Terplan M, Lui S. Psychosocial interventions for pregnant we programs compared to other interventions. Cochrane Databa CD006037. | |
|---|---------------------|
| Guideline topic: | Review question no: |
| Interventions for the treatment of mental health problems – | 4.1 |
| substance misuse (including drugs and alcohol) | |

| Checklist completed by: Bronwyn Harrison | |
|--|---------|
| SCREENING QUESTIONS | |
| In a well-conducted, relevant systematic review: | |
| The review addresses an appropriate and clearly focused question that is relevant to the guideline review question | Yes |
| The review collects the type of studies you consider relevant to the guideline review question | Yes |
| The literature search is sufficiently rigorous to identify all the relevant studies | Yes |
| Study quality is assessed and reported | Unclear |
| An adequate description of the methodology used is included, and the methods used are appropriate to the question | Yes |

1.7.3 TURNBALL2012

| Study identification | | |
|---|---------------------|--|
| Turnbull C, Osborn DA. Home visits during pregnancy and after birth for women with an alcohol or drug | | |
| problem. Cochrane Database of Systematic Reviews. 2012; Is | sue 1: CD0044556. | |
| Guideline topic: | Review question no: | |
| Interventions for the treatment of mental health problems – | 4.1 | |
| substance misuse (including drugs and alcohol) | | |
| Checklist completed by: Bronwyn Harrison | | |
| | | |
| SCREENING QUESTIONS | | |
| In a well-conducted, relevant systematic review: | | |
| The review addresses an appropriate and clearly focused | Yes | |
| question that is relevant to the guideline review question | | |
| | | |
| | | |
| The review collects the type of studies you consider | Yes | |
| relevant to the guideline review question | | |
| | | |
| | | |

| The literature search is sufficiently rigorous to identify all the relevant studies | Yes |
|---|-----|
| Study quality is assessed and reported | Yes |
| An adequate description of the methodology used is included, and the methods used are appropriate to the question | Yes |

1.8 PHARMACOLOGICAL INTERVENTIONS: PREVENTION (NO RISK FACTORS)

1.8.1 HARRISONHOHNER2001

| Study | y ID | HARRISONHOHNER2001 | |
|--|---|--|--|
| Biblio | ographic reference: Harrison-Horner I. Coste S. Dorato V | Curet I.B. McCarron D. Hatton D. Prenatal | |
| | Bibliographic reference: Harrison-Horner J, Coste S, Dorato V, Curet LB, McCarron D, Hatton D. Prenatal 1calcium supplementation and postpartum depression: an ancillary study to a randomised trial of calcium | | |
| | revention of preeclampsia. Archives of Women's Mental | | |
| | eline topic: Antenatal and postnatal mental health: | Review question number: 2.1 | |
| | ral management and service guidance | neview question number. 2.1 | |
| | klist completed by: Iona Symington | | |
| A. Se | lection bias (systematic differences between the compari- | son groups) | |
| A1 | An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups) | Yes (computer-generated simple randomization sequence) | |
| A2 | There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation) | Unclear (insufficient detail is reported with regards to allocation concealment) | |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Yes | |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | | |
| Low risk of bias | | | |
| Likely direction of effect: Not applicable | | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | |
|---|--|--|
| from the intervention under investigation) | | |
| | | |
| D4 | | |
| B1 | The comparison groups received the same care apart | |
| | from the intervention(s) studied | Yes |
| | | |
| B2 | Participants receiving care were kept 'blind' to | |
| | treatment allocation | Yes |
| | | |
| В3 | Individuals administering care were kept 'blind' to | |
| | treatment allocation | Yes |
| | | |
| Based | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely |
| direct | ion of its effect? | |
| | | |
| | Low risk of bias | |
| | | |
| Likely | y direction of effect: Not applicable | |
| | | |
| | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | |
| | | |
| C1 | All groups were followed up for an equal length of | |
| 01 | time (or analysis was adjusted to allow for | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| | differences in length of follow-up) | Yes |
| | unicrences in rengal or rollow up) | |
| C2 | a. How many participants did not complete treatment i | in each group? |
| | Experimental group: Not reported; Control group Not | reported: |
| | b. The groups were comparable for treatment | |
| | completion (that is, there were no important or | Yes |
| | systematic differences between groups in terms of | 163 |
| | those who did not complete treatment) | |
| C3 | For how many participants in each group were no outc | come data available? |
| | Experimental group N: Not reported; Control group N | : Not reported. Overall: 377/779 at six weeks |
| | and 532/779 at 12 weeks did not return survey (lost to | follow up) |
| | b. The groups were comparable with respect to the | No (At 6 weeks follow-up only Portland |
| | availability of outcome data (that is, there were no | group showed trend towards difference |
| | important or systematic differences between groups | between intervention and control groups on |
| | in terms of those for whom outcome data were not | mental health outcomes. Possible regional |
| | available). | effect? Confounding factor?) |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | |
|---|--|--|
| direction of its effect? | | |
| Unclear risk of bias | | |
| Likely direction of effect: Unclear/unknown direction | | |
| | | |
| | | |

| D1 | The study had an appropriate length of follow-up | Yes |
|----|---|---|
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self report) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self report) |
| | d on your answers to the above, in your opinion was detion of its effect? | tection bias present? If so, what is the likely |

Likely direction of effect: Not applicable

Low risk of bias

1.8.2 LLORENTE2003

| Study | 7 ID | LLORENTE2003 |
|--|--|---|
| Biblic | ographic reference: Llorente AM, Jensen CL, Voigt RG, F | raley MPH, Berretta LMS, Heird WC. Effect of |
| mater | rnal docosahexaenoic acid supplementation on postpart | um depression and information processing. |
| Amer | cican Journal of Obstetrics and Gynecology. 29 2003;188: | 1348-53 |
| Guide | eline topic: Antenatal and postnatal mental health: | Review question number: 2.1 |
| clinic | al management and service guidance | |
| Checl | klist completed by: Iona Symington | |
| A. Sel | lection bias (systematic differences between the compari | ison groups) |
| A1 | An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups) | Yes (computer-generated randomization scheme) |
| A2 | There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation) | Unclear (insufficient detail reported with regards to allocation concealment) |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Unclear (Participants assessed with BDI, EPDS and SCID-CV at baseline but only BDI reported – no indication of '% with "diagnosis". BDI mean (SD): treatment group 7.1 (4.7); placebo group 6.5 (4.2)'. |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | |
| | Unclear risk of bias | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | | |
|--|--|---|--|
| from the intervention under investigation) | | | |
| | | | |
| | | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Yes | |
| | | | |
| D.O. | D (1) 1/2 | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| | treatment allocation | Yes | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | Yes | |
| | | | |
| Based | on your answers to the above, in your opinion was perf | ormance bias present? If so, what is the likely | |
| direct | ion of its effect? | - | |
| | | | |
| | Low risk of bias | | |
| | LOW HSR OF DIGS | | |
| Likalı | y direction of effect: Not applicable | | |
| Likely | direction of effect: Not applicable | | |
| | | | |
| C Att | rition bias (systematic differences between the comparis | on groups with respect to loss of participants) | |
| C. 1111 | indon bias (systematic universities between the companis | on groups with respect to loss of participants) | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | | |
| | differences in length of follow-up) | Yes | |
| | unreferices in length of follow-up) | | |
| C2 | a. How many participants did not complete treatment | in each group? | |
| | Experimental group N: 18; Control group N: 19 | | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | Unclear | |
| | systematic differences between groups in terms of | Cherear | |
| | 9 1 | | |
| | those who did not complete treatment) | 1 | |
| C3 | For how many participants in each group were no outc | | |
| | Experimental group N: Unclear; Control group N: Unc | | |
| | b. The groups were comparable with respect to the | Unclear (BDI was the only outcome measure | |
| | availability of outcome data (that is, there were no | used at every assessment point, for whole | |
| | important or systematic differences between groups | sample. BDI dichotomous data not | |
| | in terms of those for whom outcome data were not | extracted: not clear if these numbers overlap | |
| | available). | (that is, are the people who display | |
| | | 'moderate' symptoms [BDI >20] also | |
| | | represented in the 'mild' numbers [BDI | |
| | | _ | |
| | | >10]. Data reported, but not extracted: BDI | |
| | | >10: DHA group 9/44, placebo group | |
| | | 11/45; BDI >20: DHA group 4/44, placebo | |

| | | group 2/45.EPDS and SCID-CV admin to |
|---|--|---|
| | | sub-sample of population only, and only |
| | | post-trial data reported in paper for these |
| | | measures) |
| | | |
| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | |
| direction of its effect? | | |
| | | |
| Unclear risk of bias | | |
| | | |
| Likely direction of effect: Unclear/unknown direction | | |
| | | |
| | | |

| D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | | |
|--|---|---|--|
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Different for different outcome measures: EPDS/BDI (Self-report), SCID diagnosis not reported | |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Different for different outcome measures: Unclear for SCID diagnosis | |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | | |
| Different for different outcomes: Unclear for SCID diagnosis, Low for EPDS/BDI. | | | |
| Likely direction of effect: Unclear | | | |

1.8.3 MAKRIDES2010

| Study | y ID | MAKRIDES2010 | | | |
|--|---|--|--|--|--|
| Biblio | Bibliographic reference: Makrides M, Gibson RA, McPhee AJ, Yelland L, Quinlivan J, Ryan P.Effect of DHA | | | | |
| supp | lementation during pregnancy on maternal depression a | nd neurodevelopment of young children: a | | | |
| rando | omised controlled trial. JAMA: the journal of the Americ | an Medical Association. 2010;304:1675-1683. | | | |
| Guid | eline topic: Antenatal and postnatal mental health: | Review question number: 2.1 | | | |
| clinic | al management and service guidance | | | | |
| Chec | klist completed by: Iona Symington | | | | |
| A. Se | lection bias (systematic differences between the compari | son groups) | | | |
| A1 | An appropriate method of randomisation was used | Yes (independently generated | | | |
| | to allocate participants to treatment groups (which | randomization schedule, with balanced | | | |
| | would have balanced any confounding factors | variable-sized blocks. Stratification was by | | | |
| | equally across groups) | centre and parity (first birth versus | | | |
| | | subsequent birth) | | | |
| A2 | There was adequate concealment of allocation (such | Yes (assigned a unique study number and | | | |
| | that investigators, clinicians and participants cannot | treatment group allocation through a | | | |
| | influence enrolment or treatment allocation) | computer driven telephone randomization) | | | |
| A3 | The groups were comparable at baseline, including | | | | |
| | all major confounding and prognostic factors | Yes | | | |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | | | | |
| Low risk of bias | | | | | |
| Likely direction of effect: Not applicable | | | | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | |
|--|--|--|
| from the intervention under investigation) | | |
| | | |
| | | |
| B1 | The comparison groups received the same care apart | |
| | from the intervention(s) studied | Yes |
| | | |
| B2 | Participants receiving care were kept 'blind' to | |
| 2- | treatment allocation | Yes |
| | treatment anocation | |
| В3 | Individuals administering care were kept 'blind' to | |
| | treatment allocation | Yes |
| | | |
| Based | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely |
| | ion of its effect? | ı , , |
| | | |
| | Low risk of bias | |
| | | |
| Likel | y direction of effect: Not applicable | |
| • | 11 | |
| | | |
| C. Att | rition bias (systematic differences between the comparis | son groups with respect to loss of participants) |
| | | |
| C1 | A11 | |
| C1 | All groups were followed up for an equal length of | |
| | time (or analysis was adjusted to allow for | Yes |
| | differences in length of follow-up) | |
| C2 | a. How many participants did not complete treatment | in each group? |
| | Experimental group N: 18; Control group N: 36 | 0 1 |
| | b. The groups were comparable for treatment | |
| | completion (that is, there were no important or | |
| | systematic differences between groups in terms of | Yes |
| | those who did not complete treatment) | |
| C3 | For how many participants in each group were no outo | como data available? |
| CS | Experimental group N: 0; Control group N: 0 (for prim | |
| | | <u>, </u> |
| | b. The groups were comparable with respect to the | Yes (All analyses were performed according |
| | availability of outcome data (that is, there were no | to the intention-to-treat principle. Multiple |
| | important or systematic differences between groups | imputation was used to deal with missing |
| | in terms of those for whom outcome data were not | data (outcomes and covariates) and create |
| | available). | 50 complete data sets for analysis. Adequate |
| | | data for the analysis of the primary outcome |
| | | were available for 2320 women (97.3% in the |
| | | DHA group and 96.1% in the control |
| | | group). |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? |
|--|
| Low risk of bias |
| Likely direction of effect: Not applicable |
| |

| D1 | The study had an appropriate length of follow-up | Yes |
|----|---|---|
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Unclear |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Unclear |
| | d on your answers to the above, in your opinion was detion of its effect? | tection bias present? If so, what is the likely |

Likely direction of effect: Not applicable

1.8.4 MOKHBER2011

| Study | 7 ID | MOKHBER2011 | | | |
|---|---|---|--|--|--|
| Biblio | Bibliographic reference: Mokhber N, Namjoo M, Tara F, Boskabadi H, Rayman MP, Ghayour-Mobarhan M. | | | | |
| | t of supplementation with selenium on postpartum depr | ž ž | | | |
| | olled trial. Journal of Maternal-Fetal and Neonatal Medi | <u> -</u> | | | |
| Guid | eline topic: Antenatal and postnatal mental health: | Review question number: 2.1 | | | |
| clinic | al management and service guidance | - | | | |
| Chec | klist completed by: Iona Symington | | | | |
| A. Se | lection bias (systematic differences between the compari | son groups) | | | |
| A1 | An appropriate method of randomisation was used | | | | |
| | to allocate participants to treatment groups (which | Unclear (incufficient details mustided) | | | |
| | would have balanced any confounding factors | Unclear (insufficient details provided) | | | |
| | equally across groups) | | | | |
| A2 | There was adequate concealment of allocation (such | Unclear (not reported) | | | |
| | that investigators, clinicians and participants cannot | Officieal (flot reported) | | | |
| | influence enrolment or treatment allocation) | | | | |
| A3 | The groups were comparable at baseline, including | | | | |
| | all major confounding and prognostic factors | Yes | | | |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely | | | | | |
| direction of its effect? | | | | | |
| Unclear/unknown risk of bias | | | | | |
| Likely direction of effect: Unknown direction | | | | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | | |
|---|--|---|--|
| from the intervention under investigation) | | | |
| | | | |
| D4 | mt 1.d | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Yes | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| | treatment allocation | Yes | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | Yes | |
| | | | |
| Based | on your answers to the above, in your opinion was perf | ormance bias present? If so, what is the likely | |
| direct | ion of its effect? | | |
| | | | |
| | Low risk of bias | | |
| | | | |
| Likely | y direction of effect: Not applicable | | |
| | | | |
| | | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | les | |
| | | | |
| C2 | a. How many participants did not complete treatment i | in each group? | |
| | Experimental group: 22; Control group: 19 | | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | Unclear | |
| | systematic differences between groups in terms of | | |
| | those who did not complete treatment) | | |
| C3 | For how many participants in each group were no outo | ome data available? | |
| | Experimental group: 39; Control group: 42 | | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Unclear | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

| | on your answers to the above, in your opinion was attrion of its effect? | rition bias present? If so, what is the likely |
|-------|---|--|
| Uncle | ar risk | |
| Likel | y direction of effect: Unclear/unknown risk | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | gnosed or verified) |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (Self-report) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (Self-report) |
| | on your answers to the above, in your opinion was det ion of its effect? | ection bias present? If so, what is the likely |
| | Low risk of bias | |
| Likel | y direction of effect: N/A | |

1.9 PHARMACOLOGICAL INTERVENTIONS: PREVENTIONS (RISK FACTORS PRESENT)

1.9.1 HARRIS2002

| Study | 7 ID | HARRIS2002 |
|--|---|--|
| Riblic | ographic reference: Harris B, Oretti R, Lazarus J, Parkes A | A John P. Richards C et al. Pandomicod trial |
| | roxine to prevent postnatal depression in thyroid-antibo | |
| - | niatry. 2002;180:327-30. | ouy-positive women. The british journal of |
| | eline topic: Antenatal and postnatal mental health: | Review question number: 2.2 |
| | al management and service guidance | Review question number. 2.2 |
| | | |
| Cneci | klist completed by: Iona Symington | |
| A. Sel | lection bias (systematic differences between the compari | son groups) |
| A1 | An appropriate method of randomisation was used | |
| | to allocate participants to treatment groups (which | Yes (computer generated sequence of |
| | would have balanced any confounding factors | numbers) |
| | equally across groups) | |
| A2 | There was adequate concealment of allocation (such | |
| | that investigators, clinicians and participants cannot | Unclear (insufficient details) |
| | influence enrolment or treatment allocation) | |
| A3 | The groups were comparable at baseline, including | No (EPDS score was significantly one point |
| | all major confounding and prognostic factors | higher in the active group than in the |
| | | placebo group at baseline) |
| Basec | on your answers to the above, in your opinion was sele | ection bias present? If so, what is the likely |
| direction of its effect? | | |
| | | |
| High Risk of bias | | |
| O | | |
| Likely direction of effect: Effect size bigger | | |
| | 5 | |
| | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | |
|---|--|--|
| | | |
| from the intervention under investigation) | | |
| | | |
| B1 | The comparison groups received the same care apart | |
| DI | The comparison groups received the same care apart | |
| | from the intervention(s) studied | Yes |
| | | |
| B2 | Participants receiving care were kept 'blind' to | |
| D2 | treatment allocation | Yes |
| | treatment anocation | ies |
| | T 1: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| В3 | Individuals administering care were kept 'blind' to | |
| | treatment allocation | Yes |
| | | |
| Based | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely |
| direct | ion of its effect? | |
| | | |
| | Low risk of bias | |
| | DOW HON OF DIAG | |
| Likel | y direction of effect: Not applicable | |
| LIKEL | direction of effect. Not applicable | |
| | | |
| C Att | rition hias (systematic differences between the comparis | son groups with respect to loss of participants) |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | |
| | | |
| C1 | All groups were followed up for an equal length of | |
| | time (or analysis was adjusted to allow for | |
| | differences in length of follow-up) | Yes |
| | unierences in length of follow-up) | |
| C2 | a. How many participants did not complete treatment: | in each group? |
| | Experimental group N: Not reported; Control group N | : Not reported (compliance >80%) |
| | b. The groups were comparable for treatment | Unclear (Unclear numbers randomised into |
| | completion (that is, there were no important or | each condition (assumed equal numbers |
| | systematic differences between groups in terms of | into each at randomisation). No information |
| | | , |
| | those who did not complete treatment) | given regarding numbers not completing |
| | | the study) |
| C3 | For how many participants in each group were no outo | come data available? |
| | Experimental group N: NR; Control group N: NR | |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups | Unclear |
| | in terms of those for whom outcome data were not | |
| | available). | |
| 1 | avanaviej. | I . |

Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? Unclear risk of bias Likely direction of effect: Unclear/unknown direction D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) The study had an appropriate length of follow-up D1 Yes D2The study used a precise definition of outcome No (not clear what is meant by probable depression; 'cut-off of 13 on EPDS' is not more strictly defined (that is, >13 or >=13); if assuming 'RDC: any' refers to both minor and major depression, numbers for each were not reported) A valid and reliable method was used to determine D3 Yes the outcome Investigators were kept 'blind' to participants' Different for different outcomes: EPDS (self D4 exposure to the intervention report); RDC (not reported) D5Investigators were kept 'blind' to other important Unclear confounding and prognostic factors Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? High risk of bias **Likely direction of effect:** Unclear direction of effect

1.9.2 LAWRIE1998B

| Study | 7 ID | LAWRIE1998B |
|--|--|--|
| rando | ographic reference: Lawrie TA, Hofmeyr GJ, De Jager M, omised placebo controlled trial of postnatal norethisteron erum hormones. British Journal of Obstetrics and Gynaa | ne enanthate: the effect of postnatal depression |
| Guide clinic | eline topic: Antenatal and postnatal mental health: al management and service guidance | Review question number: 2.2 |
| | klist completed by: Iona Symington lection bias (systematic differences between the compari | son groups) |
| A1 | An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups) | Yes (Done in blocks of 4 using random number table) |
| A2 | There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation) | Yes (Preparation of the trial medication and the randomisation code were the responsibility of an author not involved in the clinical assessment of the women) |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Unclear |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | |
| Uncle | ear risk | |
| Likely direction of effect: Unclear/unknown direction | | |

| B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation) | | |
|---|---|--|
| B1 | The comparison groups received the same care apart | |
| | from the intervention(s) studied | Yes |
| B2 | Participants receiving care were kept 'blind' to | Yes (Blinding was compromised in only one |
| | treatment allocation | woman who complained to the interviewer |
| | | of excessive bleeding at the three-month |
| | | interview, leading the interviewer to suspect |
| | | that she may belong to the progestogen |
| | | group. Although this was confirmed when |
| | | the randomisation code was broken, it is |
| | | unlikely to introduce bias into the |
| | | assessment of depression as the hypothesis |
| | | was bi-directional. The woman scored above |
| | | the threshold on both depression scales at |
| | | six weeks and three months) |
| В3 | Individuals administering care were kept 'blind' to | Yes (Preparation of the trial medication and |
| | treatment allocation | the randomisation code were the |
| | | responsibility of an author not involved in |
| | | the clinical assessment of the women. The |
| | | syringes for injection were masked such that |
| | | the contents could not be ascertained and |
| | | were administered intramuscularly by |
| | | another author or by a nursing sister not |
| | | directly involved with the trial) |
| | on your answers to the above, in your opinion was per | formance bias present? If so, what is the likely |
| direct | ion of its effect? | |
| Low risk of bias | | |
| Likely direction of effect: Not applicable | | |

| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | | |
|---|--|--|--|
| | | | |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Yes | |
| C2 | a. How many participants did not complete treatment Experimental group: 4; Control group: 13, at 6 weeks Experimental group: 3; Control group: 9, at 3 month fo | <u> </u> | |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | No (The mean EPDS score at three months was significantly higher in the group that missed the six-week visit but who subsequently returned at three months (six women), than the group that attended the six-week visit. This suggests that the imbalance in follow up at six weeks could influence the results presented in the direction of decreasing their significance) | |
| C3 For how many participants in each group were no outcome data available? Experimental group: 4; Control group: 13, at 6 weeks Experimental group: 3; Control group: 9, at 3 month follow-up | | come data available? | |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available). | No (The mean EPDS score at three months was significantly higher in the group that missed the six-week visit but who subsequently returned at three months (six women), than the group that attended the six-week visit. This suggests that the imbalance in follow up at six weeks could influence the results presented in the direction of decreasing their significance) | |
| | l on your answers to the above, in your opinion was attrition of its effect? | <u> </u> | |
| | High risk of bias | | |
| Likely direction of effect: Effect size smaller | | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | nosed or verified) | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| | | | |

| D3 | A valid and reliable method was used to determine | Yes | |
|--|---|---------|--|
| | the outcome | | |
| D4 | Investigators were kept 'blind' to participants' | Unclear | |
| | exposure to the intervention | | |
| D5 | Investigators were kept 'blind' to other important | Unclear | |
| | confounding and prognostic factors | | |
| Based | Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely | | |
| direc | direction of its effect? | | |
| | | | |
| | Unclear risk | | |
| | | | |
| Likely direction of effect: Unclear/unknown risk | | | |
| | | | |
| | | | |

1.10PHARMACOLOGICAL INTERVENTIONS: PREVENTION (PROPHYLAXIS)

1.10.1WISNER2001

| Study | y ID | WISNER2001 |
|--|---|--|
| Biblio | ographic reference: Wisner KL, Perel JM, Peindl KS, Han | usa BH. Findling RI. Rannort D. Provention |
| | current postpartum depression: a randomised clinical tria | 9 11 |
| 86. | urrent postpartum depression, a randomised chinear tra | ai. Journal of Chilical I Sychiatry. 2001,02.02- |
| | eline topic: Antenatal and postnatal mental health: | Review question number: 2.2 |
| | al management and service guidance | neview question number, 2.2 |
| | klist completed by: Iona Symington | |
| A. Se | lection bias (systematic differences between the compari | son groups) |
| A1 | An appropriate method of randomisation was used | |
| | to allocate participants to treatment groups (which | Unclear (randomly assigned by strata) |
| | would have balanced any confounding factors | Officieal (falldoffilly assigned by strata) |
| | equally across groups) | |
| A2 | There was adequate concealment of allocation (such | |
| | that investigators, clinicians and participants cannot | Unclear (insufficient details provided) |
| | influence enrolment or treatment allocation) | |
| A3 | The groups were comparable at baseline, including | |
| | all major confounding and prognostic factors | Yes |
| Basec | l d on your answers to the above, in your opinion was sele | ection bias present? If so, what is the likely |
| direc | tion of its effect? | |
| | | |
| | Unclear risk of bias | |
| Likal | y direction of effect: Unclear/unknown risk of bias | |
| Likely direction of effect. Officiently difficiowit fish of bias | | |
| | | |

| B. Per | B. Performance bias (systematic differences between groups in the care provided, apart | | |
|--|---|--|--|
| from the intervention under investigation) | | | |
| | | | |
| D. | | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Yes | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | Yes (The primary study staff (nurse, mood | |
| | treatment allocation | symptom rater, coordinator, and principal | |
| | | investigator were blind to medication | |
| | | assignment. The capsules contained pure | |
| | | nortriptyline or no drug in identical tablets) | |
| В3 | Individuals administering care were kept 'blind' to | Yes (The primary study staff (nurse, mood | |
| | treatment allocation | symptom rater, coordinator, and principal | |
| | | investigator were blind to medication | |
| | | assignment. The capsules contained pure | |
| | | nortriptyline or no drug in identical tablets) | |
| Based | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely | |
| | ion of its effect? | • | |
| | | | |
| | Low risk of bias | | |
| | LOW HOR OF DIAG | | |
| Likel | v direction of effect: N/A | | |
| Likei | Likely direction of effect: N/A | | |
| | | | |
| C. At | C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | |
| | | | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | | |
| C2 | a. How many participants did not complete treatment | in each group? | |
| C2 | Experimental group N: 1; Control group N: 3 | in each group: | |
| | b. The groups were comparable for treatment | T | |
| | | | |
| | completion (that is, there were no important or | Yes | |
| | systematic differences between groups in terms of | | |
| | those who did not complete treatment) | 1 | |
| C3 | For how many participants in each group were no outo | | |
| | Experimental group N: unclear; Control group N: uncl | ear | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Unclear | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? |
|--|
| Unclear risk of bias |
| Likely direction of effect: Unclear/unknown risk of bias |

| D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | |
|--|---|--|
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (evaluated by the principle investigator and board-certified psychiatrist not affiliated with the study) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (evaluated by the principle investigator and board-certified psychiatrist not affiliated with the study) |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | |
| Low risk of bias | | |
| Likely direction of effect: N/A | | |

1.10.2WISNER2004B

| Study | · ID | WISNER2004B |
|---|---|---|
| Biblio | graphic reference: Wisner KL, Perel JM, Peindl KS, Han | usa BH, Piontek CM et al. Prevention of 6 |
| | artum depression: a pilot randomised clinical trial. The | |
| | ;161:1290-92. | , , , |
| Guide | eline topic: Antenatal and postnatal mental health: | Review question number: 2.2 |
| | al management and service guidance | 1 |
| Check | klist completed by: Iona Symington | |
| A. Sel | ection bias (systematic differences between the comparis | son groups) |
| A1 | An appropriate method of randomisation was used | |
| | to allocate participants to treatment groups (which | Low (The subjects were assigned randomly |
| | would have balanced any confounding factors | in a 2:1 (sertraline: placebo) ratio) |
| | equally across groups) | |
| A2 | There was adequate concealment of allocation (such | |
| | that investigators, clinicians and participants cannot | Unclear (insufficient details provided) |
| | influence enrolment or treatment allocation) | |
| A3 | The groups were comparable at baseline, including | |
| | all major confounding and prognostic factors | Unclear |
| Based | l l on your answers to the above, in your opinion was sele | ction bias present? If so, what is the likely |
| direction of its effect? | | |
| | | |
| Unclear/unknown risk of bias | | |
| Likely direction of effect: Unknown direction | | |
| | | |

| B. Per | B. Performance bias (systematic differences between groups in the care provided, apart | | |
|--|--|--|--|
| from the intervention under investigation) | | | |
| | | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Yes | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | Yes (The blind was continued until all | |
| | treatment allocation | subjects completed the protocol) | |
| ВЗ | Individuals administering care were kept 'blind' to | Unclear (dose reduction by 'non-blind | |
| | treatment allocation | monitoring team') | |
| Based | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely | |
| direct | ion of its effect? | | |
| | | | |
| | Unclear risk of bias | | |
| Likely direction of effect: Unclear/unknown risk | | | |
| | | | |
| C. Att | rition bias (systematic differences between the comparis | on groups with respect to loss of participants) | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | | |
| C2 | a. How many participants did not complete treatment | in each group? | |
| | Experimental group N: unclear Control group N: uncle | ` | |
| | with medication, the intent-to-treat and reported analy participants in the placebo group completed the trial, 9 | - | |
| | trial) | | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | Yes | |
| | systematic differences between groups in terms of | | |
| | those who did not complete treatment) | | |

Clinical evidence – completed methodology checklists

| C3 | For how many participants in each group ways no out | roma data available? | |
|----------------------------------|---|---|--|
| CJ | For how many participants in each group were no outcome data available? | | |
| | Experimental group N: unclear Control group N: unclear (Because all of the women were compliant | | |
| | with medication, the intent-to-treat and reported analyses were equivalent. Unclear how many | | |
| | participants in the placebo group completed the trial, 9/14 in the intervention group completed the | | |
| | trial) | | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Yes | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |
| Based | on your answers to the above, in your opinion was attr | ition bias present? If so, what is the likely | |
| | ion of its effect? | men ende presenti il so, milit is tille ilitely | |
| direct | ion of its circu. | | |
| | T 1 (1) | | |
| | Low risk of bias | | |
| | 11 11 11 11 11 11 11 11 11 11 11 11 11 | | |
| Likely | y direction of effect: N/A | | |
| | | | |
| | | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | nosed or verified) | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| | | | |
| D2 | The study used a precise definition of outcome | Yes | |
| | | | |
| D3 | A valid and reliable method was used to determine | Yes | |
| | the outcome | | |
| D4 | Investigators were kept 'blind' to participants' | Yes (blinded psychiatrist) | |
| | exposure to the intervention | | |
| | 1 | | |
| D5 | Investigators were kept 'blind' to other important | Yes (blinded psychiatrist) | |
| | confounding and prognostic factors | , , | |
| | | | |
| Based | on your answers to the above, in your opinion was dete | ection bias present? If so, what is the likely | |
| direct | ion of its effect? | - | |
| | | | |
| | Low risk of bias | | |
| | LOW TISK OF DIAS | | |
| Library dimension of offers NI/A | | | |
| Likely direction of effect: N/A | | | |
| | | | |
| | | | |

1.11PHARMACOLOGICAL INTERVENTIONS (TREATMENT)

1.11.1APPLEBY1997

| Stud | y ID | APPLEBY1997 |
|---|--|---|
| Bibliographic reference: Appleby L, Warner R, Whitton A., et al. A controlled study of fluoxetine and cognitive-behavioural counselling in the treatment of postnatal depression. British Medical Journal. 1997;314:932-936. Appleby L, Warner R, Whitton A, et al. Fluoxetine versus counselling for postnatal depression. New Zealand Medical Journal. 1997;110:221. | | |
| Guid | eline topic: Antenatal and postnatal mental health: | Review question number: 4.3 |
| clinic | al management and service guidance | |
| Chec | klist completed by: Iona Symington | |
| A. Se | election bias (systematic differences between the compari | son groups) |
| A1 | An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups) | Yes (Computer-generated random numbers) |
| A2 | There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation) | Unclear (insufficient detail reported with regards to allocation concealment) |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Yes |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | |
| Low risk of bias | | |
| Likely direction of effect: Not applicable | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | | |
|--|--|---|--|
| from the intervention under investigation) | | | |
| | | | |
| D1 | The commercian answer was in all the commercian | | |
| B1 | The comparison groups received the same care apart | Yes (both groups also reviewed either 1 | |
| | from the intervention(s) studied | | |
| | | session of counselling, or 6 sessions) | |
| B2 | Participants receiving care were kept 'blind' to | | |
| | treatment allocation | Yes | |
| | areatment unocument | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | Yes | |
| | | | |
| Based | on your answers to the above, in your opinion was perf | ormance bias present? If so, what is the likely | |
| direct | ion of its effect? | | |
| | | | |
| | Low risk of bias | | |
| | | | |
| Likel | y direction of effect: Bot applicable | | |
| • | 11 | | |
| | | | |
| C. Att | rition bias (systematic differences between the comparis | on groups with respect to loss of participants) | |
| | 1 | | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | V | |
| | differences in length of follow-up) | Yes | |
| | unicrences in length of follow up) | | |
| C2 | a. How many participants did not complete treatment | in each group? | |
| | Experimental group N: 14; Control group N: 12 | | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | TT1 | |
| | systematic differences between groups in terms of | Unclear | |
| | those who did not complete treatment) | | |
| C3 | For how many participants in each group were no outc | ome data available? | |
| | Experimental group N: 0; Control group N: 0 | | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Yes (ITT analysis) | |
| | | · · · J · · / | |
| | | | |
| | b. The groups were comparable with respect to the | | |
| | · · | Voc (ITT analycie) | |
| | in terms of those for whom outcome data were not | • | |
| | available). | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | | |
|--|---|--|--|
| direction of its effect? | | | |
| | Low risk of bias | | |
| Likely | y direction of effect: Not applicable | | |
| | | | |
| D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' | Yes | |
| | exposure to the intervention | | |
| D5 | Investigators were kept 'blind' to other important | Yes | |
| | confounding and prognostic factors | | |
| | on your answers to the above, in your opinion was det | ection bias present? If so, what is the likely | |
| direct | ion of its effect? | | |
| | Low risk of bias | | |
| Likely direction of effect: Not applicable | | | |
| Linei | Likely direction of circus (Not applicable | | |
| | | | |

| D4 | Investigators were kept 'blind' to participants' | Unclear (identity and blinding of outcome | |
|--|--|---|--|
| | exposure to the intervention | assessor/s are not reported) | |
| | | | |
| D5 | Investigators were kept 'blind' to other important | Unclear (identity and blinding of outcome | |
| | confounding and prognostic factors | assessor/s are not reported) | |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | | |
| Unclear/unknown risk of bias | | | |
| Likely direction of effect: Unknown direction | | | |
| | | | |
| | | | |

1.11.2BLOCH2012

| Study | y ID | BLOCH2012 |
|------------------------------|--|---|
| sertra | ographic reference: Bloch M, Meiboom H, Lorberblatt M, Blu line add-on to brief dynamic psychotherapy for the treatment e-blind, placebo-controlled study. Journal of Clinical Psychiati | of postpartum 31 depression: A randomised, |
| Guid | eline topic: Antenatal and postnatal mental health: | Review question number: 4.2 |
| clinic | al management and service guidance | |
| Chec | klist completed by: Iona Symington | |
| A. Se | lection bias (systematic differences between the compari | ison groups) |
| A1 | An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups) | Yes (Pharmacy-generated random patient serial numbers) |
| A2 | There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation) | Unclear (Numbers issued to researcher who randomly assigned to eligible patients by the psychiatrist) |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Unclear (insufficient detail reported) |
| | d on your answers to the above, in your opinion was selection of its effect? | ection bias present? If so, what is the likely |
| Unclear/unknown risk of bias | | |
| Likel | y direction of effect: Unknown direction | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | | |
|---|--|---|--|
| from the intervention under investigation) | | | |
| | | | |
| D4 | mt 1.d | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Yes | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| | treatment allocation | Yes | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | Yes | |
| | | | |
| Based | on your answers to the above, in your opinion was perf | ormance bias present? If so, what is the likely | |
| direct | ion of its effect? | | |
| | | | |
| | Low risk of bias | | |
| | | | |
| Likely | y direction of effect: Unclear/unknown direction | | |
| | | | |
| | | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | ies | |
| | | | |
| C2 | a. How many participants did not complete treatment i | in each group? | |
| | Experimental group N: 0; Control group N: 2 | | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | Unclear | |
| | systematic differences between groups in terms of | | |
| | those who did not complete treatment) | | |
| C3 | For how many participants in each group were no outo | come data available? | |
| | Experimental group N: 0; Control group N: 0 | | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Yes | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | | |
|--|---|--------------------|--|
| direction of its effect? | | | |
| | Low risk of bias | | |
| Likel | y direction of effect: Not applicable | | |
| | | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | nosed or verified) | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes | |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Unclear | |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | | |
| Low risk of bias | | | |
| Likely direction of effect: Not applicable | | | |

1.11.3FREEMAN22008

| Study | 7 ID | FREEMAN2008 |
|---|--|---|
| | | |
| Biblic | ographic reference: | |
| psych | nan MP, Davis M, Sinha P, Wisner KL, Hibbeln JR, Gelenberg A otherapy for perinatal depression: A randomised placebo-cont 10:142-8. | |
| Guide | eline topic: Antenatal and postnatal mental health: | Review question number: 4.2 |
| clinic | al management and service guidance | |
| Checl | klist completed by: Iona Symington | |
| A. Sel | lection bias (systematic differences between the compari | ison groups) |
| A1 | An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups) | Unclear (insufficient details provided) |
| A2 | There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation) | Unclear (insufficient details provided) |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Unclear (the subjects were similar in the treatment and placebo groups on most baseline characteristics. There were no significant differences between the study groups regarding depression scores at baseline, and the groups were alike on most the indicators. However women in the treatment group tended to be Caucasian. Pregnant women in the omega-3 group were more likely to present earlier in pregnancy than pregnant women in the control. There were also differences between pregnant and postpartum women in the different groups) |
| | d on your answers to the above, in your opinion was selection of its effect? | ection bias present? If so, what is the likely |
| | Unclear/unknown risk of bias | |
| Likely direction of effect: Unknown direction | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | |
|--|--|---|
| from the intervention under investigation) | | |
| | | |
| D1 | The commercian everyon versional the course are smooth | |
| B1 | The comparison groups received the same care apart | |
| | from the intervention(s) studied | Yes |
| | | |
| B2 | Participants receiving care were kept 'blind' to | |
| | treatment allocation | Yes |
| | | |
| В3 | Individuals administering care were kept 'blind' to | |
| | treatment allocation | Yes |
| | | |
| Based | on your answers to the above, in your opinion was perf | ormance bias present? If so, what is the likely |
| direct | ion of its effect? | |
| | | |
| | Low risk of bias | |
| | | |
| Likely | y direction of effect: Not applicable | |
| | • | |
| | | |
| C. Att | rition bias (systematic differences between the comparis | on groups with respect to loss of participants) |
| | | |
| C1 | All groups were followed up for an equal length of | |
| CI | | |
| | time (or analysis was adjusted to allow for | Yes |
| | differences in length of follow-up) | |
| C2 | a. How many participants did not complete treatment | n each group? |
| | Experimental group N: 3; Control group N: 5 | |
| | b. The groups were comparable for treatment | |
| | completion (that is, there were no important or | |
| | systematic differences between groups in terms of | Yes |
| | those who did not complete treatment) | |
| C3 | For how many participants in each group were no outc | ome data available? |
| | Experimental group N: 0; Control group N: 0 | |
| | b. The groups were comparable with respect to the | Unclear (Multivariate imputation was used |
| | availability of outcome data (that is, there were no | to replace the few cases with missing values. |
| | important or systematic differences between groups | Subjects with one or more outcome visits |
| | in terms of those for whom outcome data were not | were included in the outcome analyses. A |
| | available). | total of 51/59 women had follow-up |
| | avallable). | assessments; 23 in the placebo group and 28 |
| | | |
| | | in the treatment group) |

Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?

Unclear risk of bias (34% of the total participants did not complete the full 8-week study. therefore figures imputed for large number of participants)

Likely direction of effect: Unclear/unknown risk

| D. De | D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | |
|-------|---|-------------------|--|
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) | |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) | |

Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?

Low risk of bias

Likely direction of effect: N/A

1.11.4GREGOIRE1996

| Study | y ID | GREGOIRE1996 | | |
|--|--|--|--|--|
| Biblio | ographic reference: | | | |
| | oire AJ, Kumar R, Everitt B, Henderson AF, Studd JWW. Trans | dermal 3 oestrogen for treatment of severe | | |
| 0 | atal depression. Lancet. 1996;347:930-933 | | | |
| Guid | eline topic: Antenatal and postnatal mental health: | Review question number: 4.2 | | |
| clinic | al management and service guidance | | | |
| Checklist completed by: Iona Symington | | | | |
| A. Se | lection bias (systematic differences between the compari | ison groups) | | |
| A1 | An appropriate method of randomisation was used | | | |
| | to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups) | Unclear (insufficient details provided) | | |
| A2 | There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation) | Yes (the code being held independently in the hospital pharmacy) | | |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Yes | | |
| | d on your answers to the above, in your opinion was seletion of its effect? | ection bias present? If so, what is the likely | | |
| Low risk of bias | | | | |
| Likely direction of effect: Not applicable | | | | |

| n n | 1: (, , : 1:00 1 , | d 111 (| | | |
|--|--|---|--|--|--|
| | formance bias (systematic differences between groups in | n the care provided, apart | | | |
| from the intervention under investigation) | | | | | |
| | | | | | |
| B1 | The comparison groups received the same care apart | | | | |
| | from the intervention(s) studied | Yes | | | |
| | | | | | |
| B2 | Double in a participate and a superior blind to | | | | |
| DZ | Participants receiving care were kept 'blind' to treatment allocation | Yes | | | |
| | treatment anocation | 165 | | | |
| В3 | Individuals administering care were kept 'blind' to | | | | |
| 20 | treatment allocation | Yes | | | |
| | | | | | |
| Based | l on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely | | | |
| direct | tion of its effect? | | | | |
| | | | | | |
| | Low risk of bias | | | | |
| | | | | | |
| Likel | y direction of effect: Not applicable | | | | |
| | | | | | |
| C 1 | tuition him (avatamatic differences between the communic | con anounce with magnest to loss of manticipants) | | | |
| C. At | trition bias (systematic differences between the comparis | son groups with respect to loss of participants) | | | |
| | | | | | |
| C1 | All groups were followed up for an equal length of | | | | |
| | time (or analysis was adjusted to allow for | Yes | | | |
| | differences in length of follow-up) | | | | |
| Co | a TTony many month in control di din at accomplata tracturant. | in and many 2 | | | |
| C2 | a. How many participants did not complete treatment: | in each group? | | | |
| | Experimental group N: 2; Control group N: 1 | | | | |
| | b. The groups were comparable for treatment | | | | |
| | completion (that is, there were no important or | Yes | | | |
| | systematic differences between groups in terms of | | | | |
| C2 | those who did not complete treatment) | | | | |
| C3 | For how many participants in each group were no outcome data available? Experimental group N: 2; Control group N: 1 | | | | |
| | 1 0 1 | T | | | |
| | b. The groups were comparable with respect to the | | | | |
| | availability of outcome data (that is, there were no | Voc | | | |
| | important or systematic differences between groups | Yes | | | |
| | in terms of those for whom outcome data were not | | | | |
| 1 | available). | | | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | | |
|--|--|--|--|
| Low risk of bias | | | |
| Likely direction of effect: Not applicable | | | |
| | | | |

| D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | | |
|--|---|---|--|
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (each month the participants completed the EPDS and the psychiatrist, unaware of the result, administered the SADS-change version) | |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (each month the participants completed the EPDS and the psychiatrist, unaware of the result, administered the SADS-change version) | |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | | |
| Low risk of bias | | | |
| Likely direction of effect: Not applicable | | | |

1.11.5HANTSOON2014

| Study | y ID | HANTSOON2014 | | | | |
|--|--|---|--|--|--|--|
| Biblio | ographic reference: | | | | | |
| | Hantsoo L, Ward-O'Brien D, Czarkowski KA, Gueorguieva, R. Price, LH, Epperson 34 CN. A randomised, placebo- | | | | | |
| | controlled, double-blind trial of sertraline for 35 postpatrum depression. Psychopharmacology. 2014;231:939-48 | | | | | |
| Guid | Guideline topic: Antenatal and postnatal mental health: Review question number: 4.2 | | | | | |
| clinic | al management and service guidance | | | | | |
| Chec | Checklist completed by: Iona Symington | | | | | |
| A. Selection bias (systematic differences between the comparison groups) | | | | | | |
| A1 | An appropriate method of randomisation was used | | | | | |
| | to allocate participants to treatment groups (which | I (-1: - 1: (-1:1-) | | | | |
| | would have balanced any confounding factors | Low (blinding table) | | | | |
| | equally across groups) | | | | | |
| A2 | There was adequate concealment of allocation (such | II. day (by official data) are staded with | | | | |
| | that investigators, clinicians and participants cannot | Unclear (insufficient detail reported with regards to allocation concealment) | | | | |
| | influence enrolment or treatment allocation) | | | | | |
| A3 | The groups were comparable at baseline, including | | | | | |
| | all major confounding and prognostic factors | Unclear (insufficient detail reported) | | | | |
| | Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely | | | | | |
| direction of its effect? | | | | | | |
| | | | | | | |
| Unclear/unknown risk of bias | | | | | | |
| Likel | Likely direction of effect: Unknown direction | | | | | |
| | | | | | | |
| | | | | | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | |
|---|---|--|
| from the intervention under investigation) | | |
| | | |
| B1 | The comparison groups received the same care apart | |
| | from the intervention(s) studied | Unclear (insufficient detail reported) |
| | | |
| B2 | Participants receiving care were kept 'blind' to | |
| | treatment allocation | Yes |
| В3 | Individuals administering care were kent 'blind' to | |
| ВЗ | Individuals administering care were kept 'blind' to treatment allocation | Yes |
| | treatment anotation | |
| Based | on your answers to the above, in your opinion was perf | ormance bias present? If so, what is the likely |
| direct | ion of its effect? | |
| | | |
| | Low risk of bias | |
| Likel | y direction of effect: N/A | |
| • | , | |
| CAU | | 'the second to be a first second a |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | |
| | | |
| C1 | All groups were followed up for an equal length of | |
| | time (or analysis was adjusted to allow for | Yes |
| | differences in length of follow-up) | |
| C2 | a. How many participants did not complete treatment | in each group? |
| | Experimental group N: 3; Control group N: 3 | |
| | b. The groups were comparable for treatment | |
| | completion (that is, there were no important or | Unclear |
| | systematic differences between groups in terms of those who did not complete treatment) | |
| C3 | For how many participants in each group were no outc | come data available? |
| | Experimental group N: 0; Control group N: 0 | |
| | b. The groups were comparable with respect to the | Yes (We compared the intent-to-treat groups |
| | availability of outcome data (that is, there were no | on the following variable at baseline We |
| | important or systematic differences between groups | also compared the remission rated in the |
| | in terms of those for whom outcome data were not | active and placebo groups in the ITT sample. All randomised participants |
| | available). | included in the analysis) |

 ${\it Clinical\ evidence-completed\ methodology\ checklists}$

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely |
|---|
| direction of its effect? |
| Low risk of bias |
| Likely direction of effect: Not applicable |
| |
| |

| D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | |
|--|---|--|
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (all other study personnel remained blind to subject status) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (all other study personnel remained blind to subject status) |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | |
| Low risk of bias | | |
| Likel | y direction of effect: N/A | |

1.11.6MOZURKEWICH2013

| Stud | y ID | MOZURKEWICH2013 | |
|---|---|---|--|
| Ribli | ographic reference: | | |
| | ographic reference. Irkewich EL, Clinton CM, Chilimigras JL, Hamilton S, Allbaug | h I. Parman D at al. The Mathews Omega 2 and | |
| | al Health Study: a double-blind, randomised controlled trial. A | e e | |
| | 208:e1-9. | interical journal of Obstetrics and Gynecology. | |
| | eline topic: Antenatal and postnatal mental health: | Review question number: 4.2 | |
| | ral management and service guidance | Review question number, 4.2 | |
| | 8 | | |
| Cnec | klist completed by: Iona Symington | | |
| A. Se | lection bias (systematic differences between the compari | ison groups) | |
| A1 | An appropriate method of randomisation was used | | |
| | to allocate participants to treatment groups (which | N / 1 1 (11) | |
| | would have balanced any confounding factors | Yes (random number table) | |
| | equally across groups) | | |
| A2 | There was adequate concealment of allocation (such | | |
| | that investigators, clinicians and participants cannot | Unclear (insufficient details provided) | |
| | influence enrolment or treatment allocation) | , | |
| A3 | The groups were comparable at baseline, including | | |
| | all major confounding and prognostic factors | Yes | |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely | | | |
| direction of its effect? | | | |
| | | | |
| Low risk of bias | | | |
| Likely direction of effect: N/A | | | |
| | • | | |
| | | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | | |
|---|--|--|--|
| from the intervention under investigation) | | | |
| | | | |
| D4 | m · 1.1 | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Yes | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| | treatment allocation | Yes | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | Yes | |
| | | | |
| Based | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely | |
| | ion of its effect? | | |
| | | | |
| | Low risk of bias | | |
| | 20.1.1201.02.2100 | | |
| Likel | y direction of effect: Not applicable | | |
| | | | |
| | | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | | |
| | | | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | | |
| C2 | a. How many participants did not complete treatment | in each group? | |
| C2 | Experimental group N: 0; Control group N: 0 | in each group: | |
| | | | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | Yes | |
| | systematic differences between groups in terms of | | |
| | those who did not complete treatment) | | |
| C3 | | | |
| | Experimental group N: 7; Control group N: 1 | | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | Yes (ITT analysis (LOCF) | |
| | important or systematic differences between groups | 100 (111 anarysis (LOCI) | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

| Likely direction of effect: N/A D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) D1 The study had an appropriate length of follow-up Yes D2 The study used a precise definition of outcome Yes D3 A valid and reliable method was used to determine the outcome D4 Investigators were kept 'blind' to participants' A valid and reliable method was used to determine the outcome D5 Investigators were kept 'blind' to other important confounding and prognostic factors D6 Investigators were kept 'blind' to other important confounding and prognostic factors D8 D | Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | |
|---|---|--|--|
| D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) D1 The study had an appropriate length of follow-up Yes D2 The study used a precise definition of outcome Yes D3 A valid and reliable method was used to determine the outcome D4 Investigators were kept 'blind' to participants' exposure to the intervention Yes D5 Investigators were kept 'blind' to other important confounding and prognostic factors D6 Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? Low risk | direction of its effect? | | |
| D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) D1 The study had an appropriate length of follow-up Yes D2 The study used a precise definition of outcome Yes D3 A valid and reliable method was used to determine the outcome D4 Investigators were kept 'blind' to participants' Yes (Masking: Double Blind (Subject, exposure to the intervention Caregiver, Investigator) D5 Investigators were kept 'blind' to other important confounding and prognostic factors Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? Low risk | Low risk of bias | | |
| D1 The study had an appropriate length of follow-up D2 The study used a precise definition of outcome D3 A valid and reliable method was used to determine the outcome D4 Investigators were kept 'blind' to participants' exposure to the intervention D5 Investigators were kept 'blind' to other important confounding and prognostic factors Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? Low risk | Likel | y direction of effect: N/A | |
| D1 The study had an appropriate length of follow-up The study used a precise definition of outcome Yes D3 A valid and reliable method was used to determine the outcome D4 Investigators were kept 'blind' to participants' exposure to the intervention D5 Investigators were kept 'blind' to other important confounding and prognostic factors Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? Low risk | | | |
| D2 The study used a precise definition of outcome D3 A valid and reliable method was used to determine the outcome D4 Investigators were kept 'blind' to participants' exposure to the intervention D5 Investigators were kept 'blind' to other important confounding and prognostic factors Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? Low risk | D. De | tection bias (bias in how outcomes are ascertained, diag | nosed or verified) |
| D3 A valid and reliable method was used to determine the outcome D4 Investigators were kept 'blind' to participants' exposure to the intervention D5 Investigators were kept 'blind' to other important confounding and prognostic factors Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? Low risk | D1 | The study had an appropriate length of follow-up | Yes |
| the outcome D4 Investigators were kept 'blind' to participants' exposure to the intervention D5 Investigators were kept 'blind' to other important confounding and prognostic factors Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? Low risk | D2 | The study used a precise definition of outcome | Yes |
| exposure to the intervention Caregiver, Investigator) D5 Investigators were kept 'blind' to other important confounding and prognostic factors Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? Low risk | D3 | | Yes |
| D5 Investigators were kept 'blind' to other important confounding and prognostic factors Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? Low risk | D4 | Investigators were kept 'blind' to participants' | Yes (Masking: Double Blind (Subject, |
| Confounding and prognostic factors Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? Low risk | | exposure to the intervention | Caregiver, Investigator) |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? Low risk | D5 | | Yes |
| direction of its effect? Low risk | | confounding and prognostic factors | |
| Low risk | | , , | ection bias present? If so, what is the likely |
| | direction of its effect? | | |
| Likely direction of effect: N/A | Low risk | | |
| | Likely direction of effect: N/A | | |
| | | | |

1.11.7REES2008

| Stud | y ID | REES2008 |
|--|--|--|
| D:1 1: | 1: 6 | |
| | ographic reference: | |
| | AM, Austin MP, Parker GB. Omega-3 fatty acids as a tre | 1 1 |
| | le-blind placebo-controlled trial. Australian and New Ze | <u> </u> |
| | eline topic: Antenatal and postnatal mental health: | Review question number: 4.2 |
| clinic | al management and service guidance | |
| Chec | klist completed by: Iona Symington | |
| A. Se | lection bias (systematic differences between the compari | ison groups) |
| A1 | An appropriate method of randomisation was used | |
| | to allocate participants to treatment groups (which | Yes (computer-based random number |
| | would have balanced any confounding factors | generation method) |
| | equally across groups) | |
| A2 | There was adequate concealment of allocation (such | Vos (non-domisation counied out by on |
| | that investigators, clinicians and participants cannot | Yes (randomisation carried out by an |
| | influence enrolment or treatment allocation) | independent statistician) |
| A3 | The groups were comparable at baseline, including | Unclear (no statistically significant |
| | all major confounding and prognostic factors | differences between baseline characteristics |
| | | of the treatment and placebo groups, apart |
| | | from the placebo group being more likely to |
| Bass | d on your anguage to the above in your opinion was cale | have a comorbid anxiety disorder) |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | |
| direction of its effect? | | |
| | | |
| Unclear/unknown risk of bias (low risk for randomisation , and unclear for comparability) | | |
| | | |
| Likely direction of effect: Unknown/unclear direction | | |
| | | |
| | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | | |
|--|---|---|--|
| from the intervention under investigation) | | | |
| | <i></i> | | |
| | | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Unclear (insufficient detail reported) | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | Yes (Blinding appeared adequate. A fishy | |
| | treatment allocation | aftertaste was reported by only one subject, | |
| | | but six reported a peppermint taste (four in | |
| | | the treatment group and two in the placebo | |
| | | group) | |
| В3 | Individuals administering care were kept 'blind' to | Yes (Subjects were interviewed by the first | |
| | treatment allocation | author, who remained blind to treatment assignment, and assessed weekly by her. | |
| | | The blind was not broken until the study | |
| | | had been completed) | |
| Bases | lon your answers to the above, in your opinion was perf | <u> </u> | |
| | tion of its effect? | tormance bias present: If so, what is the fixery | |
| unce | mon or its circu. | | |
| | Low risk | | |
| | LOW HSK | | |
| Likel | y direction of effect: N/A | | |
| LIKC | y direction of effect. Ny 71 | | |
| | | | |
| C. At | C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | |
| | | | |
| C1 | All groups were followed up for an agual langth of | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | | |
| C2 | a. How many participants did not complete treatment | in each group? | |
| | Experimental group N: 2; Control group N: 4 | - | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | | |
| | systematic differences between groups in terms of | Yes | |
| | those who did not complete treatment) | | |
| C3 | · · · · · · · · · · · · · · · · · · | | |
| | Experimental group N: 0; Control group N: 0 | | |
| | b. The groups were comparable with respect to the | Yes (All 26 women were included in the | |
| | availability of outcome data (that is, there were no | analyses using an intention-to-treat | |
| | important or systematic differences between groups | statistical strategy, and with their | |
| | in terms of those for whom outcome data were not | depression scores extrapolated using the | |
| | available). | last-observation-carried-forward method). | |
| | • | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | |
|--|--|
| Low risk of bias | |
| Likely direction of effect: N/A | |

| D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | |
|---|---|--|
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (outcome measures were taken by first author who remained blind to treatment assignment) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (outcome measures were taken by first author who remained blind to treatment assignment) |
| | on your answers to the above, in your opinion was dete | ection bias present? If so, what is the likely |
| direction of its effect? | | |
| Low risk of bias | | |
| Likely direction of effect: N/A | | |

1.11.8SHARP2010

| Study | y ID | SHARP2010 |
|--|--|---|
| | ographic reference: Sharp DJ, Chew-Graham C, Tylee A, matic randomised controlled trial to compare antidepres | |
| - 0 | vention for the treatment of women with postnatal depre | , , , |
| Asses | ssment. 2010;14(43):iii-iv, ix-xi, 1-153 | |
| Guid | eline topic: Antenatal and postnatal mental health: | Review question number: 4.2 |
| clinic | al management and service guidance | |
| Chec | klist completed by: Iona Symington | |
| A. Se | lection bias (systematic differences between the compari | ison groups) |
| A1 | An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups) | Yes (The randomisation sequence was generated using a computer program with block sizes of six, eight and ten, varied randomly) |
| A2 | There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation) | Yes (the methods of sequence generation were concealed from the researchers involved in enrolling and randomising the women into the trial) |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Yes |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | |
| Low risk of bias | | |
| Likely direction of effect: N/A | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | | |
|---|---|--|--|
| from the intervention under investigation) | | | |
| | | | |
| B1 | The comparison groups received the same care apart | | |
| DI | from the intervention(s) studied | | |
| | from the file vention (s) statica | Unclear | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | No (Participants, researchers and those | |
| | treatment allocation | delivering the interventions were not blinded to | |
| | | the treatment allocation) | |
| В3 | Individuals administering care were kept 'blind' to | No (Participants, researchers and those | |
| | treatment allocation | delivering the interventions were not blinded to | |
| | | the treatment allocation) | |
| Based | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely | |
| direct | ion of its effect? | | |
| | | | |
| | High risk of bias | | |
| | · · | | |
| Likely | y direction of effect: Effect size bigger | | |
| | | | |
| | | | |
| C. Att | crition bias (systematic differences between the comparis | son groups with respect to loss of participants) | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| CI | time (or analysis was adjusted to allow for | | |
| | | Yes (4 week data) | |
| | differences in length of follow-up) | | |
| C2 | a. How many participants did not complete treatment | in each group? | |
| | Experimental group N: 23; Control group N: 13 | | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | TT 1 | |
| | systematic differences between groups in terms of | Unclear | |
| | those who did not complete treatment) | | |
| C3 | For how many participants in each group were no outo | come data available? | |
| | Experimental group N: 23; Control group N: 13 | | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Yes (both available case and ITT analysis) | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |
| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | | |
| direction of its effect? | | | |
| | | | |
| | Unclear risk of bias (only 56% I experimental group re | eported taking antidepressants) | |
| | | | |

| Likely direction of effect: Unclear/unknown direction | | |
|--|---|--------------------------------------|
| D. De | etection bias (bias in how outcomes are ascertained, diag | gnosed or verified) |
| D1 | The study had an appropriate length of follow-up | Unclear (could only use 4 week data) |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | |
| Low risk of bias | | |
| Likely direction of effect: N/A | | |

1.11.9SU2008

| Stud | y ID | SU2008 |
|---|--|--|
| Bibli | ographic reference: | |
| | P, Huang SY, Chiu TH, Huang KC, Huang CL, Chang HC. Om | ega-3 fatty acids 10 for major depressive disorder |
| | g pregnancy: Results from a randomised, 11 double-blind, place | , , |
| 2008; | 59:644-51. | • |
| Guid | eline topic: Antenatal and postnatal mental health: | Review question number: 4.2 |
| clinic | al management and service guidance | |
| Chec | klist completed by: Iona Symington | |
| A. Se | election bias (systematic differences between the compari | ison groups) |
| A1 | An appropriate method of randomisation was used | |
| | to allocate participants to treatment groups (which | I In along (in out if i and details again ide d) |
| | would have balanced any confounding factors | Unclear (insufficient details provided) |
| | equally across groups) | |
| A2 | There was adequate concealment of allocation (such | |
| | that investigators, clinicians and participants cannot | Unclear (insufficient details provided) |
| | influence enrolment or treatment allocation) | |
| A3 | The groups were comparable at baseline, including | |
| | all major confounding and prognostic factors | Yes |
| Base | l on your answers to the above, in your opinion was sele | ection bias present? If so, what is the likely |
| direction of its effect? | | |
| Unclear risk of bias | | |
| Cheleni Han of Dina | | |
| Likely direction of effect: Unclear/unknown direction | | |
| | • | |
| | | |

| C., | B. Performance bias (systematic differences between groups in the care provided, apart | | |
|--|---|--|--|
| from the intervention under investigation) | | | |
| | | | |
| B1 | The comparison groups received the same care apart | Unclear (All participants were informed of | |
| DI | | other treatment options, including | |
| | from the intervention(s) studied | antidepressant medications and | |
| | | psychotherapy, and provided written | |
| | | consent before entering the study) | |
| B2 | Participants receiving care were kept 'blind' to | 7 | |
| | treatment allocation | Yes | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | Yes | |
| | | | |
| Based | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely | |
| | ion of its effect? | F, | |
| - | 101 01 100 0110001 | | |
| | Low risk of bias | | |
| | LOW FISK OF DIAS | | |
| T ileals | y dimension of offers Net applicable | | |
| Liker | y direction of effect: Not applicable | | |
| | | | |
| C Att | rition bias (systematic differences between the comparis | on groups with respect to loss of participants) | |
| e. Thankon bias (systematic universities between the companison groups what respect to 1888 of participants) | | | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Vaa | |
| | differences in length of follow-up) | Yes | |
| | | | |
| | | | |
| C2 | a. How many participants did not complete treatment | in each group? | |
| C2 | a. How many participants did not complete treatment in Experimental group N: 5; Control group N: 7 | in each group? | |
| C2 | | in each group? | |
| C2 | Experimental group N: 5; Control group N: 7 b. The groups were comparable for treatment | | |
| C2 | Experimental group N: 5; Control group N: 7 b. The groups were comparable for treatment completion (that is, there were no important or | in each group? Unclear | |
| C2 | Experimental group N: 5; Control group N: 7 b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of | | |
| | Experimental group N: 5; Control group N: 7 b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Unclear | |
| C2 | Experimental group N: 5; Control group N: 7 b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) For how many participants in each group were no outcome. | Unclear come data available? | |
| | Experimental group N: 5; Control group N: 7 b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) For how many participants in each group were no outce Experimental group N: 5; Control group N: 7 (different | Unclear come data available? | |
| | Experimental group N: 5; Control group N: 7 b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) For how many participants in each group were no outce Experimental group N: 5; Control group N: 7 (different including all participants for dichotomous outcomes) | Unclear come data available? for different outcomes, ITT analysis | |
| | Experimental group N: 5; Control group N: 7 b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) For how many participants in each group were no outcomes including all participants for dichotomous outcomes) b. The groups were comparable with respect to the | Unclear come data available? cfor different outcomes, ITT analysis Yes (The intention-to-treat population | |
| | Experimental group N: 5; Control group N: 7 b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) For how many participants in each group were no outce Experimental group N: 5; Control group N: 7 (different including all participants for dichotomous outcomes) b. The groups were comparable with respect to the availability of outcome data (that is, there were no | Unclear come data available? cfor different outcomes, ITT analysis Yes (The intention-to-treat population included all patients who had a baseline and | |
| | Experimental group N: 5; Control group N: 7 b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) For how many participants in each group were no outce Experimental group N: 5; Control group N: 7 (different including all participants for dichotomous outcomes) b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups | Unclear come data available? for different outcomes, ITT analysis Yes (The intention-to-treat population included all patients who had a baseline and at least 1 post-baseline observation, while | |
| | Experimental group N: 5; Control group N: 7 b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) For how many participants in each group were no outcome Experimental group N: 5; Control group N: 7 (different including all participants for dichotomous outcomes) b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not | Unclear come data available? for different outcomes, ITT analysis Yes (The intention-to-treat population included all patients who had a baseline and at least 1 post-baseline observation, while the per-protocol population included all | |
| | Experimental group N: 5; Control group N: 7 b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) For how many participants in each group were no outce Experimental group N: 5; Control group N: 7 (different including all participants for dichotomous outcomes) b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups | Unclear come data available? for different outcomes, ITT analysis Yes (The intention-to-treat population included all patients who had a baseline and at least 1 post-baseline observation, while the per-protocol population included all patients who completed 8 weeks of | |
| | Experimental group N: 5; Control group N: 7 b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) For how many participants in each group were no outcome Experimental group N: 5; Control group N: 7 (different including all participants for dichotomous outcomes) b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not | Unclear come data available? for different outcomes, ITT analysis Yes (The intention-to-treat population included all patients who had a baseline and at least 1 post-baseline observation, while the per-protocol population included all | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | |
|---|--|
| direction of its effect? | |
| Low risk of bias | |
| Likely direction of effect: N/A | |
| | |

| D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | |
|--|---|---|
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (all outcome assessors were blind to treatment allocation) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) Different for different outcomes: Unclear (not reported whether psychiatrist was blind) |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | |
| Low risk of bias | | |

1.11.10 WISNER2006

| Study | 7 ID | WISNER2006 |
|--|--|--|
| Wisne | ographic reference: er KL, Hunusa BH, Perel JM, Peindl KS, Piontek CM, Sit DKY e | |
| | raline versus nortriptyline. Journal of Clinical Psychopharmac eline topic: Antenatal and postnatal mental health: | rology. 2006;26:353-60. Review question number: 4.2 |
| | al management and service guidance | Review question number. 4.2 |
| | klist completed by: Iona Symington | |
| A. Sel | lection bias (systematic differences between the compari | son groups) |
| A1 | An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups) | Yes (blocks or 8 to 12 with a sequence generated by an SPSS) |
| A2 | There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation) | Unclear (insufficient detail reported with regards to allocation concealment) |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | No (Women randomly assigned to SERT versus NTP did not differ on initial HRSD, CGI, GAS, and the SPQ composite score. However, significantly more non-white women were randomly assigned to SERT (40%) than NTP (19%). There were no other demographic differences |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | |
| Unclear/unknown risk of bias (low risk of bias for randomisation method, possible risk of bias as difference in non-white women at baseline) | | |
| Likely direction of effect: Unknown/unclear direction | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | |
|--|--|--|
| from the intervention under investigation) | | |
| | | |
| D.4 | | |
| B1 | The comparison groups received the same care apart | |
| | from the intervention(s) studied | Unclear (insufficient detail reported) |
| | | , |
| DΩ | Destining to accept in a case are all out /hlim d/ to | |
| B2 | Participants receiving care were kept 'blind' to | |
| | treatment allocation | Yes |
| | | |
| В3 | Individuals administering care were kept 'blind' to | |
| | treatment allocation | Yes |
| | | |
| Based | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely |
| direct | ion of its effect? | |
| | | |
| | Low risk of bias | |
| | | |
| Likely | v direction of effect: Not applicable | |
| Linery | direction of circus (vot applicable | |
| | | |
| C. Att | rition bias (systematic differences between the comparis | son groups with respect to loss of participants) |
| | 1 | Solt of the section of the section of |
| | | |
| C1 | All groups were followed up for an equal length of | |
| | time (or analysis was adjusted to allow for | Yes |
| | differences in length of follow-up) | ies |
| | | |
| C2 | a. How many participants did not complete treatment | in each group? |
| | Experimental group N: 23; Control group N: 13 | |
| | b. The groups were comparable for treatment | No (significantly more women who took |
| | completion (that is, there were no important or | SERT compared with NTP withdrew from |
| | systematic differences between groups in terms of | the study in the first 8 weeks [42%] versus |
| | those who did not complete treatment) | [24%], respectively. The proportion of |
| | those who did not complete treatment) | women who were lost to follow-up or |
| | | withdrew by personal choice differed |
| | | significantly (SERT, 20%, versus NTP, 6%) |
| C3 | For how many participants in each group were no outo | |
| | Experimental group N: unclear; Control group N: uncl | ear. Different for different outcomes/ |
| | analyses | |
| | b. The groups were comparable with respect to the | Unclear (Analyses of primary symptom |
| | availability of outcome data (that is, there were no | outcomes were performed with different |
| | important or systematic differences between groups | subsets of subjects. Intent to treat analyses |
| | in terms of those for whom outcome data were not | for the primary outcomes of response and |
| | | remission were done with all subjects who |
| | available). | were randomised. Continuous measures at 4 |
| | | and 8 weeks were completed with subjects |
| | | who provided at least 3 (for 4-week |

Clinical evidence – completed methodology checklists

analysis) and 5 (for 8-week analysis by using the last week of data provided). Analyses of the continuous measures across all weeks were completed with data available for up to 8 and 24 weeks)

Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?

High risk of bias

Likely direction of effect: Unclear/unknown risk of bias

| D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | |
|--|---|--|
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Different for different outcomes. For compliance: sertraline, measured the parent drug in the mothers' and infants' serum 24 hours post-dose. The mothers took their AM dose after the blood draw. The maternal sertraline levels were not assessed in the same manner as nortryptaline levels at week 3 of the trial because no level associated with toxicity has been clearly defined. We used sertraline serum levels as a measure of compliance. All other outcomes valid and reliable methods used |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Different for different investigators (The primary staff (side effects monitor, mood symptom rater, and study psychiatrist) were blind to drug assignment until project completion. The medication monitoring function (nurse) was separate from (and blind to) the mood monitoring (interviewer). Nonblind staff included the statistician, the research pharmacist, and the nonblind medical monitors who prescribed the medication doses and evaluated side effects. |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Unclear |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | |
| Unclear risk of bias | | |
| Likely direction of effect: Unclear/unknown direction | | |

1.11.11 YONKERS2008

| Study | y ID | YONKERS2008 | |
|---|--|--|--|
| Biblio | Bibliographic reference: | | |
| clinic | Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance Checklist completed by: Iona Symington | | |
| A. Se | lection bias (systematic differences between the compari | son groups) | |
| A1 | An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups) | Yes (pre-determined with a computer- generated schedule in blocked sets of 4 and was stratified by site) | |
| A2 | There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation) | Yes (A study statistician was responsible for random assignment and remaining study-staff were blind to group assignment) | |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | No (differed significantly on baseline IDS- SR scores, placebo higher. No difference in all other baseline measures) | |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | | |
| Unclear/unknown risk of bias (low risk of bias for randomisation and allocation concealment measure, high risk of comparability bias) | | | |
| Likely direction of effect: Unclear/unknown direction | | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | | |
|--|---|---|--|
| from the intervention under investigation) | | | |
| č , | | | |
| D4 | mt 1.d | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Unclear | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| | treatment allocation | Yes | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | Yes | |
| | | | |
| Based | on your answers to the above, in your opinion was perf | ormance bias present? If so, what is the likely | |
| direct | ion of its effect? | | |
| | | | |
| | Low risk of bias | | |
| | | | |
| Likely | y direction of effect: N/A | | |
| | | | |
| C A | C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | |
| C. Att | rition bias (systematic differences between the comparis | on groups with respect to loss of participants) | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | Tes | |
| | | | |
| C2 | a. How many participants did not complete treatment i | in each group? | |
| | Experimental group N: 18; Control group N: 21 | | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | Unclear | |
| | systematic differences between groups in terms of | | |
| | those who did not complete treatment) | | |
| C3 | For how many participants in each group were no outo | | |
| | Experimental group N: unclear; Control group N: Uncl | ear (different for different outcomes) | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| important of systematic unferences between groups | Unclear | | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | |
|--|---|--------------------|
| Unclear risk of bias | | |
| Likel | y direction of effect: Unknown/ unclear direction | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | nosed or verified) |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | |
| Low risk of bias | | |
| Likely direction of effect: N/A | | |

1.12PHARMACOLOGICAL HARMS: (ANTIDEPRESSANTS)

1.12.1BOUCHER2008

| Study ID | | BOUCHER2008 |
|---|---|-------------------------|
| Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance | | Review question no: 4.2 |
| Checklis | t completed by: Rebecca Gate | |
| A. Select | ion bias (systematic differences between the comparison ground | ups) |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Unclear |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | No |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | |
| Unclear/unknown risk (Group allocation non-randomised, nonexposed mothers were randomly sampled from the same hospital population, groups were generally comparable at baseline). | | |
| Likely direction of effect: N/A | | |
| B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation) | | |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Unclear |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No |
| Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect? | | |

| | unknown risk (Non-blind, both arms delivered at the same lon care received). | hospital no additional information | |
|------------------------|---|--|--|
| Likely dir | rection of effect N/A: | | |
| C. Attritio | on bias (systematic differences between the comparison group | os with respect to loss of participants) | |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Yes | |
| C2 | a. How many participants did not complete treatment in each | ch group? Not reported | |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Unclear | |
| C3 | a. For how many participants in each group were no outcome data available? Not reported | | |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available) | Unclear | |
| Based on of its effect | your answers to the above, in your opinion was attrition biaset? | present? If so, what is the likely direction | |
| Unclear/ | unknown risk (Length of follow-up not reported, drop-out ra | ate not reported). | |
| Likely di | rection of effect: N/A | | |
| D. Detect | ion bias (bias in how outcomes are ascertained, diagnosed or | verified) | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | No | |

| D5 | Investigators were kept 'blind' to other important | No | |
|---|--|--------------------------------------|--|
| | confounding/prognostic factors | | |
| | | | |
| Based on | your answers to the above, in your opinion was detection bia | s present? If so, what is the likely | |
| direction | of its effect? | | |
| | | | |
| Unclear/unknown risk (Definitions and methods of outcomes were clearly defined; non-blind investigators). | | | |
| Likely di | rection of effect: N/A | | |
| | | | |

1.12.2 CALDERON-MARGALIT 2009

| Study | ID | CALDERON-MARGALIT2009 |
|---------|---|--|
| | line topic: Antenatal and postnatal mental health: clinical gement and service guidance | Review question no: 4.2 |
| Checkl | list completed by: Rebecca Gate | |
| A. Sele | ection bias (systematic differences between the comparison gro | ups) |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Yes |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | No |
| | on your answers to the above, in your opinion was selection bi on of its effect? | ias present? If so, what is the likely |
| Unclea | ar/unknown risk (No random allocation. Groups differed sign | nificantly in baseline demographics). |
| Likely | direction of effect: N/A | |
| | formance bias (systematic differences between groups in the ca investigation) | re provided, apart from the intervention |

| B1 | The comparison groups received the same care apart from | | |
|---|--|---|--|
| | the intervention(s) studied | Unclear | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to treatment | | |
| | allocation | No | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | N | |
| | treatment allocation | No | |
| | | | |
| | your answers to the above, in your opinion was performance | e bias present? If so, what is the likely | |
| direction | of its effect? | | |
| | | | |
| Unclear | / unknown risk (Non-blind, limited information reported on | treatment only). | |
| | | | |
| Likely di | rection of effect N/A: | | |
| | | | |
| C Attriti | on bias (systematic differences between the comparison grou | ine with respect to loss of participants | |
| C. Attitu | on bias (systematic differences between the comparison grou | ips with respect to loss of participants) | |
| C1 | All groups were followed up for an equal length of time | | |
| | (or analysis was adjusted to allow for differences in length | Unclear | |
| | of follow-up) | | |
| | | | |
| C2 | a. How many participants did not complete treatment in ea | ich group? N/R | |
| | b. The groups were comparable for treatment completion | 1 | |
| | (that is, there were no important or systematic differences | | |
| | between groups in terms of those who did not complete | Unclear | |
| | treatment) | | |
| | , | | |
| C3 | a. For how many participants in each group were no outcome | me data available? N/R | |
| | | | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups in | Unclear | |
| | terms of those for whom outcome data were not available) | | |
| | | | |
| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction | | | |
| of its effect? | | | |
| | | | |
| Unclear/unknown risk (Unclear length of follow-up and dropout rates). | | | |
| Onciear/ | order and own the Concreti length of tollow-up and dropout faces). | | |
| Title Level and Compact of Control NI/A | | | |
| Likely d | irection of effect: N/A | | |
| ī | | | |

| D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | |
|--|---|-----|
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | No |
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | No |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | |
| Unclear/unknown risk (Clear follow-up period and defined outcome; non-blind). | | |
| Likely direction of effect: N/A | | |

1.12.3CASPER2003

| Study II | D | CASPER2003 |
|----------|---|-------------------------|
| | ne topic: Antenatal and postnatal mental health: clinical ement and service guidance | Review question no: 4.2 |
| Checkli | st completed by: Rebecca Gate | |
| A. Selec | ction bias (systematic differences between the comparison gro | ups) |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Yes |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | No |

| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | | |
|--|--|--|--|
| character | , | nce between arms in terms of baseline | |
| Likely di | irection of effect: N/A | | |
| | mance bias (systematic differences between groups in the carvestigation) | e provided, apart from the intervention | |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Unclear | |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No | |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No | |
| Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect? | | | |
| Unclear/ unknown risk (Non-blind, limited information reported on treatment only). | | | |
| Likely direction of effect N/A: | | | |
| C. Attriti | on bias (systematic differences between the comparison grou | ps with respect to loss of participants) | |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Unclear | |
| C2 | a. How many participants did not complete treatment in early b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | uch group? N/R Unclear | |
| C3 | a. For how many participants in each group were no outcome | me data available? N/R | |

| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available) | Unclear |
|--|---|--|
| Based on of its effec | your answers to the above, in your opinion was attrition bias | present? If so, what is the likely direction |
| Unclear/reported) | unknown risk (Unclear length of follow-up – ranged from 6 to . | o 40 months – dropout rates not |
| Likely di | rection of effect: N/A | |
| D. Detect | ion bias (bias in how outcomes are ascertained, diagnosed or | verified) |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes |
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | Yes |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | |
| Low risk (Clear follow-up period and defined outcome; outcome assessors were blind to the mothers' medication status). | | |
| Likely direction of effect: N/A | | |

1.12.4CHAMBERS1996

| Study ID | CHAMBERS1996 |
|--|-------------------------|
| | |
| Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance | Review question no: 4.2 |
| Checklist completed by: Rebecca Gate | |

| A. Selection bias (systematic differences between the comparison groups) | | |
|--|---|--|
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | Unclear |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Unclear |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Unclear |
| | n your answers to the above, in your opinion was selection bin of its effect? | as present? If so, what is the likely |
| Unclear | /unknown risk | |
| Likely d | irection of effect: Unclear/unknown direction | |
| | rmance bias (systematic differences between groups in the car evestigation) | re provided, apart from the intervention |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | No |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No |
| Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect? | | |
| High risk | | |
| Likely direction of effect: Unclear/unknown direction | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | |

³ 451 pregnancies ongoing and outcome awaiting

| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Unclear |
|--|---|--|
| C2 | a. How many participants did not complete treatment in each | ch group? N/R |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Unclear |
| C3 | a. For how many participants in each group were no outcome data available? N/R | |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available) | Unclear |
| Based on of its effe | your answers to the above, in your opinion was attrition bias ct? | present? If so, what is the likely direction |
| Unclear/unknown risk (Follow-up and dropout rates unclear). • Outcomes limited to country availability | | |
| Likely direction of effect: N/A | | |
| D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Unclear |
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | Unclear |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | |
| Unclear/unknown risk | | |

Likely direction of effect: Unclear/unknown direction

1.12.5COSTEI2002

| Study ID | | COSTEL2002 |
|--|---|-------------------------|
| Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance | | Review question no: 4.2 |
| Checklis | t completed by: Rebecca Gate | |
| A. Select | ion bias (systematic differences between the comparison ground | ups) |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Yes |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Yes |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | |
| Unclear/unknown risk (Non-randomised allocation, cases were matched be demographic and potential confounders were accounted for during multivariate analysis). | | |
| Likely direction of effect: N/A | | |
| B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation) | | |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Unclear |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No |

| nclear). | | |
|--|--|--|
| | | |
| | | |
| os with respect to loss of participants) | | |
| Yes | | |
| h group? Unclear | | |
| Unclear | | |
| e data available? Intervention (11), | | |
| Unclear | | |
| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | |
| Unclear/unknown risk (Follow-up and dropout rates not reported). | | |
| Likely direction of effect: N/A | | |
| verified) | | |
| Yes | | |
| Unclear | | |
| Unclear | | |
| | | |

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| D4 | Investigators were kept 'blind' to participants' exposure | No | |
|---|---|----|--|
| | to the intervention | | |
| | | | |
| D5 | Investigators were kept 'blind' to other important | No | |
| | confounding/prognostic factors | | |
| | | | |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely | | | |
| direction of its effect? | | | |
| | | | |
| Unclear/unknown risk (Non-blind investigators. Length of follow-up and outcome methods were clearly | | | |
| defined). | | | |
| · | | | |
| Likely direction of effect: N/A | | | |
| | | | |

1.12.6DAVIS2007

| Study I | D | DAVIES2007 |
|--|---|-------------------------|
| Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance | | Review question no: 4.2 |
| Checkli | st completed by: Rebecca Gate | |
| A. Selec | ction bias (systematic differences between the comparison gro | ups) |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Unclear |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Unclear |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | |
| Unclear/unknown risk (Non-randomised allocation, attempts to balance comparison groups and comparability of groups were not reported). | | |
| Likely direction of effect: N/A | | |
| B. Performance bias (systematic differences between groups in the care provided, apart from the intervention | | |

| under investigation) | | |
|--|---|---|
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Unclear |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No |
| | your answers to the above, in your opinion was performanc of its effect? | e bias present? If so, what is the likely |
| Unclear, | / unknown risk (Non-blind, comparability of care provided r | not reported). |
| Likely di | rection of effect N/A: | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Yes |
| C2 | a. How many participants did not complete treatment in ea | nch group? Unclear |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Unclear |
| C3 | a. For how many participants in each group were no outcome | me data available? Unclear |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available) | Unclear |
| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | |
| 1 | | |

| Unclear/unknown risk (Cases were included where follow-up data was available from 365 days). | | |
|---|---|-----|
| Likely direction of effect: N/A | | |
| D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | No |
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | No |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely | | |
| direction of its effect? | | |
| Unclear/unknown risk (Non-blind investigators. Length of follow-up and outcome methods were clearly | | |
| defined). | | |
| Likely direction of effect: N/A | | |

1.12.7DIAV-CITRIN2008B

| Study ID | | DIAV-CITRIN2008 |
|-----------|---|-------------------------|
| | e topic: Antenatal and postnatal mental health: clinical | Review question no: 4.2 |
| managei | ment and service guidance | |
| Checklis | t completed by: Rebecca Gate | |
| A. Select | ion bias (systematic differences between the comparison grounds) | ups) |
| A1 | The method of allocation to treatment groups was | |
| | unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is | No |
| | not expected to affect the outcome(s) under study) | |
| A2 | Were any attempts made within the design or analysis to | Unclear |
| | balance the comparison groups for potential | |

| | confounders? | |
|-------------|--|---|
| A3 | The groups were comparable at baseline, including all | Unclear |
| | major confounding and prognostic factors | |
| Based on | your answers to the above, in your opinion was selection big | as present? If so, what is the likely |
| | of its effect? | |
| Unclear, | /unknown risk (Allocation not randomised, intervention gro | up were more likely to be first time |
| pregnano | cy. No significant difference in remaining demographics). | |
| Likely d | irection of effect: N/A | |
| B. Perfor | mance bias (systematic differences between groups in the car | re provided, apart from the intervention |
| under in | vestigation) | |
| B1 | The comparison groups received the same care apart from | |
| | the intervention(s) studied | Unclear |
| | | |
| B2 | Participants receiving care were kept 'blind' to treatment | |
| | allocation | No |
| | | |
| В3 | Individuals administering care were kept 'blind' to | NT. |
| | treatment allocation | No |
| | | |
| | your answers to the above, in your opinion was performance | e bias present? If so, what is the likely |
| direction | of its effect? | |
| Unclear | / unknown risk (Non-blind, no information reported on care | received). |
| | | |
| Likely di | rection of effect N/A: | |
| | | |
| C. Attriti | on bias (systematic differences between the comparison grou | ps with respect to loss of participants) |
| | | |
| C1 | All groups were followed up for an equal length of time | |
| | (or analysis was adjusted to allow for differences in length | Yes |
| | of follow-up) | |
| C2 | a. How many participants did not complete treatment in ea | l ach group? N/R |
| | | 0 - 7 - 1 - 1 |
| | b. The groups were comparable for treatment completion | |
| | (that is, there were no important or systematic differences | Unclear |
| | between groups in terms of those who did not complete | |
| | | |

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| | treatment) | |
|---|--|--|
| | | |
| | | |
| | | |
| C3 | a. For how many participants in each group were no outcome | ne data available? N/R |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups in | Unclear |
| | terms of those for whom outcome data were not available) | |
| | | |
| | | |
| | your answers to the above, in your opinion was attrition bias | s present? If so, what is the likely direction |
| of its effe | ct? | |
| I I a al a a u / | under some sight (Treatment somewhation has ath of fallow one or | d duament union not unamente d. 14 anno |
| | unknown risk (Treatment completion, length of follow-up an followed up – discontinued medication or valproate had not | |
| were not | followed up - discontinued medication of varproate had not | be taken). |
| Likely di | rection of effect: N/A | |
| , | , | |
| D. Detect | ion bias (bias in how outcomes are ascertained, diagnosed or | verified) |
| | | |
| D1 | The study had an appropriate length of follow-up | Yes |
| DI | The study had arruppropriate length of follow up | 165 |
| D2 | The study used a precise definition of outcome | Yes |
| Da | | |
| D3 | A valid and reliable method was used to determine the | Yes |
| | outcome | |
| D4 | Investigators were kept 'blind' to participants' exposure | No |
| DI | to the intervention | |
| | to the intervention | |
| D5 | Investigators were kept 'blind' to other important | No |
| | confounding/prognostic factors | |
| | | |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely | | |
| direction | of its effect? | |
| Unclear/ | unknown risk (Non-blind investigators, definitions and meth | ods of outcomes were not clearly |
| defined). | ······································ | |
| semica). | | |
| Likely di | rection of effect: N/A | |
| | | |
| | | |

1.12.8EINARSON2009

| Study ID | | EINARSON2009 |
|--|---|-------------------------|
| Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance | | Review question no: 4.2 |
| Checklis | t completed by: Rebecca Gate | |
| A. Select | ion bias (systematic differences between the comparison grounds) | ups) |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Unclear |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Yes |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | |
| Unclear/unknown risk (Allocation not randomised. Pairs were matched for maternal characteristics and consequently comparable at baseline). | | |
| Likely direction of effect: N/A | | |
| B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation) | | |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Unclear |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No |
| Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect? | | |

| Unclear/ unknown risk (Non-blind, no information reported on care received). | | | |
|--|---|--|--|
| Likely dir | Likely direction of effect N/A: | | |
| C. Attritio | on bias (systematic differences between the comparison group | os with respect to loss of participants) | |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Unclear | |
| C2 | a. How many participants did not complete treatment in each | ch group? N/R | |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Unclear | |
| C3 | a. For how many participants in each group were no outcome data available? N/R | | |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available) | Unclear | |
| Based on of its effect | your answers to the above, in your opinion was attrition bias | present? If so, what is the likely direction | |
| Unclear/unknown risk (Treatment completion, length of follow-up and dropout rates not reported). | | | |
| Likely di | rection of effect: N/A | | |
| D. Detect | ion bias (bias in how outcomes are ascertained, diagnosed or | verified) | |
| D1 | The study had an appropriate length of follow-up | Unclear | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | No | |

| D5 | Investigators were kept 'blind' to other important | No | |
|--|--|---------------------------------------|--|
| | confounding/prognostic factors | | |
| | | | |
| Based on | your answers to the above, in your opinion was detection bia | as present? If so, what is the likely | |
| direction | direction of its effect? | | |
| | | | |
| Unclear/unknown risk (Non-blind investigators, definitions and methods of outcomes were not clearly defined; | | | |
| length of follow-up unclear). | | | |
| | | | |
| Likely direction of effect: N/A | | | |
| | • | | |

1.12.9ELMARROUN2014

| Study | ID | ELMARROUN2013 |
|--|---|---|
| Prenat | nce: El Marroun H, White TJH, Van der Knaap NJF, Homberg al exposure to selective serotonin reuptake inhibitors and autis ation-based study of young children. The British Journal of Psy | stic symptoms in young children: |
| Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance | | Review question no: 4.2 |
| Checkl | list completed by: Iona Symington | |
| A. Sele | ection bias (systematic differences between the comparison gro | ups) |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Yes/unclear – but not in our analysis (Confounds were controlled for in adjusted models in paper – however unadjusted figures used in the present analysis) |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | No (Mothers with depression but no SSRI treatment during pregnancy were younger, less educated, more often of non-Dutch origin and smoked more often during pregnancy than the reference group) |
| | on your answers to the above, in your opinion was selection bion of its effect? | as present? If so, what is the likely |

| Unclear risk (differences in baseline figures, could not be adjusted for in the present analysis) | | | |
|---|---|---|--|
| Likely di | Likely direction of effect: Unclear/uknown risk | | |
| | mance bias (systematic differences between groups in the carvestigation) | e provided, apart from the intervention | |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Unclear | |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No | |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No | |
| | your answers to the above, in your opinion was performance of its effect? | e bias present? If so, what is the likely | |
| Unclear, | /unknown risk | | |
| Likely di | rection of effect N/A: Unclear/unknown direction | | |
| C. Attriti | on bias (systematic differences between the comparison grou | ps with respect to loss of participants) | |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Unclear | |
| C2 | a. How many participants did not complete treatment in ea | ch group? NR | |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Unclear | |
| C3 | a. For how many participants in each group were no outcor | ne data available? NR | |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available) | Unclear | |

Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?

Low risk (On average, 5.9% of data across all variables were missing. To avoid the bias of complete case analysis, accounted for missing information on the confounders (determinants and outcomes were not imputed) by using multiple imputation methods; five imputed data-sets were generated using a fully conditional specified model to handle)

Likely direction of effect: N/A

D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)

| D1 | The study had an appropriate length of follow-up | Yes |
|----|---|---------|
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Unclear |
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | Unclear |

Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?

High risk (Exposure to maternal depressive symptoms during pregnancy and pervasive developmental problems were not associated if the child's)

Likely direction of effect: Effect size bigger

1.12.10 FERREIRA2007

| Study ID | FERREIRA2007 |
|--|-------------------------|
| Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance | Review question no: 4.2 |
| Checklist completed by: Rebecca Gate | |
| A. Selection bias (systematic differences between the comparison groups) | |

${\it Clinical\ evidence-completed\ methodology\ checklists}$

| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No |
|--|---|---|
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | No |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | No |
| | your answers to the above, in your opinion was selection bia of its effect? | as present? If so, what is the likely |
| | k (No random allocation; groups were significantly different g, alcohol intake, substance abuse, asthma; no attempts to cor | 0 1 |
| Likely d | irection of effect: N/A | |
| B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation) | | |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Unclear |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No |
| Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect? | | |
| Unclear/ unknown risk (Non-blind, information on additional care not reported). | | |
| Likely direction of effect N/A: | | |
| C. Attriti | on bias (systematic differences between the comparison grou | ups with respect to loss of participants) |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Unclear |

| C2 | a. How many participants did not complete treatment in each group? N/R | |
|--|---|--|
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Unclear |
| C3 | a. For how many participants in each group were no outcor | ne data available? N/R |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available) | Unclear |
| Based on of its effective | your answers to the above, in your opinion was attrition biasct? | s present? If so, what is the likely direction |
| Unclear/ | unknown risk (Unclear length of follow-up and dropout rate | s). |
| Likely di | rection of effect: N/A | |
| D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | |
| D1 | The study had an appropriate length of follow-up | Unclear |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | No |
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | No |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | |
| Unclear/unknown risk (Clear follow-up period and defined outcome; non-blind investigators). | | |
| Likely direction of effect: N/A | | |

1.12.11 GALBALLY2009

| Study ID | | GALBALLY2009 |
|--|---|-------------------------|
| Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance | | Review question no: 4.2 |
| Checklis | t completed by: Rebecca Gate | |
| A. Select | ion bias (systematic differences between the comparison grou | ups) |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Yes |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Yes |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | |
| High risk (No random allocation; matched control groups; groups comparable in terms of baseline demographics). | | |
| Likely direction of effect: N/A | | |
| B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation) | | |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Unclear |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No |
| Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect? | | |

| Unclear/ unknown risk (Non-blind, information on additional care not reported). | | | |
|--|---|--|--|
| Likely dir | Likely direction of effect N/A: | | |
| C. Attritio | on bias (systematic differences between the comparison group | os with respect to loss of participants) | |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Yes | |
| C2 | a. How many participants did not complete treatment in each | ch group? N/R | |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Unclear | |
| C3 | a. For how many participants in each group were no outcon | ne data available? N/R | |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available) | Unclear | |
| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | | |
| Unclear/unknown risk (treatment completion and dropout rates were not reported). | | | |
| Likely direction of effect: N/A | | | |
| D. Detect | ion bias (bias in how outcomes are ascertained, diagnosed or | verified) | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Unclear | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Unclear | |

| D5 | Investigators were kept 'blind' to other important | Unclear |
|---|--|--|
| | confounding/prognostic factors | |
| | | |
| Based on | your answers to the above, in your opinion was detection bia | s present? If so, what is the likely |
| direction | of its effect? | |
| | | |
| Unclear/ | unknown risk (Clear follow-up period and definition of outco | omes; methods included the combination |
| of standardised and non-standardised questionnaires; blinding of investigators not reported). | | |
| | - | 1 , |
| Likely di | rection of effect: N/A | |
| - | | |

1.12.12 KALLEN2004

| Study II | D | KALLEN2004 |
|--|---|-------------------------|
| | ne topic: Antenatal and postnatal mental health: clinical ement and service guidance | Review question no: 4.2 |
| Checkli | st completed by: Rebecca Gate | |
| A. Selec | ction bias (systematic differences between the comparison gro | ups) |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Yes |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Unclear |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | |
| Unclear/unknown risk (Non-randomised allocation, analysis included adjustment for potential confounders. Unclear if groups were comparable at baseline). | | |
| Likely direction of effect: N/A | | |
| B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation) | | |

| B1 | The comparison groups received the same care apart from the intervention(s) studied | Unclear |
|--|---|---|
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No |
| | your answers to the above, in your opinion was performanc of its effect? | e bias present? If so, what is the likely |
| Unclear | / unknown risk (Non-blind, treatment reported as comparab | le). |
| Likely di | rection of effect N/A: | |
| C. Attriti | on bias (systematic differences between the comparison grou | ps with respect to loss of participants) |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Unclear |
| C2 | a. How many participants did not complete treatment in ea | nch group? N/R |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Unclear |
| C3 | a. For how many participants in each group were no outcome | me data available? N/R |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available) | Unclear |
| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | |
| Unclear/unknown risk (Follow-up and dropout rates unclear). | | |

⁴ 451 pregnancies ongoing and outcome awaiting

| Likely direction of effect: N/A | | | |
|--|---|---------|--|
| D. Dete | D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | |
| D1 | The study had an appropriate length of follow-up | Unclear | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | No | |
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | No | |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | | |
| Unclear/unknown risk (Clear method of definition of outcome, unclear follow-up; non-blind). | | | |
| Likely direction of effect: N/A | | | |

1.12.13 KALLEN2007

| Study II |) | KALLEN2004 |
|----------|---|-------------------------|
| | ne topic: Antenatal and postnatal mental health: clinical ment and service guidance | Review question no: 4.2 |
| Checklis | st completed by: Rebecca Gate | |
| A. Selec | tion bias (systematic differences between the comparison gro | ups) |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Yes |

| A3 | The groups were comparable at baseline, including all | NT / A | |
|-----------|---|---|--|
| | major confounding and prognostic factors | N/A | |
| | , | | |
| Based on | your answers to the above, in your opinion was selection bia | as present? If so, what is the likely | |
| | of its effect? | , , | |
| uncenon | of its circu. | | |
| Unclear | unknown risk (one-armed trial [non-randomised allocation, | groups not comparable at baselinel | |
| | ents were made during the analysis for all selected confounde | 9 1 1 | |
| aujustine | mis were made during the analysis for an selected comounds | 215). | |
| T !11 1' | : | | |
| Likely a | irection of effect: N/A | | |
| | | | |
| B. Perfor | mance bias (systematic differences between groups in the car | re provided, apart from the intervention | |
| under in | vestigation) | | |
| | | | |
| B1 | The comparison groups received the same care apart from | | |
| | the intervention(s) studied | N/A | |
| | (-) | , | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to treatment | | |
| | allocation | No | |
| | unocunon | | |
| D2 | T. 41. 141 4111 | | |
| В3 | Individuals administering care were kept 'blind' to | No | |
| | treatment allocation | | |
| | | | |
| Based on | Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely | | |
| direction | of its effect? | - | |
| | | | |
| | | | |
| Unclear, | / unknown risk (Non-blind, one arm). | | |
| | | | |
| Likolu di | rection of effect N/A: | | |
| Likely ui | rection of effect by A. | | |
| | 5 | | |
| C Attriti | on bias (systematic differences between the comparison grou | ine with respect to loss of participants) | |
| C. Milli | on bias (systematic unicrences between the companison grou | ips with respect to loss of participants) | |
| | | | |
| C1 | All groups were followed up for an equal length of time | | |
| | (or analysis was adjusted to allow for differences in length | Unclear | |
| | of follow-up) | | |
| | 1, | | |
| C2 | a. How many participants did not complete treatment in ea | ich group? N/R | |
| | | | |
| | b. The groups were comparable for treatment completion | | |
| | (that is, there were no important or systematic differences | | |
| | | Unclear | |
| | between groups in terms of those who did not complete | | |
| | treatment) | | |
| | | | |

 $^{^{5}}$ 451 pregnancies ongoing and outcome awaiting

| C3 | a. For how many participants in each group were no outcome data available? N/R | | |
|---|--|--|--|
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | · · | | |
| | important or systematic differences between groups in | Unclear | |
| | terms of those for whom outcome data were not available) | | |
| | | | |
| | | | |
| Based on of its effect | your answers to the above, in your opinion was attrition biasct? | s present? If so, what is the likely direction | |
| Unclear/ | unknown risk (Follow-up and dropout rates unclear). | | |
| Likely di | rection of effect: N/A | | |
| D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the | Yes | |
| | outcome | | |
| D4 | Investigators were kept 'blind' to participants' exposure | No | |
| | to the intervention | | |
| D5 | Investigators were kept 'blind' to other important | No | |
| | confounding/prognostic factors | | |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely | | | |
| | of its effect? | · | |
| Unclear/unknown risk (Clear method and definition of outcome, unclear follow-up; non-blind). | | | |
| Likely di | Likely direction of effect: N/A | | |
| , | · | | |

1.12.14 KIELER2012

| Study ID | KIELER2011 |
|--|-------------------------|
| | |
| Guideline topic: Antenatal and postnatal mental health: clinical | Review question no: 4.2 |
| management and service guidance | |
| | |

| Checklis | t completed by: Rebecca Gate | |
|--|---|--|
| A. Selection bias (systematic differences between the comparison groups) | | |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Yes |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Unclear |
| | n your answers to the above, in your opinion was selection bin of its effect? | as present? If so, what is the likely |
| | /unknown risk (No randomised allocation; confounders wernes were not reported). | re considered during analysis, differences |
| Likely d | irection of effect: N/A | |
| B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation) | | |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | N/A |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No |
| Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect? | | |
| Unclear/ unknown risk (Non-blind, one arm). | | |
| Likely direction of effect N/A: | | |

⁶ 451 pregnancies ongoing and outcome awaiting

| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | |
|---|--|--|
| C1 | All groups were followed up for an equal length of time | |
| | (or analysis was adjusted to allow for differences in length | Unclear |
| | of follow-up) | |
| | erione wap) | |
| C2 | a. How many participants did not complete treatment in each | ch group? N/R |
| | b. The groups were comparable for treatment completion | |
| | (that is, there were no important or systematic differences | |
| | between groups in terms of those who did not complete | Unclear |
| | treatment) | |
| | | |
| C3 | a. For how many participants in each group were no outcom | ne data available? N/R |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups in | Unclear |
| | terms of those for whom outcome data were not available) | Officiear |
| | terms of those for whom outcome data were not available) | |
| | | |
| D 1 | to the share to the share to be a state of the share to the same of the same o | |
| | your answers to the above, in your opinion was attrition bias | present? If so, what is the likely direction |
| of its effe | ct? | |
| Unclear/unknown risk (Follow-up and dropout rates unclear). | | |
| _ | | |
| | Outcomes limited to country availability | |
| Likely direction of effect: N/A | | |
| D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | |
| | | |
| D1 | The study had an anguagista langth of following | Hadaa |
| D1 | The study had an appropriate length of follow-up | Unclear |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the | Yes |
| D 3 | outcome | 103 |
| | outcome | |
| D4 | Investigators were kept 'blind' to participants' exposure | No |
| Dī | to the intervention | 110 |
| | to the intervention | |
| D5 | Investigators were kept 'blind' to other important | No |
| | confounding/prognostic factors | |
| | contouriding/ prognostic factors | |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely | | |
| direction of its effect? | | |
| direction of its effect: | | |
| | | |

| Unclear/unknown risk (Clearly defined definitions of primary outcomes, follow-up period not specified for al |
|--|
| outcomes, investigators were non-blind). |

Likely direction of effect: N/A

1.12.15 KORNUM2010

| Study ID | | KORNUM2010 |
|---|---|-------------------------|
| Guideline topic: Antenatal and postnatal mental health: clinical | | Review question no: 4.2 |
| | ment and service guidance | |
| Checklis | t completed by: Rebecca Gate | |
| A. Select | cion bias (systematic differences between the comparison gro | ups) |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Yes |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Unclear |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | |
| Unclear/unknown risk (No randomised allocation; confounders were considered during analysis, differences at baselines were not reported). | | |
| Likely direction of effect: N/A | | |
| B. Performance bias (systematic differences between groups in the care provided, apart from the intervention | | |
| under investigation) | | |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | N/A |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No |

| 1 | | |
|-------------------|---|--|
| В3 | Individuals administering care were kept 'blind' to | No |
| | treatment allocation | NO |
| | | |
| Based on | your answers to the above, in your opinion was performance | e bias present? If so, what is the likely |
| direction | of its effect? | |
| | | |
| 1 | | |
| Unclear/ | unknown risk (Non-blind, one arm). | |
| | | |
| Likely di | rection of effect N/A: | |
| - ·- J | , | |
| | 7 | |
| C. Attritic | on bias (systematic differences between the comparison grou | ps with respect to loss of participants) |
| | | • • • • • • • • • • • • • • • • • • • |
| C1 | All groups were followed up for an equal length of time | |
| CI | (or analysis was adjusted to allow for differences in length | Unclear |
| | | Officieal |
| | of follow-up) | |
| C2 | a. How many participants did not complete treatment in ea | ich group? N/R |
| C2 | a. How many participants did not complete treatment in ea | ich group: 14/ K |
| | b. The groups were comparable for treatment completion | |
| | | |
| | (that is, there were no important or systematic differences | Unclear |
| | between groups in terms of those who did not complete | |
| | treatment) | |
| CO | | 1.4 21.11.2.11/D |
| C3 | a. For how many participants in each group were no outcor | me data available? N/ K |
| | | |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups in | Unclear |
| | terms of those for whom outcome data were not available) | |
| | | |
| | | |
| Based on | your answers to the above, in your opinion was attrition bias | s present? If so, what is the likely direction |
| of its effe | | 5 present: If 50, what is the likely direction |
| or its erre | Ct: | |
| T I a al a a se / | | |
| Unclear/ | unknown risk (Follow-up and dropout rates unclear). | |
| • (| Outcomes limited to country availability | |
| | | |
| Likely di | rection of effect: N/A | |
| D.D. | | |
| D. Detect | ion bias (bias in how outcomes are ascertained, diagnosed or | verified) |
| | | |
| D1 | The study had an appropriate length of follow-up | Yes |
| <i>D</i> 1 | The study flux an appropriate length of follow-up | |

⁷ 451 pregnancies ongoing and outcome awaiting

${\it Clinical\ evidence-completed\ methodology\ checklists}$

| D2 | The study used a precise definition of outcome | Yes | |
|---|---|-----|--|
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | No | |
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | No | |
| Based on | Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely | | |
| direction of its effect? | | | |
| Unclear/unknown risk (Clearly definitions and methods of primary outcomes, follow-up period limited to malformations registered within the first year of life, investigators were non-blind). | | | |

Likely direction of effect: N/A

1.12.16 KULIN1998

| Study I | D | KULIN1998 |
|---|---|-------------------------|
| Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance | | Review question no: 4.2 |
| Checkli | st completed by: Rebecca Gate | |
| A. Selec | ction bias (systematic differences between the comparison gro | ups) |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Unclear |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Yes |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | |
| Unclear/unknown risk (No randomised allocation; unclear if confounders were considered during analysis; reported significant differences in baseline demographics). | | |

| Likely direction of effect: N/A | | |
|---|---|---|
| B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation) | | |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | N/A |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No |
| | your answers to the above, in your opinion was performance of its effect? | e bias present? If so, what is the likely |
| Unclear, | / unknown risk (Non-blind, one arm). | |
| Likely di | rection of effect N/A: | |
| C. Attriti | on bias (systematic differences between the comparison grou | ps with respect to loss of participants) |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Unclear |
| C2 | a. How many participants did not complete treatment in ea | ch group? N/R |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Unclear |
| C3 | a. For how many participants in each group were no outcome | ne data available? N/R |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available) | Unclear |

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Clinical evidence – completed methodology checklists Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? Unclear/unknown risk (Follow-up and dropout rates unclear). Outcomes limited to country availability Likely direction of effect: N/A D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) D1 The study had an appropriate length of follow-up Unclear D2 The study used a precise definition of outcome Unclear D3 A valid and reliable method was used to determine the Unclear outcome D4 Investigators were kept 'blind' to participants' exposure No to the intervention D5 Investigators were kept 'blind' to other important No confounding/prognostic factors Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?

Unclear/unknown risk (Definitions, methods used to determine outcomes and follow-ups were unclear/vague; non-blind).

Likely direction of effect: N/A

1.12.17 LAINE2003

| Study II | | LAINE2003 |
|-----------|---|-------------------------|
| | ne topic: Antenatal and postnatal mental health: clinical | Review question no: 4.2 |
| manager | ment and service guidance | |
| Checklis | t completed by: Rebecca Gate | |
| A. Select | ion bias (systematic differences between the comparison grounds) | 1ps) |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No |

| A2 | Were any attempts made within the design or analysis to | V | |
|------------|--|---|--|
| | balance the comparison groups for potential confounders? | Yes | |
| 4.0 | | | |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Yes | |
| | major contouriding and prognostic factors | | |
| | your answers to the above, in your opinion was selection bid | as present? If so, what is the likely | |
| direction | of its effect? | | |
| Unclear | unknown risk (No randomised allocation; majority of confo | ounders accounted for by matching, | |
| significar | nt baseline differences in age). | | |
| Likely di | rection of effect: N/A | | |
| | , | | |
| | mance bias (systematic differences between groups in the car | re provided, apart from the intervention | |
| under in | vestigation) | | |
| B1 | The comparison groups received the same care apart from | | |
| | the intervention(s) studied | N/A | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to treatment | No | |
| | allocation | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | No | |
| D 1 | | 1. (21) | |
| | your answers to the above, in your opinion was performance of its effect? | e bias present? If so, what is the likely | |
| direction | or no cirect. | | |
| Unclear | unknown risk (Non-blind, one arm). | | |
| | | | |
| Likely di | rection of effect N/A: | | |
| | 9 | | |
| C. Attriti | C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | |
| | | | |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length | Unclear | |
| | of follow-up) | Officieat | |
| | -/ | | |
| C2 | a. How many participants did not complete treatment in ea | ach group? N/R | |
| | | | |

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| | 1 00 | |
|--|---|--|
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Unclear |
| C3 | a. For how many participants in each group were no outcon | ne data available? N/R |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available) | Unclear |
| Based on of its effe | your answers to the above, in your opinion was attrition biasct? | s present? If so, what is the likely direction |
| | | |
| | unknown risk (Follow-up and dropout rates unclear). Outcomes limited to country availability | |
| | rection of effect: N/A | |
| D. Detect | ion bias (bias in how outcomes are ascertained, diagnosed or | verified) |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Unclear |
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | Unclear |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | |
| Unclear/unknown risk (Appropriate length of follow-up; precise definition of follow-up and valid method provided; unclear blinding of investigators – not completely sustained). | | |
| Likely direction of effect: N/A | | |

1.12.18 LEVINSONCASTIEL2006

| Study ID | | LEVINSONCASTIEL2006 |
|--|---|---------------------------------------|
| Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance | | Review question no: 4.2 |
| Checklis | t completed by: Rebecca Gate | |
| A. Select | ion bias (systematic differences between the comparison ground | ups) |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Yes |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Yes |
| | your answers to the above, in your opinion was selection bian of its effect? | as present? If so, what is the likely |
| Unclear/unknown risk (No randomised allocation; confounders were addressed through matched controls; unclear if significant differences in terms of baseline demographics remained). | | |
| Likely direction of effect: N/A | | |
| B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation) | | |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | N/A |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No |
| Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect? | | |

| Unclear/ unknown risk (Non-blind, one arm). | | |
|---|--|--|
| Likely di | rection of effect N/A: | |
| | 10 | |
| C. Attritio | on bias (systematic differences between the comparison group | os with respect to loss of participants) |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length | Unclear |
| | of follow-up) | Circlear |
| C2 | a. How many participants did not complete treatment in each | ch group? N/R |
| | b. The groups were comparable for treatment completion | |
| | (that is, there were no important or systematic differences | Unclear |
| | between groups in terms of those who did not complete treatment) | |
| C3 | a. For how many participants in each group were no outcom | ne data available? N/R |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no important or systematic differences between groups in | Unclear |
| | terms of those for whom outcome data were not available) | Unclear |
| | | |
| | your answers to the above, in your opinion was attrition bias | present? If so, what is the likely direction |
| of its effe | ct? | |
| Unclear/ | unknown risk (Follow-up and dropout rates unclear). | |
| • (| Outcomes limited to country availability | |
| Likely di | rection of effect: N/A | |
| D. Detect | ion bias (bias in how outcomes are ascertained, diagnosed or | verified) |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the | Yes |
| | outcome | |
| D4 | Investigators were kept 'blind' to participants' exposure | No |

 $^{^{\}rm 10}$ 451 pregnancies ongoing and outcome awaiting

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| | to the intervention | |
|--|---|----|
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | No |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | |
| Unclear/unknown risk (Definitions, methods used to determine outcomes and follow-ups were clearly defined; non-blind). | | |
| Likely direction of effect: N/A | | |

1.12.19 MALM2011

| Study I | D | MALM2011 |
|--|---|--|
| | ne topic: Antenatal and postnatal mental health: clinical ement and service guidance | Review question no: 4.2 |
| Checkli | st completed by: Elena Marcus | |
| A. Selec | ction bias (systematic differences between the comparison gro | ups) |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | Yes |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Yes (but unadjusted odds ratios used only) |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | No |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | |
| High risk of bias (higher number of confounding factors in exposed group) | | |
| Likely direction of effect: effect size larger | | |
| B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation) | | |

| B1 | The comparison groups received the same care apart from | | |
|---|--|--|--|
| | the intervention(s) studied | Yes | |
| | | | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to treatment | No | |
| | allocation | 110 | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | N | |
| | treatment allocation | No | |
| | | | |
| Based on | your answers to the above, in your opinion was performance | e bias present? If so, what is the likely | |
| direction | of its effect? | - | |
| | | | |
| Unclear | risk of bias (participants and providers were aware of treatme | ent allocation, unclear whether this would | |
| have an | effect on outcome) | | |
| | , | | |
| Likely d | irection of effect: N/A | | |
| | | | |
| | 11 | | |
| C. Attriti | on bias (systematic differences between the comparison grou | ps with respect to loss of participants) | |
| | | | |
| C1 | All groups were followed up for an equal length of time | | |
| | (or analysis was adjusted to allow for differences in length | Unclear | |
| | of follow-up) | | |
| | | | |
| C2 | a. How many participants did not complete treatment in ea | ich group? N/R | |
| | | T | |
| | b. The groups were comparable for treatment completion | | |
| | (that is, there were no important or systematic differences | Unclear | |
| | between groups in terms of those who did not complete | Officieat | |
| | treatment) | | |
| | | | |
| C3 | a. For how many participants in each group were no outcome | me data available? N/R | |
| | | | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups in | Unclear | |
| | terms of those for whom outcome data were not available) | Officieat | |
| | terms of those for whom outcome data were not available, | | |
| | | | |
| D 1 | | (2.16 | |
| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction | | | |
| of its effect? | | | |
| | | | |
| Low risk of bias (based on reliable registry data) | | | |
| | | | |
| • | | | |

 $^{^{\}rm 11}\,451$ pregnancies ongoing and outcome awaiting.

| Likely o | Likely direction of effect: N/A | | |
|--|---|---------|--|
| D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Unclear | |
| D3 | A valid and reliable method was used to determine the outcome | Unclear | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | No | |
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | No | |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | | |
| Unclear/unknown risk (Definitions, methods used to determine outcomes and follow-ups were unclear/vague; non-blind). | | | |
| Likely direction of effect: N/A | | | |

1.12.20 MASCHI2008

| Study II | D | MASCHI2008 |
|----------|---|-------------------------|
| Guideli | ne topic: Antenatal and postnatal mental health: clinical | Review question no: 4.2 |
| manage | ement and service guidance | |
| Checkli | st completed by: Elena Marcus | |
| A. Selec | ction bias (systematic differences between the comparison gro | ups) |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Yes |

| A3 | The groups were comparable at baseline, including all | N/R |
|---|---|---|
| | major confounding and prognostic factors | , |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely | | |
| direction | of its effect? | |
| Unclear, | unknown risk (No randomised allocation, unclear whether t | there were any differences at baseline). |
| Likely d | irection of effect: N/A | |
| | mance bias (systematic differences between groups in the car | e provided, apart from the intervention |
| under in | vestigation) | |
| B1 | The comparison groups received the same care apart from | |
| | the intervention(s) studied | Unclear |
| B2 | Participants receiving care were kept 'blind' to treatment | |
| DZ | allocation | No |
| | | |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No |
| | | |
| | your answers to the above, in your opinion was performance of its effect? | e bias present? If so, what is the likely |
| unection | of its effect: | |
| Unclear/unknown risk (it is unclear whether a lack of blinding will have an effect on outcome). | | |
| Likely direction of effect: N/A ¹² | | |
| | | |
| C. Attriti | on bias (systematic differences between the comparison grou | ps with respect to loss of participants) |
| C1 | All groups were followed up for an equal length of time | V |
| | (or analysis was adjusted to allow for differences in length of follow-up) | Yes |
| C2 | a. How many participants did not complete treatment in ea | ich group? N/R |
| | b. The groups were comparable for treatment completion | |
| | (that is, there were no important or systematic differences between groups in terms of those who did not complete | Unclear |
| | treatment) | |
| | | |

 $^{^{\}rm 12}$ 451 pregnancies ongoing and outcome awaiting.

| C3 | a. For how many participants in each group were no outcome data available? N/R | |
|-------------|--|--|
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups in | T. 1 |
| | terms of those for whom outcome data were not available) | Unclear |
| | terms of those for whom outcome data were not available) | |
| | | |
| | your answers to the above, in your opinion was attrition bias | present? If so, what is the likely direction |
| of its effe | ct? | |
| Unclear/ | unknown risk (Follow-up and dropout rates unclear) | |
| | | |
| Likely di | rection of effect: N/A | |
| D. Detect | ion bias (bias in how outcomes are ascertained, diagnosed or | verified) |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the | Unclear |
| | outcome | |
| D4 | Investigators were kept 'blind' to participants' exposure | No |
| | to the intervention | |
| D5 | Investigators were kept 'blind' to other important | No |
| | confounding/prognostic factors | |
| Based on | your answers to the above, in your opinion was detection bia | as present? If so, what is the likely |
| | of its effect? | |
| Unclear/ | unknown risk (Definitions, methods used to determine outco | mes and follow-ups were unclear/vague; |
| non-blind | · | |
| Likely di | rection of effect: N/A | |
| | | |

1.12.21 OBERLANDER2006

| Study ID | OBERLANDER2006 |
|--|-------------------------|
| | |
| Guideline topic: Antenatal and postnatal mental health: clinical | Review question no: 4.2 |
| management and service guidance | |
| | |

| Checklis | t completed by: Elena Marcus | |
|--|---|--|
| A. Selection bias (systematic differences between the comparison groups) | | |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | Yes |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | No |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | No |
| | n your answers to the above, in your opinion was selection bin of its effect? | as present? If so, what is the likely |
| High ris | k (No randomised allocation, there were some differences at | baseline). |
| Likely d | irection of effect: unclear | |
| B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation) | | |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Unclear |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No |
| Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect? | | |
| direction | , , , | ce bias present? If so, what is the likely |
| | , , , | |
| Unclear, | of its effect? | |

 $^{^{\}rm 13}$ 451 pregnancies ongoing and outcome awaiting

| C. Attritio | on bias (systematic differences between the comparison group | os with respect to loss of participants) | |
|--|---|--|--|
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Yes | |
| C2 | a. How many participants did not complete treatment in each | ch group? N/R | |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Yes | |
| C3 | a. For how many participants in each group were no outcom | ne data available? N/R | |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available) | N/R | |
| Based on of its effe | your answers to the above, in your opinion was attrition bias ct? | present? If so, what is the likely direction | |
| Low risk | Low risk (study used medical records for use of antidepressants and congenital abnormalities) | | |
| Likely di | rection of effect: N/A | | |
| D. Detect | ion bias (bias in how outcomes are ascertained, diagnosed or | verified) | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Unclear | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | No | |
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | No | |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | | |

Unclear/unknown risk (Definitions of outcome were clear however methods used to determine outcomes and follow-ups were unclear/vague; non-blind).

Likely direction of effect: N/A

1.12.22 OBERLANDER2008

| Study II |) | OBERLANDER2008 |
|---|---|---|
| | ne topic: Antenatal and postnatal mental health: clinical ment and service guidance | Review question no: 4.2 |
| Checklis | t completed by: Iona Symington | |
| A. Select | tion bias (systematic differences between the comparison gro | ups) |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | Yes |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Yes – but not for our analysis (performed analysis to adjust for confounders however our analysis used the raw unadjusted figures. Controlled for noncompliance and confounding for anticonvulsants within the design) |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | No (Key differences in maternal characteristics emerged; mothers who received an SRI alone had 1.8 times more family physician visits, were three times more likely to have had dugs subsidised throughthe welfare system, and were 16 times more likely to have been diagnosed as depressed in the year before LMP with the 'no exposure group'; that is, not depressed and not receiving an SRI during pregnancy) |
| direction High ris | n your answers to the above, in your opinion was selection bit of its effect? sk (Differences at baseline; figures used in our analysis did no | ot adjust for confounders – differences |
| noted in crude and adjusted figures for major congenital malformation). | | |

| Likely direction of effect: Effect size bigger | | | |
|--|---|--|--|
| B. Perfor | mance bias (systematic differences between groups in the car | e provided, apart from the intervention | |
| under in | vestigation) | | |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Unclear (insufficient details provided) | |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No | |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No | |
| | your answers to the above, in your opinion was performand of its effect? | e bias present? If so, what is the likely | |
| | unknown risk (Non-blind, information on additional care no | ot reported). | |
| | Likely direction of effect: Unclear/unknown direction | | |
| C. Attriti | on bias (systematic differences between the comparison grou | ips with respect to loss of participants) | |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Unclear (insufficient details provided) | |
| C2 | a. How many participants did not complete treatment in ea | ach group? Not reported | |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Unclear | |
| C3 | a. For how many participants in each group were no outcome | me data available? Not reported | |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available) | Unclear | |
| Based or of its effe | your answers to the above, in your opinion was attrition bia ect? | s present? If so, what is the likely direction | |

| Unclea | r/unknown risk (Follow-up and dropout rates unclear) | |
|---------|---|---|
| Likely | direction of effect: Unclear/unknown direction | |
| D. Dete | ection bias (bias in how outcomes are ascertained, diagnosed o | or verified) |
| D1 | The study had an appropriate length of follow-up | Unclear (insufficient details provided) |
| D2 | The study used a precise definition of outcome | Yes (ICD9 codes) |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Unclear (insufficient details provided) |
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | Unclear (insufficient details provided) |
| | on your answers to the above, in your opinion was detection bon of its effect? | ias present? If so, what is the likely |
| Unclea | r/unknown | |
| Likely | direction of effect: Unknown/unclear direction | |

1.12.23 PEDERSEN2009

| Study ID |) | PEDERSEN2009 |
|-----------|---|---|
| Guidelin | e topic: Antenatal and postnatal mental health: clinical | Review question no: 4.2 |
| manager | ment and service guidance | |
| Checklis | t completed by: Iona Symington | |
| A. Select | ion bias (systematic differences between the comparison gro | ups) |
| A1 | The method of allocation to treatment groups was | |
| | unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is | No |
| | not expected to affect the outcome(s) under study) | |
| A2 | Were any attempts made within the design or analysis to | Yes (adjusted for potential confounding |
| | balance the comparison groups for potential | factors, including maternal age and |
| | | smoking, but all potential confounders |

Clinical evidence – completed methodology checklists

| | micai eviaence – compietea metnoaology checklists | |
|------------|---|---|
| | confounders? | were considered in crude categories - |
| | | our analysis used crude figures) |
| | | |
| A3 | The groups were comparable at baseline, including all | No (women taking an SSRI were more |
| | major confounding and prognostic factors | likely to be older, living alone, |
| | | unmarried, and smokers - data not |
| | | shown) |
| Based o | on your answers to the above, in your opinion was selection b | is a present? If so, what is the likely |
| | on of its effect? | ias present: if so, what is the fixely |
| uncene | if of its effect. | |
| Unclear | rick | |
| Officieal | 115K | |
| Likoly | direction of effect: unclear/unknown direction | |
| Likely | unection of effect. unclear/ unknown unection | |
| B Perfo | ormance bias (systematic differences between groups in the ca | are provided, apart from the intervention |
| | nvestigation) | the provided, upart from the filter vention |
| | <i>((((</i> | |
| B1 | The comparison groups received the same care apart from | |
| | the intervention(s) studied | Unclear (insufficient details provided) |
| | | |
| B2 | Participants receiving care were kept 'blind' to treatment | |
| 52 | allocation | No |
| | unocution | |
| В3 | Individuals administering care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| Based o | on your answers to the above, in your opinion was performan | ce bias present? If so, what is the likely |
| directio | on of its effect? | - |
| | | |
| Unclear | /unknown risk (it is unclear whether a lack of blinding will | have an effect on outcome). |
| | , | , |
| Likely | direction of effect: Unclear/unknown direction | |
| Likely | discussion of circum ordinary discussion discussion | |
| | | |
| C. Attri | tion bias (systematic differences between the comparison gro | ups with respect to loss of participants) |
| | | |
| C1 | All groups were followed up for an equal length of time | |
| | (or analysis was adjusted to allow for differences in length | Unclear |
| | of follow-up) | |
| <i>C</i> 2 | | 1 2 N ID |
| C2 | a. How many participants did not complete treatment in e | each group? NK |
| | | |

| | b. The groups were comparable for treatment completion | |
|-------------|---|--|
| | (that is, there were no important or systematic differences | |
| | between groups in terms of those who did not complete | |
| | treatment) | |
| | | |
| C3 | For how many participants in each group were no outcome | data available? Unclear |
| | | |
| | Exposed: 0; Unexposed: 3768 | |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups in | Unclear |
| | terms of those for whom outcome data were not available) | Officieat |
| | terms of those for whom outcome data were not available) | |
| | | |
| Based on | your answers to the above, in your opinion was attrition bias | s present? If so, what is the likely direction |
| of its effe | , , , | |
| | | |
| Unclear/ | unknown risk (Follow-up and dropout rates unclear) | |
| | | |
| | | |
| Likely di | rection of effect: N/A | |
| D Date of | · | |
| D. Detect | ion bias (bias in how outcomes are ascertained, diagnosed or | verified) |
| | | |
| D1 | The study had an appropriate length of follow-up | Yes |
| Da | | N (F |
| D2 | The study used a precise definition of outcome | Yes (Eurocat categorisation) |
| D3 | A valid and reliable method was used to determine the | Yes |
| | outcome | |
| | | |
| D4 | Investigators were kept 'blind' to participants' exposure | Unclear (not reported) |
| | to the intervention | |
| | | |
| D5 | Investigators were kept 'blind' to other important | Unclear (not reported) |
| | confounding/prognostic factors | |
| Pacadon | vous anaryone to the shore in vous opinion was detection hi | as present? If so, what is the likely |
| | your answers to the above, in your opinion was detection bid | as present? If so, what is the likely |
| direction | of its effect? | |
| | | |
| Unclear/ | unknown risk | |
| | | |
| Likely di | rection of effect: Unclear/unknown risk | |
| | • | |
| L | | |

1.12.24 RAMOS2008

| Study II | D | RAMOS2008 |
|----------|--|--|
| | ne topic: Antenatal and postnatal mental health: clinical ement and service guidance | Review question no: 4.2 |
| Checkli | st completed by: | |
| A. Selec | tion bias (systematic differences between the comparison gro | ups) |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Yes (crude and adjusted odds ratios were calculated – adjustments for variables such as tobacco, alcohol or illicit druguse, income and ethnicity did not alter the results) |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Yes |
| | n your answers to the above, in your opinion was selection bin of its effect? | as present? If so, what is the likely |
| Likely | direction of effect: N/A | |
| | rmance bias (systematic differences between groups in the cannot be supported by the cannot be support | re provided, apart from the intervention |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Unclear |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No |
| | n your answers to the above, in your opinion was performand n of its effect? | ce bias present? If so, what is the likely |

| High risk | | |
|---------------------------|---|--|
| Likely di | rection of effect: Unclear direction | |
| C. Attritio | on bias (systematic differences between the comparison group | os with respect to loss of participants) |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Unclear |
| C2 | a. How many participants did not complete treatment in each | ch group? NR |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Unclear |
| C3 | a. For how many participants in each group were no outcom | ne data available? NR |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available) | Unclear |
| Based on of its effective | your answers to the above, in your opinion was attrition bias ct? | present? If so, what is the likely direction |
| Unclear/ | unknown risk (Follow-up and dropout rates unclear) | |
| Likely di | rection of effect: N/A | |
| D. Detect | ion bias (bias in how outcomes are ascertained, diagnosed or | verified) |
| D1 | The study had an appropriate length of follow-up | No |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | No |

| D5 | Investigators were kept 'blind' to other important | No | |
|--|--|---------------------------------------|--|
| | confounding/prognostic factors | | |
| | | | |
| Based on | your answers to the above, in your opinion was detection bia | as present? If so, what is the likely | |
| direction | direction of its effect? | | |
| | | | |
| Unclear/unknown risk (follow-ups were unclear/vague; non-blind). | | | |
| Likely di | rection of effect: Unclear/unknown direction | | |
| | | | |

1.12.25 SIMON2002

| Study I | D | SIMON2002 |
|----------|---|---|
| Guideli | ne topic: Antenatal and postnatal mental health: clinical | Review question no: 4.2 |
| | ement and service guidance | |
| Checkli | st completed by: Iona Symington | |
| A. Selec | ction bias (systematic differences between the comparison gro | pups) |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Yes (matched to unexposed comparison group by year of birth, maternal age, and mother's lifetime use of antidepressant drugs and maternal mental health care) |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Yes |
| | on your answers to the above, in your opinion was selection by | ias present? If so, what is the likely |
| Low ris | sk (matched for major confounders). | |
| Likely | direction of effect: N/A | |
| | ormance bias (systematic differences between groups in the canvestigation) | re provided, apart from the intervention |

| B1 | The comparison groups received the same care apart from | |
|-------------|--|--|
| | the intervention(s) studied | Unclear (insufficient details provided) |
| | | |
| B2 | Participants receiving care were kept 'blind' to treatment | |
| 2- | allocation | No |
| | | |
| В3 | Individuals administering care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| Based on | your answers to the above, in your opinion was performanc | e bias present? If so, what is the likely |
| direction | of its effect? | |
| | | |
| Unclear/ | unknown risk (it is unclear whether a lack of blinding will ha | ave an effect on outcome) |
| Chereury | and on the first of the first o | ave an effect off outcome). |
| 7.1 1 1 | | |
| Likely a | irection of effect: N/A | |
| | | |
| C. Attriti | on bias (systematic differences between the comparison grou | ps with respect to loss of participants) |
| | | |
| C1 | All groups were followed up for an equal length of time | |
| | (or analysis was adjusted to allow for differences in length | Yes |
| | of follow-up) | |
| | | |
| C2 | a. How many participants did not complete treatment in ea | ch group? 0 |
| | b. The groups were comparable for treatment completion | 1 |
| | (that is, there were no important or systematic differences | |
| | between groups in terms of those who did not complete | Yes |
| | treatment) | |
| | treatment) | |
| C3 | a. For how many participants in each group were no outcome | me data available? 0 |
| | | |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups in | Yes |
| | terms of those for whom outcome data were not available) | |
| | | |
| | | |
| Based on | your answers to the above, in your opinion was attrition bia | s present? If so, what is the likely direction |
| of its effe | ect? | |
| | | |
| Low risk | | |
| | | |
| *** * - | | |
| Likely d | irection of effect: N/A | |
| | | |

| D. Dete | D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | |
|---------|---|--|
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Unclear (definition of congenital malformations unclear |
| D3 | A valid and reliable method was used to determine the outcome | Yes (pediatrician specialising in diagnosis and treatment of congenital malformations) |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (Chart reviewers and investigators remained blind to exposure status throughout chart reviews and primary data analyses) |
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | Yes (Chart reviewers and investigators remained blind to exposure status throughout chart reviews and primary data analyses) |
| | on your answers to the above, in your opinion was detection bon of its effect? | ias present? If so, what is the likely |
| Low ris | k | |
| Likely | direction of effect: N/A | |

1.12.26 SIVOJELEZOVA2005

| Study ID | | SIVOJELEZOVA2005 |
|-----------|---|--|
| | e topic: Antenatal and postnatal mental health: clinical | Review question no: 4.2 |
| manager | ment and service guidance | |
| Checklis | t completed by: Iona Symington | |
| A. Select | ion bias (systematic differences between the comparison gro | ups) |
| A1 | The method of allocation to treatment groups was | |
| | unrelated to potential confounding factors (that is, the | No |
| | reason for participant allocation to treatment groups is | |
| | not expected to affect the outcome(s) under study) | |
| A2 | Were any attempts made within the design or analysis to | Yes (matched to a diseased-matched |
| | balance the comparison groups for potential | group of women matched for age and |
| | | gestational age at time of first call to the |

| | confounders? | Motherisk) |
|----------|--|---|
| | | |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Yes – but not for all confounders (the maternal characteristics were not statistically different from the comparison group, however when compared with a nonexposed comparison group, there were significantly more women in the exposed group who smoked cigarette, and gained less weight during pregnancy) |
| | on your answers to the above, in your opinion was selection bion of its effect? | as present? If so, what is the likely |
| Unclea | ar/unknown risk | |
| Likely | direction of effect: Unclear/unknown direction | |
| | ormance bias (systematic differences between groups in the car nvestigation) | re provided, apart from the intervention |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | No |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | Unclear (not reported) |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | Unclear (not reported) |
| | on your answers to the above, in your opinion was performant on of its effect? | ce bias present? If so, what is the likely |
| Unclear | r/unknown risk (it is unclear whether a lack of blinding will h | nave an effect on outcome). |
| Likely | direction of effect: Unclear/unknown direction | |
| C. Attri | ition bias (systematic differences between the comparison grou | ups with respect to loss of participants) |

| C1 | A11 (11 1 (11 () | |
|-------------|--|--|
| C1 | All groups were followed up for an equal length of time | Vac |
| | (or analysis was adjusted to allow for differences in length | Yes |
| | of follow-up) | |
| C2 | a. How many participants did not complete treatment in each | ch group? 0 |
| | b. The groups were comparable for treatment completion | |
| | (that is, there were no important or systematic differences | |
| | between groups in terms of those who did not complete | N/A |
| | treatment) | |
| C3 | a. For how many participants in each group were no outcon | ne data available? 0 |
| | | |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups in | N/A |
| | terms of those for whom outcome data were not available) | |
| | | |
| Based or | l your answers to the above, in your opinion was attrition bias | present? If so, what is the likely direction |
| of its effe | , , | |
| Low risk | | |
| LOW TISK | | |
| | | |
| Likely d | irection of effect: N/A | |
| D Detec | tion bias (bias in how outcomes are ascertained, diagnosed or | verified) |
| D. Detec | tion one (one in now outcomes are useer amee, angrosed or | vermeu) |
| D1 | The study had an appropriate length of follow-up | Yes |
| | | |
| D2 | The study used a precise definition of outcome | Yes (major malformations were defined |
| | | as structural and/or functional |
| | | anomalies that have to be corrected |
| | | surgically or that may alter the social |
| | | acceptability of the individuals) |
| D3 | A valid and reliable method was used to determine the | Yes (self-report followed-up by infant |
| | outcome | physician report) |
| | | 1 / |
| D4 | Investigators were kept 'blind' to participants' exposure | No |
| | to the intervention | |
| D5 | Investigators were kept 'blind' to other important | No |
| | confounding/prognostic factors | |
| Dani 1 | | an annuage to the annual to the title to |
| based or | n your answers to the above, in your opinion was detection bia | as present? If so, what is the likely |
| | | |

| direction of its effect? |
|---|
| Unclear/unknown risk (non-blind). |
| Likely direction of effect: Unclear/unknown direction |

1.12.27 SURI2007

| Study II | | SURI2007 | |
|---|---|--|--|
| | ne topic: Antenatal and postnatal mental health: clinical ment and service guidance | Review question no: 4.2 | |
| Checklis | t completed by: Iona Symington | | |
| A. Select | tion bias (systematic differences between the comparison ground | ups) | |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No | |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Yes (matched unexposed group had major depressive disorder) | |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Yes (demographic and clinical characteristics did not differ significantly between groups. Do differences in substance abuse of cigarette use) | |
| | n your answers to the above, in your opinion was selection bi | as present? If so, what is the likely | |
| direction | direction of its effect? | | |
| Low ris | Low risk | | |
| Likely direction of effect: N/A | | | |
| B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation) | | | |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Unclear | |

| B2 | Participants receiving care were kept 'blind' to treatment allocation | No |
|--|---|---|
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No |
| | your answers to the above, in your opinion was performand of its effect? | e bias present? If so, what is the likely |
| Unclear/ | unknown risk (it is unclear whether a lack of blinding will ha | ave an effect on outcome). |
| Likely d | irection of effect: N/A | |
| C. Attriti | on bias (systematic differences between the comparison grou | ps with respect to loss of participants) |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Yes |
| C2 | a. How many participants did not complete treatment in ea not complete the study) | ich group? NR (29 across all 3 groups did |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Unclear |
| C3 | a. For how many participants in each group were no outcome | me data available? 0 |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available) | Unclear |
| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | |
| Unclear/unknown risk (Follow-up and dropout rates unclear) | | |
| Likely direction of effect: N/A | | |
| D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | |

| D1 | The study had an appropriate length of follow-up | Yes |
|---|---|---|
| D2 | The study used a precise definition of outcome | Unclear (Unclear precise definition of 'preterm' birth) |
| D3 | A valid and reliable method was used to determine the outcome | Yes (obstetric and hospital records) |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Unclear |
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | Unclear |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely | | |

direction of its effect?

Unclear/unknown risk (Definitions, methods used to determine outcomes and follow-ups were unclear/vague; non-blind).

Likely direction of effect: Unclear/unknown direction

1.12.28 WEN2006

| Study II | | WEN2006 |
|----------|---|---|
| | ne topic: Antenatal and postnatal mental health: clinical ment and service guidance | Review question no: 4.2 |
| Checklis | st completed by: Iona Symington | |
| A. Selec | tion bias (systematic differences between the comparison gro | ups) |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Yes (matched by the year of the infants birth, the type of institute at birth, and the mother's postal code; adjusted odds ratios presented, however raw figures used for the present analysis) |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | No (exposed women were older, more likely to receive social assistance, were more likely to have a diagnosis of drug |

| | | dependence, had a higher parity, and a | |
|---|---|---|--|
| | | higher rate of multigestation) | |
| | | | |
| | your answers to the above, in your opinion was selection bia of its effect? | as present? If so, what is the likely | |
| High ris | k (Baseline differences exsisted, not controlled for in the pres | ent analysis) | |
| Likely d | irection of effect: Effect size bigger | | |
| | mance bias (systematic differences between groups in the car vestigation) | re provided, apart from the intervention | |
| B1 | The comparison groups received the same care apart from | | |
| | the intervention(s) studied | Unclear | |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No | |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No | |
| | your answers to the above, in your opinion was performand of its effect? | e bias present? If so, what is the likely | |
| | | | |
| Unclear/ | Unclear/unknown risk (it is unclear whether a lack of blinding will have an effect on outcome). | | |
| Likely direction of effect: Unclear/unknown direction | | | |
| C. Attriti | on bias (systematic differences between the comparison grou | ps with respect to loss of participants) | |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Yes | |
| C2 | a. How many participants did not complete treatment in ea | nch group? NR | |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Unclear | |
| C3 | a. For how many participants in each group were no outcome | me data available? NR | |

| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available) | Unclear | |
|--|---|--|--|
| | | | |
| Based on of its effe | your answers to the above, in your opinion was attrition bias ct? | present? If so, what is the likely direction | |
| Unclear/ | unknown risk (Follow-up and dropout rates unclear) | | |
| Likely di | rection of effect: N/A | | |
| D. Detect | D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Unclear | |
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | Unclear | |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | | |
| Unclear/unknown risk | | | |
| Likely direction of effect: Unclear/unknown | | | |

1.12.29 WICHMAN2009

| Study ID | WICHMAN2009 |
|--|-------------------------|
| Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance | Review question no: 4.2 |
| Checklist completed by: Iona Symington | |

| A. Selection bias (systematic differences between the comparison groups) | | | | |
|--|---|---|--|--|
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No | | |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | No | | |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Unclear | | |
| | n your answers to the above, in your opinion was selection bid n of its effect? | as present? If so, what is the likely | | |
| Unclear | /unknown risk (No randomised allocation, unclear whether | there were any differences at baseline). | | |
| | lirection of effect: Unclear/unknown direction | | | |
| B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation) | | | | |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | No | | |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | Unclear | | |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | Unclear | | |
| Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect? | | | | |
| Unclear/unknown risk (it is unclear whether a lack of blinding will have an effect on outcome). | | | | |
| Likely direction of effect: Unclear/unknown direction | | | | |
| C. Attrit | ion bias (systematic differences between the comparison grou | C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | |

| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Unclear | |
|--|---|----------------------|--|
| C2 | a. How many participants did not complete treatment in each | ch group? 0 | |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Yes | |
| C3 | a. For how many participants in each group were no outcom | ne data available? 0 | |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available) | Yes | |
| | Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | |
| Low risk | | | |
| Likely direction of effect: N/A | | | |
| D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Unclear | |
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | Unclear | |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | | |
| Unclear/unknown risk | | | |
| | | | |

Likely direction of effect: Unclear/unknown direction

1.12.30 WISNER009

| Study II | | WISNER2009 | |
|-----------|---|--|--|
| | ne topic: Antenatal and postnatal mental health: clinical ment and service guidance | Review question no: 4.2 | |
| Checklis | t completed by: Iona Symington | | |
| A. Select | tion bias (systematic differences between the comparison ground | ups) | |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No | |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Not for present analysis (adjusted odds ratios reported, but not used in the present analysis) | |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | No (women who tool SSRIs tended to be older, Caucasian, married, and more educated) | |
| | Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | |
| Unclear | Unclear/unknown risk | | |
| Likely d | Likely direction of effect: Unclear/unknown direction | | |
| | rmance bias (systematic differences between groups in the car evestigation) | re provided, apart from the intervention | |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Unclear | |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No | |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No | |

| | of its effect? | bias present? If so, what is the likely |
|------------------------|---|--|
| Unclear r | isk (it is unclear whether a lack of blinding will have an effect | t on outcome). |
| Likely di | rection of effect: Unclear/unknown direction | |
| C. Attritio | on bias (systematic differences between the comparison group | os with respect to loss of participants) |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | unclear |
| C2 | a. How many participants did not complete treatment in each | ch group? NR |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | unclear |
| C3 | a. For how many participants in each group were no outcon | ne data available? 102 overall |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available) | unclear |
| Based on of its effect | your answers to the above, in your opinion was attrition biasct? | present? If so, what is the likely direction |
| Unclear/ | unknown risk (Follow-up and dropout rates unclear) | |
| Likely di | rection of effect: Unclear/unknown direction | |
| D. Detect | ion bias (bias in how outcomes are ascertained, diagnosed or | verified) |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |

| D4 | Investigators were kept 'blind' to participants' exposure | Yes (practitioner blind to maternal | |
|---|---|-------------------------------------|--|
| | to the intervention | exposures) | |
| | | | |
| D5 | Investigators were kept 'blind' to other important | Yes | |
| | confounding/prognostic factors | | |
| | | | |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely | | | |
| direction of its effect? | | | |
| | | | |
| | | | |
| Unclear/unknown risk: Low risk | | | |
| | | | |
| Likely direction of effect: N/A | | | |
| | | | |

1.12.31 WOGELIUS2006

| Study ID | | WOGELIUS2006 |
|--|---|---|
| | ne topic: Antenatal and postnatal mental health: clinical ement and service guidance | Review question no: 4.2 |
| Checkli | st completed by: Iona Symington | |
| A. Selec | ction bias (systematic differences between the comparison gro | ups) |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Yes but not for the present analysis (adjusted odds ratios reported, but the current analysis used only the crude figures) |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | No (women with SSRI prescriptions differed from women without prescriptions with regard to maternal age, birth year, country, smoking, prescriptions for antiepileptics and NSAIDs, and preterm delivery) |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | |

| High risk (significant baseline differences in major confounding and prognostic factors) | | | |
|--|---|---|--|
| Likely di | Likely direction of effect: Effect size bigger | | |
| | mance bias (systematic differences between groups in the carvestigation) | e provided, apart from the intervention | |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | No | |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | Unclear | |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | Unclear | |
| | your answers to the above, in your opinion was performance of its effect? | e bias present? If so, what is the likely | |
| Unclear/ | unknown risk (it is unclear whether a lack of blinding will ha | ave an effect on outcome). | |
| Likely di | irection of effect: Unclear/unknown direction | | |
| C. Attriti | on bias (systematic differences between the comparison grou | ps with respect to loss of participants) | |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Unclear | |
| C2 | a. How many participants did not complete treatment in ea | ch group? 0 | |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | yes | |
| C3 | a. For how many participants in each group were no outcor | ne data available? 0 | |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available) | yes | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction | | |
|---|---|--|
| of its effect? | | |
| | | |
| Unclear r | isk | |
| | | |
| Likely di | rection of effect: Unclear/unknown risk | |
| | | .4. 40 |
| D. Detect | ion bias (bias in how outcomes are ascertained, diagnosed o | r verified) |
| | | |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes (ICD-8) |
| D3 | A valid and reliable method was used to determine the | Yes |
| | outcome | |
| D4 | Investigators were kept 'blind' to participants' exposure | No |
| | to the intervention | |
| D5 | Investigators were kept 'blind' to other important | No |
| DS | confounding/prognostic factors | 110 |
| | eorgodistanis, programma metora | |
| | your answers to the above, in your opinion was detection be | ias present? If so, what is the likely |
| direction of its effect? | | |
| | | |
| Unclear risk | | |
| | | |
| Likely di | rection of effect: Unclear/unknown direction | |
| | | |

1.13PHARMACOLOGICAL HARMS: (ANTIPSYCHOTICS)

1.13.1 AUERBACH1992

| Study ID | , | AUERBACH1992 | | |
|--|---|--|--|--|
| | Reference: Auerbach JG, Hans SL, Marcus J, Maeir S. Maternal psychotropic medication and neonatal behavior. Neurotoxicology & Teratology. 1992;14:399-406 | | | |
| | ne topic: Antenatal and postnatal mental health: clinical ment and service guidance | Review question no: 4.2 | | |
| Checklis | t completed by: Iona Symington | | | |
| A. Select | cion bias (systematic differences between the comparison ground | ups) | | |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No | | |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | No | | |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | No | | |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | | | |
| High risk of bias (One mother in the ill-medicated group and none in the ill-no medication group reported drinking on a regular basis; there was a trend for mothers in the ill-medicated group to be of lower SES than the unmedicated group) | | | | |
| Likely d | Likely direction of effect: Effect size bigger | | | |
| | mance bias (systematic differences between groups in the carvestigation) | re provided, apart from the intervention | | |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Unclear | | |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No | | |

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| В3 | Individuals administering care were kept 'blind' to | No |
|---|--|--|
| | treatment allocation | 140 |
| Based on | your answers to the above, in your opinion was performance | e bias present? If so, what is the likely |
| | of its effect? | 1 |
| Unclear/ | unknown risk | |
| Likely di | rection of effect: Unclear/unknown risk | |
| C. Attritic | on bias (systematic differences between the comparison grou | ps with respect to loss of participants) |
| C1 | All groups were followed up for an equal length of time | |
| | (or analysis was adjusted to allow for differences in length | Yes |
| | of follow-up) | |
| C2 | a. How many participants did not complete treatment in ea | ch group? NR |
| | b. The groups were comparable for treatment completion | |
| | (that is, there were no important or systematic differences | Unclear |
| | between groups in terms of those who did not complete treatment) | |
| C3 | a. For how many participants in each group were no outcor | ne data available? NR |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no important or systematic differences between groups in | Yes (The two examiners each assessed a |
| | terms of those for whom outcome data were not available) | similar proportion of infants in the different groups) |
| | , | unicicia groups) |
| Based on | your answers to the above, in your opinion was attrition bia | s present? If so, what is the likely direction |
| of its effect? | | |
| Low risk of bias | | |
| Likely direction of effect: N/A | | |
| D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |

| D3 | A valid and reliable method was used to determine the outcome | Yes |
|--|---|---------|
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes |
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | Unclear |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? Low risk of bias | | |
| Likely direction of effect: N/A | | |

1.13.2BODEN2012A

See 1.14.4.

1.13.3BODEN2012B

| Study II |) | BODEN2012B | |
|--|--|--|--|
| | | | |
| Reference | e: Boden R, Lundgren M, Brandt L, Reutfors J, Andersen M, E | Kieler H. Risks of adverse pregnancy and | |
| birth ou | tcomes in women treated or not treated with mood stabilisers | for bipolar disorder: Population based | |
| cohort s | tudy. BMJ (Online). 2012b;345 | | |
| Guidelir | ne topic: Antenatal and postnatal mental health: clinical | Review question no: 4.2 | |
| | ment and service guidance | 1 | |
| | 0 | | |
| Checklist completed by: Iona Symington | | | |
| | | | |
| A. Select | A. Selection bias (systematic differences between the comparison groups) | | |
| A1 | The method of allocation to treatment groups was | | |
| | unrelated to potential confounding factors (that is, the | | |
| | reason for participant allocation to treatment groups is | No | |
| | not expected to affect the outcome(s) under study) | | |
| | | | |
| A2 | Were any attempts made within the design or analysis to | | |
| | balance the comparison groups for potential | No | |
| | confounders? | | |
| | | | |

| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | No | |
|--|--|--|--|
| | Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | |
| antipsycl more pre antipsycl | Low risk of bias (Confounds were controlled for in adjusted models. Compared with women using other antipsychotics, women in group 1 (olanzapine/clozapine) were less often smokers, had a lower BMI, and had more previous psychiatric hospitalizations. Of all women who used antipsychotics, 87.9% used only 1 antipsychotic drug throughout the whole pregnancy. The corresponding proportion among women in group 1 was 80.5%). | | |
| Likely d | irection of effect: N/A | | |
| | mance bias (systematic differences between groups in the carvestigation) | re provided, apart from the intervention | |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Unclear | |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No | |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No | |
| Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect? | | | |
| Unclear/unknown risk of bias | | | |
| Likely d | Likely direction of effect: Unclear/unknown direction | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | | |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | | |
| C2 | a. How many participants did not complete treatment in ea | ach group? NR | |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete | Unclear | |

| | treatment) | |
|---|---|--|
| | | |
| | | |
| <i>C</i> 2 | a. For hory many manticipants in each array years no outcome | ao data available2 NID |
| C3 | a. For how many participants in each group were no outcom | ne data available? NK |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups in | Unclear |
| | terms of those for whom outcome data were not available) | |
| | | |
| Based on | your answers to the above, in your opinion was attrition bias | present? If so, what is the likely direction |
| of its effe | • | , present. If so, what is the likely direction |
| | | |
| Unclear/ | unknown risk of bias | |
| | | |
| Likely di | rection of effect: Unclear/unknown direction | |
| | | |
| D. Detect | ion bias (bias in how outcomes are ascertained, diagnosed or | verified) |
| | | |
| D1 | The study had an appropriate length of follow-up | Unclear |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the | Yes |
| | outcome | |
| D4 | Investigators were kept 'blind' to participants' exposure | Unclear |
| | to the intervention | |
| | | |
| D5 | Investigators were kept 'blind' to other important | Unclear |
| | confounding/prognostic factors | |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely | | |
| direction of its effect? | | |
| Unclear/ | unknown risk of bias | |
| Checomy whence the real of the checomy | | |
| Likely direction of effect: Unclear/unknown direction | | |
| | | |
| | | |

1.13.4DIAV-CITRIN2005

| Study IE | | DIAV-CITRIN2005 | |
|--|---|--|--|
| Reference: Diav-Citrin O, Shechtman S, Ornoy S, Arnon J, Schaefer C, Garbis H, et al. Safety of haloperidol and penfluridol in pregnancy: a multicenter, prospective, controlled study. Journal of Clinical Psychiatry. 2005;66:317-22 | | | |
| | ne topic: Antenatal and postnatal mental health: clinical ment and service guidance | Review question no: 4.2 | |
| Checklis | t completed by: Iona Symington | | |
| A. Select | ion bias (systematic differences between the comparison grou | ups) | |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No | |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | No | |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | No | |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | | |
| | High risk of bias (No adjustment for confounds. Women in the haloperidol/penfluridol group were older than | | |
| | those in the control group, and a higher proportion of them had 4 children or more. A higher proportion of women in the butyrophenone-exposed group reported smoking more than 5 cigarettes per day compared to the | | |
| control group. There were no significant differences between the groups in number of pregnancies, history of miscarriages, history of elective terminations of pregnancy or gestational age at first contact). | | | |
| Likely direction of effect: Effect size bigger | | | |
| | rmance bias (systematic differences between groups in the car vestigation) | re provided, apart from the intervention | |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Unclear | |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No | |

| В3 | Individuals administering care were kept 'blind' to | NT. |
|---|---|--|
| | treatment allocation | No |
| | | |
| Based on | your answers to the above, in your opinion was performance | e bias present? If so, what is the likely |
| direction | of its effect? | |
| Unclear/ | unknown risk | |
| Likely di | rection of effect: Unclear/unknown direction of effect | |
| J | , | |
| C. Attritio | on bias (systematic differences between the comparison group | ps with respect to loss of participants) |
| C1 | All maying proper followed up for an agual langth of time | |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length | Unclear |
| | of follow-up) | Unclear |
| C2 | a. How many participants did not complete treatment in each | ch group? NR |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Unclear |
| C3 | a. For how many participants in each group were no outcompreterm birth; 66 for caesarean; Unexposed: 97 missing for participants. | 1 |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available) | No |
| Based on | your answers to the above, in your opinion was attrition bias | s present? If so, what is the likely direction |
| of its effe | ct? | |
| Unclear/unknown risk | | |
| | | |
| Likely direction of effect: Unclear/unknown direction of effect | | |
| D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |

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| D3 | A valid and reliable method was used to determine the | Unclear |
|---|---|---------|
| | outcome | |
| | | |
| D4 | Investigators were kept 'blind' to participants' exposure | Unclear |
| | to the intervention | |
| | | |
| D5 | Investigators were kept 'blind' to other important | Unclear |
| | confounding/prognostic factors | |
| | 0.1 | |
| Passed on view analysis to the above in view oninion view detection him present? If so view to the likely | | |

Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?

Unclear/unknown risk (After the expected date of delivery, follow-up was conducted by a telephone interview and/or mailed questionnaire with the woman, her physician, or her midwife to obtain details on the pregnancy outcome, gestational age at delivery birth weight, and congenital anomalies)

Likely direction of effect: Unclear/unknown direction of effect

1.13.5HABERMANN2013

| Study I | D | HABERMANN2013 | |
|--|---|-------------------------|--|
| Reference: Habermann F, Fritzsche J, Fuhlbruck F, Wacker E, Allignol A, Weber-Schoendorfer C, et al. Atypical antipsychotic drugs and pregnancy outcome: a prospective, cohort study. Journal of Clinical Psychopharmacology. 2013;33:453-62 | | | |
| | ine topic: Antenatal and postnatal mental health: clinical ement and service guidance | Review question no: 4.2 | |
| Checkli | ist completed by: Iona Symington | | |
| A. Selec | A. Selection bias (systematic differences between the comparison groups) | | |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No | |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Yes | |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | No | |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | | |

who were taking antipsychotic agents and the women of comparison cohort II: higher BMI, consumed more alcohol and cigarettes, had a higher rate of unplanned pregnancies, lower vitamin (folic acid) use, and were more likely to have a lower level of education) Likely direction of effect: Unclear/unknown direction B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation) B1 The comparison groups received the same care apart from Unclear the intervention(s) studied В2 Participants receiving care were kept 'blind' to treatment No allocation В3 Individuals administering care were kept 'blind' to No treatment allocation Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect? Unclear/unknown risk Likely direction of effect: Unclear/unknown direction C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) C1 All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length Unclear of follow-up) C2 a. How many participants did not complete treatment in each group? NR b. The groups were comparable for treatment completion (that is, there were no important or systematic differences Unclear between groups in terms of those who did not complete treatment) C3 a. For how many participants in each group were no outcome data available? Exposed N: 155; Unexposed N: 195

High risk (Groups not comparable at baseline: There were some demographic differences between the women

| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no | |
|---|--|--|
| | important or systematic differences between groups in | The days |
| | terms of those for whom outcome data were not available) | Unclear |
| | terms of those for whom outcome data were not available, | |
| | | |
| | your answers to the above, in your opinion was attrition bias | s present? If so, what is the likely direction |
| of its effe | ct? | |
| Low risk | (Lost-to-follow-up rates were comparable for patients expose | ed to antipsychotics and comparison |
| cohort II; | 18.3% versus 17.4%) | |
| Likely di | rection of effect: N/A | |
| , | , | |
| D. Detect | ion bias (bias in how outcomes are ascertained, diagnosed or | verified) |
| | | |
| D1 | The study had an appropriate length of follow-up | Unclear |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the | Yes |
| | outcome | |
| D4 | Investigators were kept 'blind' to participants' exposure | No |
| | to the intervention | |
| D.F. | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| D5 | Investigators were kept 'blind' to other important | No |
| | confounding/prognostic factors | |
| Based on | your answers to the above, in your opinion was detection bia | as present? If so, what is the likely |
| direction | of its effect? | |
| Unclear | /unknown risk (Authors argue for detection bias - 'exposed v | women might be more likely to be offered |
| | ocardiography and postnatal diagnosis than healthy women; | |
| pronound | ced for the insufficiently studied SGAs') | |
| Likely direction of effect: Unclear/unknown direction | | |
| , | , | |

1.13.6LIN2010

| Study ID | LIN2010 | |
|---|-------------------------|--|
| Reference: Lin HL, Chen YH, Lin HC. No increase in adverse pregnancy outcomes for women receiving antiepileptic drugs. Journal of Neurology. 2009;256:1742-49 | | |
| Guideline topic: Antenatal and postnatal mental health: clinical | Review question no: 4.2 | |

| managei | ment and service guidance | |
|--|---|---------------------------------------|
| Checklist completed by: Iona Symington | | |
| A. Select | tion bias (systematic differences between the comparison ground | ups) |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Yes |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | No |
| | n your answers to the above, in your opinion was selection bin of its effect? | as present? If so, what is the likely |
| Low ris | k | |
| Likely d | lirection of effect: N/A | |
| B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation) | | |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Unclear |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No |
| Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect? | | |
| Unclear/unknown risk | | |
| Likely direction of effect: Unclear/unknown direction | | |

| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | | |
|--|---|--------------|--|
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Unclear | |
| C2 | a. How many participants did not complete treatment in each | ch group? NR | |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Unclear | |
| C3 | a. For how many participants in each group were no outcome data available? Exposed N: 0; Unexposed N; 0 | | |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available) | Yes | |
| | Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | |
| Low risk | Low risk | | |
| Likely di | rection of effect: N/A | | |
| D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | | |
| D1 | The study had an appropriate length of follow-up | Unclear | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Unclear | |
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | Unclear | |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | | |

| Unclear/unknown risk | |
|---|--|
| Likely direction of effect: Unclear/unknown direction | |

1.13.7MCKENNA2005

| Study ID | | MCKENNA2005 | |
|--|---|-------------------------|--|
| Reference: McKenna K, Koren G, Tetelbaum M, Wilton L, Shakir S, Diav-Citrin O, et al. Pregnancy outcome of women using atypical antipsychotic drugs: a prospective comparative study. Journal of Clinical Psychiatry. 2005;66:444-49 | | | |
| | ne topic: Antenatal and postnatal mental health: clinical ment and service guidance | Review question no: 4.2 | |
| Checklis | t completed by: IonaSymington | | |
| A. Select | ion bias (systematic differences between the comparison ground | ups) | |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No | |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | No | |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | No | |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | | |
| High risk (The exposed group had higher rates of factors known to increase the risk for a negative pregnancy outcome) | | | |
| Likely direction of effect: Effect size bigger | | | |
| B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation) | | | |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Unclear | |

| B2 | Participants receiving care were kept 'blind' to treatment allocation | No |
|--|---|---|
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No |
| | your answers to the above, in your opinion was performance of its effect? | e bias present? If so, what is the likely |
| Unclear, | unknown risk | |
| Likely di | irection of effect: Unclear/unknown direction | |
| C. Attriti | on bias (systematic differences between the comparison grou | ps with respect to loss of participants) |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Unclear |
| C2 | a. How many participants did not complete treatment in ea | ch group? NR |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Unclear |
| C3 | a. For how many participants in each group were no outcomer Unexposed N: 0 | ne data available? Exposed N: 0; |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available) | Yes |
| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | |
| Low risk | | |
| Likely direction of effect: N/A | | |
| D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | |

| D1 | The study had an appropriate length of follow-up | Unclear |
|--|---|---------|
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Unclear |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Unclear |
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | Unclear |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | |
| Unclear/unknown risk | | |
| Likely direction of effect: Unclear/unknown direction | | |

1.13.8 NEWHAM2008

| Study II |) | NEWHAM2008 | | |
|--|---|---------------------------------------|--|--|
| | Reference: Newham JJ, Thomas SH, MacRitchie K, McElhatton PR, McAllister-Williams RH. Birth weight of | | | |
| | ofter maternal exposure to typical and atypical antipsychotics | prospective comparison study. British | | |
| Journal o | Journal of Psychiatry. 2008;192:333-37 | | | |
| Guidelir | Guideline topic: Antenatal and postnatal mental health: clinical Review question no: 4.2 | | | |
| manager | ment and service guidance | | | |
| Checklis | Checklist completed by: | | | |
| A. Selection bias (systematic differences between the comparison groups) | | | | |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No | | |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Yes | | |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Unclear | | |

| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | | |
|--|---|--|--|
| | Unclear/unknown risk (Controlled for influence of concomitant weight altering medication but lack of data relating to other potentially confounding variables) | | |
| Likely di | rection of effect: Unclear/unknown direction | | |
| | mance bias (systematic differences between groups in the car restigation) | re provided, apart from the intervention | |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Unclear | |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No | |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No | |
| | Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect? | | |
| Unclear/unknown risk | | | |
| Likely direction of effect: Unclear/unknown direction | | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | | |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | No | |
| C2 | C2 a. How many participants did not complete treatment in each group? NR | | |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Unclear | |
| C3 | a. For how many participants in each group were no outcome data available? Exposed N: 0; Unexposed N: 0 | | |

 ${\it Clinical\ evidence-completed\ methodology\ checklists}$

| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no | |
|---|--|--|
| | important or systematic differences between groups in | |
| | terms of those for whom outcome data were not available) | Yes |
| | terms of those for whom outcome data were not available) | |
| | | |
| Based on | your answers to the above, in your opinion was attrition bias | present? If so, what is the likely direction |
| of its effec | et? | |
| Low risk | | |
| | | |
| Likely di | rection of effect: N/A | |
| D. Detect | ion bias (bias in how outcomes are ascertained, diagnosed or | verified) |
| | | |
| D1 | The study had an appropriate length of follow-up | Unclear |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| | | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Unclear |
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | Unclear |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely | | |
| direction of its effect? | | |
| Unclear/unknown risk | | |
| Likely direction of effect: Unclear/unknown direction | | |

1.13.9REIS2008

| Study ID | REIS2008 |
|---|-------------------------|
| | |
| Reference: Reis M, Kallen B. Maternal use of antipsychotics in early pregnancy and delivery outcome. Journal of | |
| clinical psychopharmacology. 2008;28:279-88 | |
| | |
| Guideline topic: Antenatal and postnatal mental health: clinical | Review question no: 4.2 |
| management and service guidance | |
| | |

| Checklis | st completed by: Iona Symington | |
|--|---|--|
| A. Select | tion bias (systematic differences between the comparison ground | ups) |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Yes |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | No |
| | n your answers to the above, in your opinion was selection bin of its effect? | as present? If so, what is the likely |
| Low ris | k | |
| Likely d | lirection of effect: N/A | |
| | rmance bias (systematic differences between groups in the car evestigation) | re provided, apart from the intervention |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Unclear |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No |
| Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect? | | |
| Unclear/unknown risk | | |
| Likely direction of effect: Unclear/unknown direction | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | |

| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Unclear | |
|---|--|--|--|
| C2 | a. How many participants did not complete treatment in each | ch group? NR | |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Unclear | |
| C3 | a. For how many participants in each group were no outcom Unexposed N: 0 | ne data available? Exposed N: 0; | |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available) | Yes | |
| Based on of its effective | your answers to the above, in your opinion was attrition bias | present? If so, what is the likely direction | |
| Low risk | Low risk | | |
| Likely di | Likely direction of effect: N/A | | |
| D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | | |
| D1 | | | |
| | The study had an appropriate length of follow-up | Unclear | |
| D2 | The study had an appropriate length of follow-up The study used a precise definition of outcome | Unclear Yes | |
| | | | |
| D2 | The study used a precise definition of outcome A valid and reliable method was used to determine the | Yes | |
| D2 | The study used a precise definition of outcome A valid and reliable method was used to determine the outcome Investigators were kept 'blind' to participants' exposure | Yes Yes | |
| D2 D3 D4 D5 Based on | The study used a precise definition of outcome A valid and reliable method was used to determine the outcome Investigators were kept 'blind' to participants' exposure to the intervention Investigators were kept 'blind' to other important | Yes Yes Unclear Unclear | |

Likely direction of effect: Unclear/unknown direction

1.13.10 SADOWSKI2013

| Study ID |) | SADOWSKI2013 | |
|--|---|--------------|--|
| | | | |
| Reference: Sadowski A, Todorow M, Brojeni PY, Koren G, Nulman I. Pregnancy Outcomes following Maternal exposure to Second-generation antipsychotics given with other psychotropic drugs: a cohort study. BMJ Open. 2013;3 | | | |
| Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance Review question no: 4.2 | | | |
| Checklis | t completed by: Iona Symington | | |
| A. Select | ion bias (systematic differences between the comparison ground | ups) | |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No | |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | No | |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | No | |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | | |
| High risk (Given the small sample size, unadjusted models were used in most of the analyses; Exposed and control women did not differ with respect to maternal age at conception. The exposed women weighed significantly more than the controls prior to conception; however, the two groups did not differ with respect to weight gain during pregnancy. Significantly more women in the exposed group smoked cigarettes during pregnancy and failed to use prenatal vitamins compared with controls. Thirty-eight per cent of mothers taking SGAs did not breastfeed, which is approximately eight times greater than in controls. Approximately two to three times as many women in the exposed group suffered from hypertension, gestational diabetes and hypothyroidism) Likely direction of effect: Effect size bigger | | | |
| | | | |
| B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation) | | | |

| B1 | The comparison groups received the same care apart from the intervention(s) studied | Unclear |
|--|---|---|
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No |
| | your answers to the above, in your opinion was performanc of its effect? | e bias present? If so, what is the likely |
| Unclear, | unknown risk/ | |
| Likely di | rection of effect N/A: Unclear/unknown direction | |
| C. Attriti | on bias (systematic differences between the comparison grou | ps with respect to loss of participants) |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Unclear |
| C2 | a. How many participants did not complete treatment in ea | ich group? NR |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Unclear |
| СЗ | a. For how many participants in each group were no outcome 0 | me data available? Exposed: 0; Unexposed: |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available) | Yes |
| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | |
| Low risk | | |

| Likely direction of effect: N/A D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | |
|---|---|-----|
| | | |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | No |
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | No |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | |
| Low risk (Outcomes reported by mothers and physicians); ii)Data obtained from physicians were cross-referenced with information provided by the mothers in order to increase accuracy and minimise recall bias. | | |
| Likely d | lirection of effect: N/A | |

1.14PHARMACOLOGICAL HARMS: (ANTICONVULSANTS)

1.14.1 ADAB2004/VINTEN2005

| Study I | D | ADAB2004/VINTEN2005 |
|----------|--|--|
| | ne topic: Antenatal and postnatal mental health: clinical ement and service guidance | Review question no: 4.2 |
| Checkli | st completed by: Rebecca Gate | |
| A. Selec | ction bias (systematic differences between the comparison gro | ups) |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Yes |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | No |
| directio | n your answers to the above, in your opinion was selection bin of its effect? r/unknown risk (Group allocation non-randomised, groups des). | |
| Likely | direction of effect: N/A | |
| | ormance bias (systematic differences between groups in the cannot be supported by the cannot be suppor | re provided, apart from the intervention |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Unclear |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No |
| | n your answers to the above, in your opinion was performand n of its effect? | ee bias present? If so, what is the likely |

| Unclear/ unknown risk (Non-blind, no information reported on care received). | | |
|--|---|--|
| Likely dir | rection of effect N/A: | |
| C. Attritio | on bias (systematic differences between the comparison group | os with respect to loss of participants) |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Unclear |
| C2 | a. How many participants did not complete treatment in each | ch group? 1 |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Unclear |
| C3 | a. For how many participants in each group were no outcom | ne data available? 7 |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available) | Unclear |
| Based on of its effect | your answers to the above, in your opinion was attrition biaset? | present? If so, what is the likely direction |
| Unclear/ | unknown risk (Length of follow-up not reported, drop-out ra | te reported as a general figure). |
| Likely di | rection of effect: N/A | |
| D. Detect | ion bias (bias in how outcomes are ascertained, diagnosed or | verified) |
| D1 | The study had an appropriate length of follow-up | Unclear |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes |

| D5 | Investigators were kept 'blind' to other important | Yes | |
|--|--|--------------------------------------|--|
| | confounding/prognostic factors | | |
| | | | |
| Based on | your answers to the above, in your opinion was detection bia | s present? If so, what is the likely | |
| direction | direction of its effect? | | |
| | | | |
| Unclear/unknown risk (Definitions and methods of outcomes were clearly defined. Primary outcome raters | | | |
| were blind [VIQ and dysmorphic features]). | | | |
| | | | |
| Likely di | rection of effect: N/A | | |
| | | | |

1.14.2ARTAMA2005

| Study II | | ARTAMA2005 |
|---|---|-------------------------|
| Reference: Artama M, Auvinen A, Raudaskoski T, Isojarvi I, Isojarvi J. Antiepileptic drug use of women with epilepsy and congenital malformations in offspring. Neurology. 2005:64;1874-1878. | | |
| | ne topic: Antenatal and postnatal mental health: clinical ment and service guidance | Review question no: 4.2 |
| Checklis | st completed by: Rebecca Gate | |
| A. Selec | tion bias (systematic differences between the comparison gro | ups) |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | Unclear |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Unclear |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Unclear |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | |
| Unclear/unknown risk (Maternal age at delivery comparable across groups. Additional baseline demographics N/R - Unclear if comparable) | | |
| Likely direction of effect: N/A | | |
| B. Performance bias (systematic differences between groups in the care provided, apart from the intervention | | |

| under in | vestigation) | |
|----------------------|---|--|
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Unclear |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No |
| | your answers to the above, in your opinion was performand of its effect? | e bias present? If so, what is the likely |
| | / unknown risk (non-blind participants/ care administrators rial/multiple hospitals [n=45]). | , no information reported on care received |
| J | rection of effect N/A: | |
| C. Attriti | on bias (systematic differences between the comparison grou | ps with respect to loss of participants) |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Unclear |
| C2 | a. How many participants did not complete treatment in ea | ach group? Intervention (11), control (25) |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Unclear |
| C3 | a. For how many participants in each group were no outcome control (25) | me data available? Intervention (11), |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available) | |
| Based or of its effe | your answers to the above, in your opinion was attrition bia ect? | s present? If so, what is the likely direction |

Unclear/unknown risk (no information provided on spontaneous abortions or selective pregnancy terminations - may have potentially biased attrition rates). Likely direction of effect: N/A D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) D1 The study had an appropriate length of follow-up Unclear D2 The study used a precise definition of outcome Yes D3 A valid and reliable method was used to determine the Unclear outcome D4 Investigators were kept 'blind' to participants' exposure No to the intervention D5 Investigators were kept 'blind' to other important No confounding/prognostic factors Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? Unclear/unknown risk (Non-blind, length of follow-up not clearly defined; outcome limited to the main categories of malformations only). Likely direction of effect: N/A

1.14.3ARTAMA2013

| Study ID | | ARTMA2013 | |
|--|--|---|--|
| | | | |
| Reference | e: Artama M, Gissler M, Malm H, Ritvanen A. Effects of mat | ernal epilepsy and antiepileptic drug use | |
| during p | during pregnancy on perinatal health in offspring: Nationwide, retrospective cohort study in Finland. Drug | | |
| Safety.20 | 013:36;359-369 | | |
| | | | |
| Guideline topic: Antenatal and postnatal mental health: clinical | | Review question no: 4.2 | |
| management and service guidance | | | |
| Cl 11: | | | |
| Checklis | t completed by: Iona Symington | | |
| A. Select | A. Selection bias (systematic differences between the comparison groups) | | |
| 11,001000 | 71. Scientific bus (Systematic americaes between the comparison groups) | | |
| A1 | The method of allocation to treatment groups was | Unclear (both groups had an epilepsy | |
| | unrelated to potential confounding factors (that is, the | diagnosis; however information on | |
| | reason for participant allocation to treatment groups is | purchases of prescribed medicines was | |
| | | used as a proxy for AED use, as did not | |
| | | have information on actual AED use) | |

| | not expected to affect the outcome(s) under study) | |
|--|--|--|
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | No |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Yes (two groups of interest, no significant differences at baseline) |
| | your answers to the above, in your opinion was selection bia of its effect? | as present? If so, what is the likely |
| | risk (data derived from population - no systematic difference those taking medication not clear, therefore may be a confound | |
| Likely d | irection of effect: Unclear/unknown direction | |
| B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation) | | |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Unclear |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No |
| Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect? | | |
| Unclear risk | | |
| Likely direction of effect: Unclear/unknown direction | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Yes |

| C2 | a. How many participants did not complete treatment in each group? Exposed N: 0; Unexposed N: 0 | |
|--|---|--|
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Yes |
| C3 | a. For how many participants in each group were no outcon Unexposed N: 0 | ne data available? Exposed N: 0; |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available) | Yes |
| Based on of its effe | your answers to the above, in your opinion was attrition biasct? | present? If so, what is the likely direction |
| Low risk | | |
| Likely di | rection of effect: N/A | |
| D. Detect | ion bias (bias in how outcomes are ascertained, diagnosed or | verified) |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Unclear |
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | Unclear |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | |
| Unclear risk | | |
| Likely direction of effect: Unclear/unknown direction | | |
| | | |

1.14.4BODEN2012A

| Study ID | | BODEN2012A |
|--|---|-------------------------|
| | | |
| Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance | | Review question no: 4.2 |
| Checklis | t completed by: Rebecca Gate | |
| A. Select | ion bias (systematic differences between the comparison ground | ups) |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | N/A |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Yes |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | No |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | |
| Unclear/unknown risk (No randomised control, groups at baseline differed significantly adjusted for during multivariable analysis). | | |
| Likely direction of effect: N/A | | |
| B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation) | | |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Unclear |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No |
| Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect? | | |

| Unclear/ unknown risk (Non-blind, no information reported on care received). | | | |
|---|---|--|--|
| Likely dir | rection of effect N/A: | | |
| C. Attritio | on bias (systematic differences between the comparison group | os with respect to loss of participants) | |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Yes | |
| C2 | a. How many participants did not complete treatment in each | ch group? N/R | |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Unclear | |
| C3 | a. For how many participants in each group were no outcome data available? N/R | | |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available) | Unclear | |
| Based on of its effective | your answers to the above, in your opinion was attrition bias | present? If so, what is the likely direction | |
| Unclear/unknown risk (All participants followed-up for equal length of time, dropout rates not reported). | | | |
| Likely di | rection of effect: N/A | | |
| D. Detect | ion bias (bias in how outcomes are ascertained, diagnosed or | verified) | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | No | |

| D5 | Investigators were kept 'blind' to other important | No | | |
|---|--|---------------------------------------|--|--|
| | confounding/prognostic factors | | | |
| | | | | |
| Based on | your answers to the above, in your opinion was detection bia | as present? If so, what is the likely | | |
| direction | of its effect? | | | |
| | | | | |
| Unclear/unknown risk (Non-blind investigators, definitions and methods of outcomes were clearly defined). | | | | |
| Likely direction of effect: N/A | | | | |
| | | | | |

1.14.5BORTHEN2011

| Study I | D | BORTHEN2011 |
|--|---|--|
| | ine topic: Antenatal and postnatal mental health: clinical ement and service guidance | Review question no: 4.2 |
| Checkli | ist completed by: Rebecca Gate | |
| A. Sele | ction bias (systematic differences between the comparison gro | ups) |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Yes |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Unclear |
| | on your answers to the above, in your opinion was selection bi | as present? If so, what is the likely |
| Unclear/unknown risk (Group allocation non-randomised, potential confounding variables included during analysis, comparability at baseline demographics not reported). | | |
| Likely | direction of effect: N/A | |
| | ormance bias (systematic differences between groups in the ca investigation) | re provided, apart from the intervention |

| B1 | The comparison groups received the same care apart from | | |
|--|--|--|--|
| | the intervention(s) studied | Unclear | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to treatment | | |
| | allocation | No | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | NT. | |
| | treatment allocation | No | |
| | | | |
| | your answers to the above, in your opinion was performanc | e bias present? If so, what is the likely | |
| direction | of its effect? | | |
| | | | |
| Unclear | / unknown risk (Non-blind, no information reported on care | received - multiple hospitals). | |
| | | | |
| Likely di | rection of effect N/A: | | |
| , | , | | |
| | | | |
| C. Attriti | on bias (systematic differences between the comparison grou | ps with respect to loss of participants) | |
| | | | |
| C1 | All groups were followed up for an equal length of time | | |
| | (or analysis was adjusted to allow for differences in length | Unclear | |
| | of follow-up) | | |
| C2 | a. How many participants did not complete treatment in ea | l ich group? Unclear | |
| | , i , i , i , i , i , i , i , i , i , i | 0 . 1 | |
| | b. The groups were comparable for treatment completion | | |
| | (that is, there were no important or systematic differences | Unclear | |
| | between groups in terms of those who did not complete | Officiear | |
| | treatment) | | |
| | | 1.1.24 | |
| C3 | a. For how many participants in each group were no outcome | me data available? I | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups in | | |
| | terms of those for whom outcome data were not available) | Unclear | |
| | terms of those for whom outcome data were not available) | | |
| | | | |
| Rased or | your answers to the above in your opinion was attrition his | e present? If so, what is the likely direction | |
| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | | |
| | | | |
| Unclear/unknown risk (Length of follow-up not reported, drop-out rates unclear. Outcome data unclear – one | | | |
| missing BMI reported). | | | |
| | | | |
| Likely d | Likely direction of effect: N/A | | |
| | | | |

| D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | |
|--|---|---------|
| D1 | The study had an appropriate length of follow-up | Unclear |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | No |
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | No |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | |
| Unclear/unknown risk (Definitions and outcome methods were clearly defined. Non-blind. Follow-up unclear]. | | |
| Likely direction of effect: N/A | | |

1.14.6BROSH2011

| Study II |) | BROSH2011 |
|----------|--|-------------------------|
| Guideli | ne topic: Antenatal and postnatal mental health: clinical | Review question no: 4.2 |
| manage | ment and service guidance | |
| Checklis | st completed by: Rebecca Gate | |
| A. Selec | tion bias (systematic differences between the comparison gro | ups) |
| A1 | The method of allocation to treatment groups was | |
| | unrelated to potential confounding factors (that is, the | No |
| | reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | |
| | , | |
| A2 | Were any attempts made within the design or analysis to | |
| | balance the comparison groups for potential | Yes |
| | confounders? | |
| A3 | The groups were comparable at baseline, including all | No |
| | major confounding and prognostic factors | INU |
| | | |

| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | | |
|--|---|--|--|
| maternal | unknown risk (No random allocation. Groups differed signiage, smoking, maternal diabetes mellitus, ethnicity – which | | |
| Likely di | rection of effect: N/A | | |
| | nance bias (systematic differences between groups in the car restigation) | e provided, apart from the intervention | |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Unclear | |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No | |
| B3 | Individuals administering care were kept 'blind' to treatment allocation | No | |
| Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect? | | | |
| Unclear/ unknown risk (Non-blind, limited information reported on treatment only). | | | |
| Likely direction of effect N/A: | | | |
| C. Attritio | on bias (systematic differences between the comparison grou | ps with respect to loss of participants) | |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Unclear | |
| C2 | a. How many participants did not complete treatment in each group? N/R | | |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Unclear | |
| C3 | a. For how many participants in each group were no outcome | ne data available? N/R | |

 ${\it Clinical\ evidence-completed\ methodology\ checklists}$

| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in | Unclear |
|--|--|--|
| | terms of those for whom outcome data were not available) | |
| Based on of its effec | your answers to the above, in your opinion was attrition bias ct? | present? If so, what is the likely direction |
| Unclear/ | unknown risk (Unclear length of follow-up and dropout rates | ;). |
| Likely di | rection of effect: N/A | |
| D. Detect | ion bias (bias in how outcomes are ascertained, diagnosed or | verified) |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | No |
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | No |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | |
| Unclear/unknown risk (Clear follow-up period and defined outcome; non-blind). | | |
| Likely direction of effect: N/A | | |

1.14.7BURJA2006

| Study ID | BURJA2006 |
|--|-------------------------|
| | |
| Guideline topic: Antenatal and postnatal mental health: clinical | Review question no: 4.2 |
| | |

| managei | ment and service guidance | | |
|--|---|---------------------------------------|--|
| Checklis | t completed by: Rebecca Gate | | |
| A. Select | ion bias (systematic differences between the comparison ground | ups) | |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | Unclear | |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Unclear | |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Unclear | |
| | n your answers to the above, in your opinion was selection bin of its effect? | as present? If so, what is the likely | |
| | Unclear/unknown risk (Unclear allocation to groups, no baseline demographics provided – unclear if comparable at baseline). | | |
| Likely d | irection of effect: N/A | | |
| B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation) | | | |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Unclear | |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No | |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No | |
| Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect? | | | |
| Unclear/ unknown risk (Non-blind, no information reported on care received). | | | |
| Likely direction of effect N/A: | | | |

| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | |
|--|---|--|
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Unclear |
| C2 | a. How many participants did not complete treatment in each | ch group? N/R |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Unclear |
| C3 | a. For how many participants in each group were no outcom | ne data available? N/R |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available) | Unclear |
| Based on of its effect | your answers to the above, in your opinion was attrition biaset? | s present? If so, what is the likely direction |
| Unclear/unknown risk (Treatment completion, length of follow-up and dropout rates not reported). | | |
| Likely direction of effect: N/A | | |
| D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | |
| D1 | The study had an appropriate length of follow-up | Unclear |
| D2 | The study used a precise definition of outcome | No |
| D3 | A valid and reliable method was used to determine the outcome | Unclear |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | No |
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | No |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | |

| Unclear/unknown risk (Non-blind investigators, definitions and methods of outcomes were not clearly defined). | |
|---|--|
| Likely direction of effect: N/A | |

1.14.8CANGER1999

| Study ID | | CANGER1999 |
|--|---|--|
| Guideline topic: Antenatal and postnatal mental health: clinical | | Review question no: 4.2 |
| manager | ment and service guidance | |
| Checklis | t completed by: Rebecca Gate | |
| A. Select | ion bias (systematic differences between the comparison ground | ıps) |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | Unclear |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Unclear |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Unclear |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | |
| Unclear/unknown risk (Unclear allocation to groups, no baseline demographics provided – unclear if comparable at baseline. | | |
| Likely direction of effect: N/A | | |
| | mance bias (systematic differences between groups in the car | re provided, apart from the intervention |
| under investigation) | | |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Yes |

| B2 | Participants receiving care were kept 'blind' to treatment allocation | No |
|---|---|---|
| | | |
| В3 | Individuals administering care were kept 'blind' to | NT. |
| | treatment allocation | No |
| | | |
| D 1 | | 1: (2.16 1 1:1.1 |
| | your answers to the above, in your opinion was performance | e bias present? If so, what is the likely |
| direction | of its effect? | |
| | | |
| Unclear/ | unknown risk (Care comparable - clear treatment plan with | nin one hospital setting. Non-blind |
| | nts and administrators). | 1 |
| participa | nto area definitionators). | |
| Likolu di | rection of effect N/A: | |
| Likely un | ection of effect N/ A. | |
| | | |
| G 4 1.1 | | |
| C. Attriti | on bias (systematic differences between the comparison grou | ps with respect to loss of participants) |
| | | |
| C1 | All groups were followed up for an equal length of time | |
| | (or analysis was adjusted to allow for differences in length | No |
| | | 110 |
| | of follow-up) | |
| | | |
| C2 | a. How many participants did not complete treatment in ea | ch group? 73 (all groups) |
| | | |
| | b. The groups were comparable for treatment completion | |
| | (that is, there were no important or systematic differences | |
| | _ · | Unclear |
| | between groups in terms of those who did not complete | |
| | treatment) | |
| | | |
| C3 | a. For how many participants in each group were no outcor | ne data available? 73 groups |
| | | 0 1 |
| | b. The groups were comparable with respect to the | |
| | | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups in | Unclear |
| | terms of those for whom outcome data were not available) | |
| | terrine of those for whom outcome than were not a thinke to | |
| | | |
| | | |
| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction | | |
| of its effe | ct? | |
| 0 | | |
| Unclear/unknown risk (Data collection variable – commenced within week 20 of gestation, overall dropout | | |
| • | | |
| only reported – unclear if comparable across arms). | | |
| | | |
| Likely direction of effect: N/A | | |
| | | |
| D. Detect | ion bias (bias in how outcomes are ascertained, diagnosed or | verified) |
| | | , |
| | | |
| D1 | The study had an appropriate length of follow-up | Yes |
| | , 11 1 - O r | |

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| D2 | The study used a precise definition of outcome | Yes |
|--|---|-----|
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | No |
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | No |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | |
| Unclear/unknown risk (Clear follow-up period and defined outcome; non-blind investigators). | | |
| Likely direction of effect: N/A | | |

1.14.9CASSINA2013

| Study I | D | CASSINA2013 |
|--|---|-------------------------|
| Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance | | Review question no: 4.2 |
| Checkli | st completed by: Rebecca Gate | |
| A. Selec | ction bias (systematic differences between the comparison gro | ups) |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Unclear |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | No |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | |
| Unclear/unknown risk (Non-randomised allocation, significant baseline differences reported, analysis attempted to address some noted confounding factors). | | |

| Likely d | Likely direction of effect: N/A | | |
|----------------|--|--|--|
| B. Perfor | B. Performance bias (systematic differences between groups in the care provided, apart from the intervention | | |
| under in | under investigation) | | |
| B1 | The comparison groups received the same care apart from | | |
| | the intervention(s) studied | Unclear | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to treatment | NT. | |
| | allocation | No | |
| В3 | Individuals administering care were kept 'blind' to | | |
| 20 | treatment allocation | No | |
| | | | |
| Based on | your answers to the above, in your opinion was performanc | e bias present? If so, what is the likely | |
| direction | of its effect? | | |
| Unclear | / unknown risk (Non-blind, treatment reported as comparab | le). | |
| | | | |
| Likely di | rection of effect N/A: | | |
| | | | |
| C. Attriti | on bias (systematic differences between the comparison grou | ips with respect to loss of participants) | |
| C1 | All groups were followed up for an equal length of time | | |
| | (or analysis was adjusted to allow for differences in length | Unclear | |
| | of follow-up) | | |
| C2 | a. How many participants did not complete treatment in ea | nch group? N/R | |
| | b. The groups were comparable for treatment completion | | |
| | (that is, there were no important or systematic differences | TTo days | |
| | between groups in terms of those who did not complete | Unclear | |
| | treatment) | | |
| C3 | a. For how many participants in each group were no outcome | me data available? N/R | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups in | Unclear | |
| | terms of those for whom outcome data were not available) | Chercui | |
| | , | | |
| D 1 | | 1016 | |
| | your answers to the above, in your opinion was attrition bia | s present? It so, what is the likely direction | |
| of its effect? | | | |

| Unclear/unknown risk (Unclear length of follow-up and dropout rates). | | |
|--|---|---------|
| Likely di | rection of effect: N/A | |
| D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | |
| D1 | The study had an appropriate length of follow-up | Unclear |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | No |
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | No |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | |
| Unclear/unknown risk (Clear method of definition of outcome; non-blind investigators; unclear follow-up). | | |
| Likely direction of effect: N/A | | |

1.14.10 CHARLTON2011

| Study ID | | CHARLTON2011 |
|-----------|---|-------------------------|
| | e topic: Antenatal and postnatal mental health: clinical ment and service guidance | Review question no: 4.2 |
| Checklis | t completed by: Rebecca Gate | |
| A. Select | ion bias (systematic differences between the comparison gro | ups) |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential | Yes |

| | confounders? | |
|--------------------------|--|---|
| A3 | The groups were comparable at baseline, including all | TT 1 |
| | major confounding and prognostic factors | Unclear |
| Based on | your answers to the above, in your opinion was selection bia | as present? If so, what is the likely |
| direction | of its effect? | |
| · · | /unknown risk (Allocation: non-randomised; baseline demog | graphics not reported across groups; |
| analysis | attempted to account for potential confounders). | |
| Likely d | irection of effect: N/A | |
| B. Perfor | mance bias (systematic differences between groups in the car | re provided, apart from the intervention |
| under in | vestigation) | |
| B1 | The comparison groups received the same care apart from | |
| | the intervention(s) studied | Unclear |
| | | |
| B2 | Participants receiving care were kept 'blind' to treatment | N |
| | allocation | No |
| | | |
| В3 | Individuals administering care were kept 'blind' to | No |
| | treatment allocation | |
| Based on | your answers to the above, in your opinion was performanc | e bias present? If so, what is the likely |
| direction of its effect? | | |
| | | |
| Unclear | / unknown risk (Non-blind, comparability of care provided t | ınclear). |
| , | ` , , , , , , , , , , , , , , , , , , , | , |
| Likely di | rection of effect N/A: | |
| | | |
| C. Attriti | on bias (systematic differences between the comparison grou | ips with respect to loss of participants) |
| | | |
| C1 | All groups were followed up for an equal length of time | |
| | (or analysis was adjusted to allow for differences in length | Yes |
| | of follow-up) | |
| C2 | a. How many participants did not complete treatment in ea | l ach group? Unclear |
| | The state of the s | 8 |
| | b. The groups were comparable for treatment completion | |
| | (that is, there were no important or systematic differences | Unclear |
| | between groups in terms of those who did not complete | |
| | | |

| | , | |
|--|---|--|
| | treatment) | |
| C3 | a. For how many participants in each group were no outcome control (25) | ne data available? Intervention (11), |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available) | Unclear |
| Based on of its effective | your answers to the above, in your opinion was attrition biasct? | s present? If so, what is the likely direction |
| Unclear/ | unknown risk (Follow-up and dropout rates not reported). | |
| Likely di | rection of effect: N/A | |
| D. Detect | ion bias (bias in how outcomes are ascertained, diagnosed or | verified) |
| D1 | The study had an appropriate length of follow-up | Unclear |
| D2 | The study used a precise definition of outcome | Unclear |
| D3 | A valid and reliable method was used to determine the outcome | Unclear |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | No |
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | No |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | |
| Unclear/unknown risk (Non-blind, length of follow-up and outcome methods were not clearly defined). | | |
| Likely direction of effect: N/A | | |
| | | |

1.14.11 CHRISTENSEN2013

| Study ID | | CHRISTENSEN2013 |
|--|---|-------------------------|
| Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance | | Review question no: 4.2 |
| Checklis | t completed by: Rebecca Gate | |
| A. Select | ion bias (systematic differences between the comparison ground | ups) |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | N/A |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Yes |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Unclear |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | |
| Unclear/unknown risk (Groups were not randomly allocated; baseline demographics not reported; included stratified and sensitivity analysis to account for confounders between groups). | | |
| Likely direction of effect: N/A | | |
| B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation) | | |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Unclear |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No |
| Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect? | | |

| Unclear/ unknown risk (Non-blind, no information reported on care received). | | | |
|--|---|--|--|
| Likely di | rection of effect N/A: | | |
| C. Attritio | on bias (systematic differences between the comparison group | os with respect to loss of participants) | |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Yes | |
| C2 | a. How many participants did not complete treatment in each group? N/R | | |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Unclear | |
| C3 | a. For how many participants in each group were no outcome data available? N/R | | |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available) | Unclear | |
| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | | |
| Unclear/unknown risk (All participants followed-up for predefined times (analysis adjusted for age) dropout rates not reported). | | | |
| Likely direction of effect: N/A | | | |
| D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | No | |

| D5 | Investigators were kept 'blind' to other important | No | |
|---|--|----|--|
| | confounding/prognostic factors | | |
| | 0,1 0 | | |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely | | | |
| direction of its effect? | | | |
| | | | |
| Unclear/unknown risk (Non-blind investigators, definitions and methods of outcomes were clearly defined). | | | |
| Likely direction of effect: N/A | | | |
| | | | |

1.14.12 DIAV-CITRIN2001

| Study ID | | DIAV-CITRIN2001 |
|---|---|-------------------------|
| Reference: Diav-Citrin O, Shechtman S, Arnon J, Ornoy A. Is carbamazepine teratogenic? A prospective controlled study of 210 pregnancies. Neurology. 2001;57:321-24 | | |
| Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance | | Review question no: 4.2 |
| Checklis | t completed by: Iona Symington | |
| A. Select | ion bias (systematic differences between the comparison ground | ups) |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Yes |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Unclear |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | |
| Low risk (Confounding variables matched for year, gestational and maternal age at time of call) | | |
| Likely direction of effect: N/A | | |

| B. Performance bias (systematic differences between groups in the care provided, apart from the intervention | | |
|--|--|--|
| under investigation) | | |
| B1 | The comparison groups received the same care apart from | Hadaa |
| | the intervention(s) studied | Unclear |
| | | |
| B2 | Participants receiving care were kept 'blind' to treatment | No |
| | allocation | |
| В3 | Individuals administering care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| | nyour answers to the above, in your opinion was performance of its effect? | e bias present? If so, what is the likely |
| direction | torits effect: | |
| Unclear | / unknown risk (Non-blind, no information reported on care | received). |
| | (· · · · · · · · · · · · · · · · · · · | |
| Likely d | irection of effect: Unclear/unknown direction | |
| _ | | |
| C. Attriti | on bias (systematic differences between the comparison grou | ps with respect to loss of participants) |
| | | |
| C1 | All groups were followed up for an equal length of time | |
| | (or analysis was adjusted to allow for differences in length | Yes |
| | of follow-up) | |
| C2 | a. How many participants did not complete treatment in ea | ich group? Exposed N: 0; Unexposed N: 0 |
| | b. The groups were comparable for treatment completion | |
| | (that is, there were no important or systematic differences | Yes |
| | between groups in terms of those who did not complete | |
| | treatment) | |
| C3 | a. For how many participants in each group were no outcome | me data available? Exposed N: 0; |
| | Unexposed N: 0 | |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups in | Yes |
| | terms of those for whom outcome data were not available) | |
| | | |
| Based or | lyour answers to the above, in your opinion was attrition bia | s present? If so, what is the likely direction |
| of its effect? | | |
| | | |

| Low risk | | |
|---|---|---------|
| Likely di | rection of effect: N/A | |
| D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | No |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Unclear |
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | Unclear |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | |
| Unclear/unknown risk (Results based on information provided by women (86%) therefore may be biased. However an attempt was made to contact the treating physician for details and verification of every case of malformation) | | |
| Likely direction of effect: Unclear/unknown direction | | |

1.14.13 DIAV-CITRIN2008

| Study II | | DIAV-CITRIN2008 |
|--|---|-------------------------|
| Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance | | Review question no: 4.2 |
| | | |
| Checklist completed by: Rebecca Gate | | |
| A. Select | ion bias (systematic differences between the comparison grounds | ups) |
| A1 | The method of allocation to treatment groups was | |
| | unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is | No |
| | not expected to affect the outcome(s) under study) | |
| | | |

| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Unclear |
|--|--|---------------------------------------|
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Unclear |
| | your answers to the above, in your opinion was selection bit of its effect? | as present? If so, what is the likely |
| | unknown risk (Allocation not randomised, intervention grocy. No significant difference in remaining demographics). | up were more likely to be first time |
| Likely di | irection of effect: N/A | |
| B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation) | | |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Unclear |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No |
| Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect? | | |
| Unclear/ unknown risk (Non-blind, no information reported on care received). | | |
| Likely direction of effect N/A: | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Yes |
| C2 | a. How many participants did not complete treatment in ea | nch group? N/R |

| | , | |
|---|---|--|
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Unclear |
| C3 | a. For how many participants in each group were no outcor | ne data available? N/R |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available) | Unclear |
| Based on of its effe | your answers to the above, in your opinion was attrition biaset? | s present? If so, what is the likely direction |
| Unclear/unknown risk (Treatment completion, length of follow-up and dropout rates not reported. 14 cases were not followed up – discontinued medication or valproate had not be taken). | | |
| Likely di | rection of effect: N/A | |
| D. Detect | ion bias (bias in how outcomes are ascertained, diagnosed or | verified) |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | No |
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | No |
| | your answers to the above, in your opinion was detection bid of its effect? | as present? If so, what is the likely |
| Unclear/unknown risk (Non-blind investigators, definitions and methods of outcomes were not clearly defined). | | |
| Likely direction of effect: N/A | | |

1.14.14 DOLK2008

| Study ID | | CZEIZEL1990 |
|----------------------|---|---|
| | e topic: Antenatal and postnatal mental health: | Review question no: 4.2 |
| | t completed by: Rebecca Gate | |
| Section 1 | : Internal validity | |
| 1.1 | The study addresses an appropriate and clearly focused question. | Well covered |
| Selection | of participants | |
| 1.2 | The cases and controls are taken from comparable populations | Well covered |
| 1.3 | The same exclusion criteria are used for both cases and controls | Not reported |
| 1.4 | What was the participation rate for each group (cases and controls)? | Not reported |
| 1.5 | Participants and non-participants are compared to establish their similarities or differences | Not reported |
| 1.6 | Cases are clearly defined and differentiated from controls | Adequately addressed |
| 1.7 | It is clearly established that controls are not cases | Not reported |
| Assessm | ent | |
| 1.8 | Measures were taken to prevent knowledge of primary exposure influencing case ascertainment | Not reported |
| 1.9 | Exposure status is measured in a standard, valid and reliable way | Adequately addressed (Data on exposure to chemicals were obtained from interviews and case registries) |
| Confounding factors | | |
| 1.10 | The main potential confounders are identified and taken into account in the design and analysis | Poorly addressed (potential confounds were identified, due to small number of exposures multiple confounders could not be taken into account for simultaneously). |
| Statistical analysis | | |
| 1.11 | Have confidence intervals been provided? | Yes |

1.14.15 ERIKKSON2005

| Study ID | ERIKKSON2005 |
|---|---|
| Eriksson K, Viinikainen K, Monkkonen A, Aikia M, Nieminen P, Heir | nonen S, et al. Children exposed to |
| valproate in uteropopulation based evaluation of risks and confound | ding factors for long-term neurocognitive |

| develo | pment. Epilepsy Research. 2005;65:189-200 | |
|------------------|---|--|
| | ine topic: Antenatal and postnatal mental health: clinical ement and service guidance | Review question no: 4.2 |
| Checkl | ist completed by: Iona Symington | |
| A. Sele | ction bias (systematic differences between the comparison gro | ups) |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | Yes (both groups had epilepsy; Control children were chosen from this same pregnancy registry according to their gender and day of birth and the child nearest to the day of birth of the valproate exposed child was selected). |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Yes (matching in terms of age and gender) |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Unclear (no differences in baseline demographics reported in paper, however no information on status of women during pregnancy) |
| direction Unclea | on your answers to the above, in your opinion was selection bi on of its effect? or risk (no systematic differences in children studied at age 6, h nders in women at the time of exposure to anticonvulsants in p | nowever no information on potential |
| Likely | direction of effect: Unclear/unknown direction | |
| | ormance bias (systematic differences between groups in the calinvestigation) | re provided, apart from the intervention |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Unclear |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No |
| | on your answers to the above, in your opinion was performand on of its effect? | ce bias present? If so, what is the likely |

| Unclear/ unknown risk | | |
|------------------------|---|--|
| Likely di | rection of effect: Unclear/ unknown direction | |
| C. Attritio | on bias (systematic differences between the comparison group | os with respect to loss of participants) |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Yes |
| C2 | a. How many participants did not complete treatment in each | ch group? Exposed N: 0; Unexposed N: 0 |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Yes |
| C3 | a. For how many participants in each group were no outcome data available? Exposed N: 0; Unexposed N: 0 | |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available) | Yes |
| Based on of its effect | your answers to the above, in your opinion was attrition bias ct? | present? If so, what is the likely direction |
| Low risk | | |
| Likely di | rection of effect: N/A | |
| D. Detect | ion bias (bias in how outcomes are ascertained, diagnosed or | verified) |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes |

| D5 | Investigators were kept 'blind' to other important | Yes |
|---------------------------------------|--|---------------------------------------|
| | confounding/prognostic factors | |
| | | |
| Based on | your answers to the above, in your opinion was detection bia | ns present? If so, what is the likely |
| direction | of its effect? | |
| | | |
| Low risk (evaluator-blinded outcomes) | | |
| Likely direction of effect: N/A | | |

1.14.16 GAILY2004/KANTOLA-SORSA2007

| D | GAILY2004/KANTOLA-SORSA | |
|---|--|--|
| Gaily E, Kantola-Sorsa E, Hiilesmaa V, Isoaho M, Matila R, Kotila M, et al. Normal intelligence in children with prenatal exposure to carbamazepine. Neurology. 2004;62:28-32 | | |
| a-Sorsa E, Gaily E, Isoaho M, Korkman M. Neuropsychologica y. Journal of International Neuropsychological Society. 2007;1 | | |
| ne topic: Antenatal and postnatal mental health: clinical ement and service guidance | Review question no: 4.2 | |
| st completed by: Iona Symington | | |
| ction bias (systematic differences between the comparison gro | pups) | |
| The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | Yes | |
| Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Yes (The next child born at the same hospital to a nonepileptic mother with similar socioeconomic class (defined as the mother's educational level), age, and parity was chosen as the control subject for the first included child of every mother with epilepsy) | |
| The groups were comparable at baseline, including all major confounding and prognostic factors | Unclear | |
| 1 1 2 | Kantola-Sorsa E, Hiilesmaa V, Isoaho M, Matila R, Kotila M, l exposure to carbamazepine. Neurology. 2004;62:28-32 -Sorsa E, Gaily E, Isoaho M, Korkman M. Neuropsychologica y. Journal of International Neuropsychological Society. 2007;2 ne topic: Antenatal and postnatal mental health: clinical ement and service guidance st completed by: Iona Symington tion bias (systematic differences between the comparison groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? The groups were comparable at baseline, including all | |

| Low risk | | |
|--|---|---|
| Likely di | irection of effect: N/A | |
| | mance bias (systematic differences between groups in the carvestigation) | re provided, apart from the intervention |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Unclear |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No |
| | your answers to the above, in your opinion was performanc of its effect? | e bias present? If so, what is the likely |
| Unclear/ unknown risk | | |
| Likely direction of effect N/A: Unclear/ unknown direction | | |
| C. Attriti | on bias (systematic differences between the comparison grou | ips with respect to loss of participants) |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Yes |
| C2 | a. How many participants did not complete treatment in ea | nch group? |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Yes |
| C3 | a. For how many participants in each group were no outcome Unexposed N: 0 | me data available? Exposed N: 0; |

| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available) | Yes |
|--|---|--|
| | | |
| | your answers to the above, in your opinion was attrition bias | present? If so, what is the likely direction |
| of its effe | ct? Exposed N: 0; Unexposed N: 0 | |
| Low risk | | |
| Likely di | rection of effect: N/A | |
| D. Detect | ion bias (bias in how outcomes are ascertained, diagnosed or | verified) |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes |
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | Yes |
| | your answers to the above, in your opinion was detection bia of its effect? | ns present? If so, what is the likely |
| Low risk (Clear follow-up period and defined outcome; neuropsychologists blinded as to whether the mother had epilepsy and the drug exposure status) | | |
| Likely direction of effect: N/A | | |

1.14.17 HERNANDEZ-DIAZ2012

| Study ID | HERNANDEZ-DIAZ2012 |
|--|---|
| | |
| Reference: Hernandez-Diaz S, Smith CR, Shen A, Mittendorf R, Haus | er WA, Yerby M, et al. Comparative safety |
| of antiepileptic drugs during pregnancy. Neurology. 2012:78;1692-1699. | |
| Guideline topic: Antenatal and postnatal mental health: clinical | Review question no: 4.2 |
| management and service guidance | |
| | |

| Checklist completed by: Iona Symington | | | |
|--|---|--|--|
| A. Selection bias (systematic differences between the comparison groups) | | | |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No | |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Yes | |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Yes | |
| | n your answers to the above, in your opinion was selection bian of its effect? | as present? If so, what is the likely | |
| | k (Cofounders identified and found not to influence the analy | | |
| | maternal age, race, education, alcohol use, cigarette smoking | | |
| supplem | entation, illicit drug use, chronic diseases (for example, insul | in-dependent diabetes), and calendar year) | |
| Likely d | irection of effect: N/A | | |
| B. Perfor | mance bias (systematic differences between groups in the car | re provided, apart from the intervention | |
| under investigation) | | | |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Unclear | |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No | |
| ВЗ | Individuals administering care were kept 'blind' to treatment allocation | Unclear | |
| Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect? | | | |
| Unclear/ unknown risk | | | |
| Likely direction of effect: Unclear/ unknown direction | | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | | |

| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Yes |
|--|---|--|
| C2 | a. How many participants did not complete treatment in each | ch group? Exposed N: 0; Unexposed N: 0 |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Yes |
| C3 | a. For how many participants in each group were no outcom Unexposed N: 0 | ne data available? Exposed N: 0; |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available) | Yes |
| | your answers to the above, in your opinion was attrition bias ct? Exposed N: 0; Unexposed N: 0 | s present? If so, what is the likely direction |
| Low risk | | |
| Likely di | rection of effect: N/A | |
| D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | |
| D1 | The study had an appropriate length of follow-up | No |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes |
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | Yes |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | |
| Different for different outcomes: Low risk for major congenital malformations (teratologist blinded to exposure status, to determine inclusion or exclusion). | | |

Unclear risk for neural tube defects (different comparison group used – follow-up' comparability outcomes using an external reference group of 206,224 infants born at Brigham and Women's Hospital in Boston whichcaptured by a surveillance system that used the same inclusion/ exclusion criteria for outcome definition, but followed infants only up to 5 days after birth)

Likely direction of effect: Unclear/unknown direction

1.14.18 HOLMES2001

| Study II | | HOLMES2001 | | |
|--|---|---|--|--|
| | Reference: Holmes LB. Looking for long-term effects from prenatal exposures to anticonvulsants. Teratology. 2001;64:175-76 | | | |
| | ne topic: Antenatal and postnatal mental health: clinical ment and service guidance | Review question no: 4.2 | | |
| Checklis | et completed by: Iona Symington | | | |
| A. Selec | tion bias (systematic differences between the comparison gro | ups) | | |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No | | |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Unclear (statistical analysis in paper adjusts for smoking, alcohol, illicit drug use and other factors, however actual event rates used in present meta-analysis therefore unclear whether these are balanced) | | |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Unclear (baseline figures not reported) | | |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | | | |
| Unclear risk (baseline data for major confounding factors not reported, unclear whether any systematic differences) | | | | |
| Likely direction of effect: Unclear/unknown direction | | | | |
| B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation) | | | | |

| B1 | The comparison groups received the same care apart from the intervention(s) studied | Unclear |
|---|---|---|
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | Unclear |
| | your answers to the above, in your opinion was performanc of its effect? | e bias present? If so, what is the likely |
| Unclear, | unknown risk | |
| Likely di | irection of effect: Unclear/ unknown direction | |
| C. Attriti | on bias (systematic differences between the comparison grou | ips with respect to loss of participants) |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Yes |
| C2 | a. How many participants did not complete treatment in ea | nch group? Exposed N: 0; Unexposed N: 0 |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Yes |
| СЗ | a. For how many participants in each group were no outcome Unexposed N: 0 | me data available? Exposed N: 0; |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available) | Yes |
| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? Exposed N: 0; Unexposed N: 0 | | |
| Low risk | | |

| Likely | Likely direction of effect: N/A | | |
|--|---|---------|--|
| D. Dete | D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | |
| D1 | The study had an appropriate length of follow-up | Unclear | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes | |
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | Yes | |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | | |
| Low risk (The infants in all three groups were examined by a study physician; this physician was unaware of the exposure status of the infant during 93 percent of the examinations) | | | |
| Likely direction of effect: N/A | | | |

1.14.19 HOLMES2008

| Study II |) | HOLMES2008 | |
|--|---|------------|--|
| | Reference: Holmes L, Baldwin E, Smith C, Habecker E, Glassman L, Wong S. Increased frequency of isolated cleft palate in infants exposed to lamotrigine during pregnancy. Neurology. 2008:70;2152-2158 | | |
| Guidelir | Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance Review question no: 4.2 | | |
| | t completed by: Iona Symington | | |
| | | | |
| A. Selection bias (systematic differences between the comparison groups) | | | |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No | |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | No | |

| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Unclear |
|--|---|--|
| | your answers to the above, in your opinion was selection bia | as present? If so, what is the likely |
| direction | of its effect? | |
| Unclear | risk (baseline data for confounding factors not reported, uncl | lear whether any systematic differences) |
| Likely di | irection of effect: Unclear/unknown direction | |
| | mance bias (systematic differences between groups in the car vestigation) | e provided, apart from the intervention |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Unclear |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | Unclear |
| Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect? | | |
| Unclear/ unknown risk | | |
| Likely direction of effect: Unclear/ unknown direction | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Yes |
| C2 | a. How many participants did not complete treatment in ea | ich group? Exposed N: 107; Unexposed N: |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Unclear |

| C3 a. For how many participants in each group were no outcome data available? Expos Unexposed N: NR | | ne data available? Exposed N: 107; | |
|---|---|--|--|
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available) | Unclear | |
| Based on | your answers to the above, in your opinion was attrition bias | present? If so, what is the likely direction | |
| of its effec | ct? Exposed N: 0; Unexposed N: 0 | | |
| Unclear r | isk | | |
| Likely di | rection of effect: Unclear/unknown direction | | |
| D. Detect | ion bias (bias in how outcomes are ascertained, diagnosed or | verified) | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes | |
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | Yes | |
| | Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely | | |
| direction of its effect? | | | |
| Low risk (The written descriptions in the pediatricians' examinations were reviewed separately by the clinical teratologist, blinded to exposure status, to determine inclusion or exclusion. The examination by a physician at birth was used as the gold standard for the detection of all malformations) | | | |
| Likely direction of effect: N/A | | | |

1.14.20 HVAS2000

| Study ID | HVAS2000 |
|----------|----------|
| | |

| Reference: Hvas CL, Henriksen TB, Ostergaard JR, Dam M. Epilepsy and pregnancy: effect of antiepileptic drugs and lifestyle on birthweight. British Journal of Obstetrics and Gynaecology. 2000;107:896-902 | | |
|---|--|--|
| Guideline topic: Antenatal and postnatal mental health: clinical | | Review question no: 4.2 |
| | ment and service guidance | |
| Checklis | t completed by: Iona Symington | |
| A. Select | ion bias (systematic differences between the comparison ground | ups) |
| A1 | The method of allocation to treatment groups was | |
| | unrelated to potential confounding factors (that is, the | Yes |
| | reason for participant allocation to treatment groups is | 165 |
| | not expected to affect the outcome(s) under study) | |
| A2 | Were any attempts made within the design or analysis to | Unclear (adjust for confounders in |
| | balance the comparison groups for potential | analysis, however mean and standard |
| | confounders? | deviation used in guideline meta- |
| | | analysis not adjusted for) |
| A3 | The groups were comparable at baseline, including all | Unclear (some differences in baseline |
| | major confounding and prognostic factors | characteristics, smoking habits greater in |
| | | unexposed group,) |
| Based or | your answers to the above in your opinion was selection bi | as present? If so, what is the likely |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | |
| Unclear risk (unclear effect of differences in baseline data for confounding factors) | | |
| Likely direction of effect: Unclear/unknown direction | | |
| B. Perfor | mance bias (systematic differences between groups in the car | re provided, apart from the intervention |
| under investigation) | | |
| B1 | The comparison groups received the same care apart from | |
| | the intervention(s) studied | Unclear |
| | | |
| B2 | Participants receiving care were kept 'blind' to treatment | NT- |
| | allocation | No |
| | | |
| В3 | Individuals administering care were kept 'blind' to | Unclear |
| | treatment allocation | Official |
| Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely | | |
| direction of its effect? | | |
| | | |

| Unclear/ unknown risk | | | |
|--|---|--|--|
| Likely di | rection of effect: Unclear/ unknown direction | | |
| C. Attritio | on bias (systematic differences between the comparison group | ps with respect to loss of participants) | |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Yes | |
| C2 | a. How many participants did not complete treatment in ear NR | ch group? Exposed N: NR; Unexposed N: | |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Unclear | |
| СЗ | a. For how many participants in each group were no outcor Unexposed N: NR | ne data available? Exposed N: NR; | |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available) | Unclear | |
| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | | |
| Unclear risk | | | |
| Likely di | rection of effect: Unclear/unknown direction | | |
| D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure | Yes | |

| | to the intervention | |
|--|---|-----|
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | Yes |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | |
| Low risk (The written descriptions in the pediatricians' examinations were reviewed separately by the clinical teratologist, blinded to exposure status, to determine inclusion or exclusion. The examination by a physician at birth was used as the gold standard for the detection of all malformations) Likely direction of effect: N/A | | |

1.14.21 JENTINK2010

| Study | ID | JENTINK2010 |
|--|---|-------------------------|
| | nce: Jentink J, Loane MA, Dolk H, Barisic I, Garne E, Morris JK ncy and major congenital malformations. New England Journ | 1 |
| | ine topic: Antenatal and postnatal mental health: clinical ement and service guidance | Review question no: 4.2 |
| Checkl | ist completed by: Iona Symington | |
| A. Sele | ction bias (systematic differences between the comparison gro | oups) |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Unclear |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Unclear |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | |
| Unclear risk | | |
| Likely | direction of effect: Unclear/unknown risk | |

| B. Performance bias (systematic differences between groups in the care provided, apart from the intervention | | |
|--|---|--|
| under investigation) | | |
| D.1 | | |
| B1 | The comparison groups received the same care apart from | TTo door |
| | the intervention(s) studied | Unclear |
| | | |
| B2 | Participants receiving care were kept 'blind' to treatment | |
| | allocation | Unclear |
| | | |
| В3 | Individuals administering care were kept 'blind' to | |
| | treatment allocation | Unclear |
| | | |
| Based on | I I your answers to the above, in your opinion was performance | e bias present? If so, what is the likely |
| | of its effect? | , |
| | | |
| T T 1 | | |
| Unclear | risk | |
| | | |
| Likely d | irection of effect: Unclear/unknown risk | |
| | | |
| C Attriti | ion bias (systematic differences between the comparison grou | ns with respect to loss of participants) |
| C. 71tt11t1 | on blus (systematic unferences between the comparison grou | ps with respect to loss of participants) |
| C1 | All groups were followed up for an equal length of time | |
| CI | (or analysis was adjusted to allow for differences in length | Unclear |
| | | Unclear |
| | of follow-up) | |
| C2 | a. How many participants did not complete treatment in ea | ch group? NR |
| | | 9 |
| | b. The groups were comparable for treatment completion | |
| | (that is, there were no important or systematic differences | |
| | between groups in terms of those who did not complete | Unclear |
| | treatment) | |
| | , | |
| C3 | a. For how many participants in each group were no outcome | me data available? NR |
| | | |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups in | Unclear |
| | terms of those for whom outcome data were not available) | |
| | | |
| | | |
| Based on | n your answers to the above, in your opinion was attrition bias | s present? If so, what is the likely direction |
| of its effe | , , , | - |
| | | |

| Unclear risk | | |
|--|---|---------|
| Likely di | rection of effect: Unclear/unknown risk | |
| D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Unclear |
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | Unclear |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | |
| Unclear risk (unclear if investigators were blind) | | |
| Likely direction of effect: Unclear/unknown direction | | |

1.14.22 KAAJA2003

| Study ID | | KAAJA2003 |
|--|---|-------------------------|
| Guideline topic: Antenatal and postnatal mental health: clinical | | Review question no: 4.2 |
| management and service guidance | | |
| Checklis | t completed by: Rebecca Gate | |
| A. Select | ion bias (systematic differences between the comparison grounds) | ıps) |
| A1 | The method of allocation to treatment groups was | |
| | unrelated to potential confounding factors (that is, the | No |
| | reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | |
| | not expected to affect the outcome(s) under study) | |

| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Unclear |
|--|--|--|
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Yes |
| | your answers to the above, in your opinion was selection bia of its effect? | as present? If so, what is the likely |
| | unknown risk (Similar baseline demographics noted. Those had taken AEDs but had subsequently had several seizure fr | |
| Likely di | irection of effect: N/A | |
| | mance bias (systematic differences between groups in the carvestigation) | e provided, apart from the intervention |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Yes |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No |
| Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect? | | |
| Unclear/ unknown risk (Non-blind, treatment reported as comparable). | | |
| Likely direction of effect N/A: | | |
| C. Attriti | on bias (systematic differences between the comparison grou | ps with respect to loss of participants) |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Unclear |
| C2 | a. How many participants did not complete treatment in ea | nch group? N/R |
| | <u>.</u> | |

| | , | | |
|---|---|--|--|
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Unclear | |
| C3 | a. For how many participants in each group were no outcome | ne data available? N/R | |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available) | Unclear | |
| Based on of its effe | your answers to the above, in your opinion was attrition bias | s present? If so, what is the likely direction | |
| 01 100 0110 | | | |
| Unclear/ | Unclear/unknown risk (Unclear length of follow-up and dropout rates). | | |
| Likely di | rection of effect: N/A | | |
| D. Detect | ion bias (bias in how outcomes are ascertained, diagnosed or | verified) | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes | |
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | Yes | |
| | your answers to the above, in your opinion was detection bia of its effect? | ns present? If so, what is the likely | |
| Unclear/unknown risk (Clear follow-up period and defined outcome; senior specialist in the treatment of epilepsy, who was blinded to the obstetric outcome) | | | |
| Likely direction of effect: N/A | | | |

1.14.23 KANEKO1999

| Study I | D | KANEKO1999 |
|----------|--|--|
| | ce: Kaneko S, Battino D, Andermann E, Wada K, Kan R, Take pileptic drugs. Epilepsy Research. 1999;33:145-58 | l da A, et al. Congenital malformations due |
| | ne topic: Antenatal and postnatal mental health: clinical ement and service guidance | Review question no: 4.2 |
| Checkli | st completed by: Iona Symington | |
| A. Selec | ction bias (systematic differences between the comparison gro | ups) |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Unclear |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Unclear |
| directio | n your answers to the above, in your opinion was selection bin of its effect? | • |
| Unclea | r/unknown risk (lack of information on potential confounder | s). |
| Likely | direction of effect: Unclear/unknown direction | |
| | ormance bias (systematic differences between groups in the cannot be supported by the cannot be suppor | re provided, apart from the intervention |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Unclear |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No |
| Based o | on your answers to the above, in your opinion was performance | re bias present? If so, what is the likely |

| direction of its effect? | | | |
|--|---|--|--|
| Unclear/ | Unclear/ unknown risk | | |
| Likely di | rection of effect: Unclear/Unknown direction | | |
| | on bias (systematic differences between the comparison group | ps with respect to loss of participants) | |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Yes | |
| C2 | a. How many participants did not complete treatment in each | ch group? 54 (total) | |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Unclear | |
| C3 | a. For how many participants in each group were no outcon | ne data available? 89 (total) | |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available) | Unclear | |
| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | | |
| Unclear risk (unclear drop-out from each group). | | | |
| Likely di | rection of effect: Unclear/unknown direction | | |
| D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure | Unclear | |

| | to the intervention | |
|--|---|---------|
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | Unclear |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | |
| Unclear/unknown risk (Clear method of definition of outcome and length of follow-up – standardised checklist; unclear if investigators blind). | | |
| Likely di | rection of effect: Unclear/unknown direction | |

1.14.24 KINI2007

| Study I | D. | KINI2007 | |
|--|---|-------------------------|--|
| Reference: Kini U, Lee R, Jones A, Smith S, Ramsden S, Fryer A, et al. Influence of the MTHFR genotype on the rate of malformations following exposure to antiepileptic drugs in utero. European Journal of Medical Genetics. 2007;50:411-20 | | | |
| | ne topic: Antenatal and postnatal mental health: clinical ement and service guidance | Review question no: 4.2 | |
| Checkli | st completed by: Iona Symington | | |
| A. Selec | ction bias (systematic differences between the comparison gro | oups) | |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | Unclear | |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | No | |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Unclear | |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | | |
| Unclear risk | | | |

| Likely d | Likely direction of effect: Unclear/unknown direction | | |
|-------------|--|--|--|
| B. Perfor | mance bias (systematic differences between groups in the car | e provided, apart from the intervention | |
| under in | vestigation) | | |
| B1 | The comparison groups received the same care apart from | | |
| | the intervention(s) studied | Unclear | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to treatment | NT. | |
| | allocation | No | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| Based on | your answers to the above, in your opinion was performanc | e bias present? If so, what is the likely | |
| direction | of its effect? | | |
| Unclear | risk | | |
| | | | |
| Likely d | irection of effect: Unclear/unknown direction | | |
| | | | |
| C. Attriti | on bias (systematic differences between the comparison grou | ps with respect to loss of participants) | |
| C1 | All groups were followed up for an equal length of time | | |
| | (or analysis was adjusted to allow for differences in length | Unclear | |
| | of follow-up) | | |
| C2 | a. How many participants did not complete treatment in ea | nch group? NR | |
| | b. The groups were comparable for treatment completion | | |
| | (that is, there were no important or systematic differences | | |
| | between groups in terms of those who did not complete | Unclear | |
| | treatment) | | |
| C3 | a. For how many participants in each group were no outcome | l me data available? NR | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups in | Unclear | |
| | terms of those for whom outcome data were not available) | Officieat | |
| | | | |
| | | | |
| | your answers to the above, in your opinion was attrition bia | s present? If so, what is the likely direction | |
| of its effe | ect? NR | | |

| Unclear risk | | | |
|--------------------------|--|---|--|
| Likely di | rection of effect: Unclear/unknown risk | | |
| J | , | | |
| D. Detect | ion bias (bias in how outcomes are ascertained, diagnosed or | r verified) | |
| | | | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| | , | | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the | Yes | |
| D3 | outcome | ies | |
| | outcome | | |
| D4 | Investigators were kept 'blind' to participants' exposure | Yes | |
| | to the intervention | | |
| | | | |
| D5 | Investigators were kept 'blind' to other important | Yes | |
| | confounding/prognostic factors | | |
| Based on | your answers to the above, in your opinion was detection bi | ias present? If so, what is the likely | |
| | direction of its effect? | | |
| direction of its crieet: | | | |
| Low risk | (Appropriate length of follow-up, definition and outcome de | etermined by clinical geneticist blinded to | |
| AED exposure) | | | |
| | | | |
| Likely di | rection of effect: N/A | | |
| Linery an | 100001 01 011000 11/ 11 | | |

1.14.25 MOLGAAD-NIELSEN2011

| Study II |) | MOLGAARD-NIELSEN2011 | |
|--|---|----------------------|--|
| Reference: Molgaard-Nielsen D, Hviid A. Newer-generation antiepileptic drugs and the risk of major birth defects. Obstetrical and Gynecological Survey. 2011;66:543-44 | | | |
| manage | Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance Checklist completed by: Iona Symington | | |
| A. Selection bias (systematic differences between the comparison groups) | | | |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No | |

| A2 | Were any attempts made within the design or analysis to | Unclear (attempts made in analysis to |
|---|---|---|
| | balance the comparison groups for potential | adjust for covariates, however raw |
| | confounders? | figures are used in our meta-analysis |
| | | therefore does not control for |
| | | confounders) |
| | | |
| A3 | The groups were comparable at baseline, including all | Unclear (no baseline data for |
| | major confounding and prognostic factors | lamotrigine) |
| | | |
| | your answers to the above, in your opinion was selection bid | as present? If so, what is the likely |
| | of its effect? | |
| Unclear | risk (our analysis does not adjust for potential confounders; | in the paper the potential confounders |
| were ind | ividually included in separate models with antiepileptic drug | g use and selected for the final adjusted |
| regressio | n models if they changed the PORs by 10% or more results n | o longer significant when using adjusted |
| odds rati | o). | |
| Likely d | irection of effect: Unclear/unknown direction | |
| | | |
| B. Perfor | mance bias (systematic differences between groups in the car | re provided, apart from the intervention |
| under in | vestigation) | |
| T | | |
| B1 | The comparison groups received the same care apart from | |
| | the intervention(s) studied | Unclear |
| | | |
| B2 | Participants receiving care were kept 'blind' to treatment | |
| | allocation | No |
| | | |
| В3 | Individuals administering care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| Based on | your answers to the above, in your opinion was performance | e bias present? If so, what is the likely |
| | of its effect? | , |
| | | |
| Unclear | rick | |
| Officieat | IISK | |
| | | |
| Likely direction of effect: Unclear/unknown direction | | |
| | | |
| C. Attriti | on bias (systematic differences between the comparison grou | ups with respect to loss of participants) |
| ,, | () | 1, |
| C1 | All groups were followed up for an equal length of time | |
| | (or analysis was adjusted to allow for differences in length | Yes |
| | of follow-up) | |
| | | |
| C2 | a. How many participants did not complete treatment in ea | nch group? NR |
| | | |

| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Unclear |
|--|---|---|
| C3 | a. For how many participants in each group were no outcor | ne data available? NR |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available) | Yes (Missing values were included as a separate category where applicable when evaluating the change in estimate. No potential confounder had more than 6% missing values and none of these was identified as a confounder using the change-in-estimate approach) |
| Based on of its effective | your answers to the above, in your opinion was attrition biaset? NR | s present? If so, what is the likely direction |
| Low risk | | |
| Likely di | rection of effect: N/A | |
| D. Detect | ion bias (bias in how outcomes are ascertained, diagnosed or | verified) |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Unclear |
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | Unclear |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | |
| Unclear risk | | |
| Likely direction of effect: Unclear/unknown risk | | |

1.14.26 MORROW2006

| Study II |) | MORROW2006 |
|-----------|---|--|
| | ne topic: Antenatal and postnatal mental health: clinical ment and service guidance | Review question no: 4.2 |
| Checklis | et completed by: Rebecca Gate | |
| A. Selec | tion bias (systematic differences between the comparison gro | ups) |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Unclear |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | No |
| direction | n your answers to the above, in your opinion was selection bin of its effect? / unknown risk (Non-randomised allocation, significant base ed to address some noted confounding factors). | |
| Likely o | lirection of effect: N/A | |
| | rmance bias (systematic differences between groups in the carevestigation) | re provided, apart from the intervention |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Unclear |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No |
| | n your answers to the above, in your opinion was performand of its effect? | re bias present? If so, what is the likely |

| Unclear/ unknown risk (Non-blind, treatment reported as comparable). | | | |
|--|--|--|--|
| Likely dia | rection of effect N/A: | | |
| | 14 | | |
| C. Attritio | on bias (systematic differences between the comparison group | os with respect to loss of participants) | |
| | | | |
| C1 | All groups were followed up for an equal length of time | | |
| | (or analysis was adjusted to allow for differences in length | Yes | |
| | of follow-up) | | |
| C2 | a. How many participants did not complete treatment in each | ch group? 356 | |
| | b. The groups were comparable for treatment completion | | |
| | (that is, there were no important or systematic differences | Unclear | |
| | between groups in terms of those who did not complete | | |
| | treatment) | | |
| C3 | a. For how many participants in each group were no outcon | ne data available? 451 + 356 | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups in | Unclear | |
| | terms of those for whom outcome data were not available) | | |
| | | | |
| | your answers to the above, in your opinion was attrition bias | present? If so, what is the likely direction | |
| of its effe | ct? | | |
| | | | |
| Unclear | Unclear/unknown risk (Defined follow-up, total dropout rates only provided). | | |
| Likely direction of effect: N/A | | | |
| D. Detect | ion bias (bias in how outcomes are ascertained, diagnosed or | verified) | |
| | | | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the | Yes/ unclear (Described as a | |
| | outcome | standardised questionnaire) | |
| D4 | Investigators were kept 'blind' to participants' exposure | No | |
| | | | |

 $^{^{14}}$ 451 pregnancies ongoing and outcome awaiting

| | to the intervention | | |
|--|---|----|--|
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | No | |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | | |
| Unclear/unknown risk (Clear method of definition of outcome and length of follow-up; non-blind investigators). | | | |
| Likely direction of effect: N/A | | | |

1.14.27 ORNOY1996

| Study | ID | ORNOY1996 |
|---------|---|---|
| | nce: Ornoy A, Cohen E. Outcome of children born to epileptic pregnancy. Archives of disease in childhood. 1996;75:517-20 | mothers treated with carbamazepine |
| | ine topic: Antenatal and postnatal mental health: clinical ement and service guidance | Review question no: 4.2 |
| Checkl | ist completed by: Iona Symington | |
| A. Sele | ction bias (systematic differences between the comparison gro | oups) |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Yes (matched by birth weight, gestational age, and parental socioeconomic status) |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Unclear (some major confounding factors not reported on) |
| | on your answers to the above, in your opinion was selection bon of its effect? | pias present? If so, what is the likely |
| Low ri | isk | |
| Likely | direction of effect: N/A | |

| B. Perfor | rmance bias (systematic differences between groups in the car | e provided, apart from the intervention |
|-------------|--|--|
| under in | vestigation) | |
| B1 | The comparison groups received the same care apart from | Unclear |
| | the intervention(s) studied | Officieat |
| DO. | | |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No |
| | unocution | |
| В3 | Individuals administering care were kept 'blind' to | No |
| | treatment allocation | INO |
| Based or | your answers to the above, in your opinion was performance | e bias present? If so, what is the likely |
| | n of its effect? | e one present. It so, what is the likely |
| Unclear | risk | |
| | | |
| Likely d | irection of effect: Unclear/unknown direction | |
| | | |
| C. Attriti | ion bias (systematic differences between the comparison grou | ps with respect to loss of participants) |
| | | |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length | Yes |
| | of follow-up) | ies |
| | | |
| C2 | a. How many participants did not complete treatment in ea | nch group? 0 |
| | b. The groups were comparable for treatment completion | |
| | (that is, there were no important or systematic differences | Yes |
| | between groups in terms of those who did not complete treatment) | |
| | treatment) | |
| C3 | a. For how many participants in each group were no outcome | me data available? 0 |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups in terms of those for whom outcome data were not available) | Yes |
| | comb of those for whom outcome data were not available) | |
| | | |
| | n your answers to the above, in your opinion was attrition bia | s present? If so, what is the likely direction |
| of its effe | ect? | |

| Low risk | | |
|--|---|--|
| Likely di | rection of effect: Unclear/unknown direction | |
| D. Detect | ion bias (bias in how outcomes are ascertained, diagnosed o | r verified) |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | No (The developmental psychologist did not know to which group a child belonged but the developmental paediatricians were not blinded) |
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | No (The developmental psychologist did not know to which group a child belonged but the developmental paediatricians were not blinded) |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | |
| Unclear risk | | |
| Likely direction of effect: Unclear/unknown direction | | |

1.14.28 RIHTMAN2013

| RIHTMAN2013 |
|--|
| |
| nt preschool age after fetal exposure to |
| ral function. Reproductive Toxicology. |
| |
| |
| Review question no: 4.2 |
| |
| |
| |
| , |
| ups) |
| |

| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No |
|--|---|--|
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | No |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | No (significant between group differences in child's age, mother's education and length of time that the child breastfed – control group significantly older than LT group, maternal education higher in control group and control group children breastfed for longer. Also differences for marital status and annual income) |
| | n your answers to the above, in your opinion was selection bin of its effect? | as present? If so, what is the likely |
| High ris | sk | |
| Likely d | lirection of effect: Unknown/unclear direction | |
| | rmance bias (systematic differences between groups in the car evestigation) | re provided, apart from the intervention |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Unclear |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No |
| Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect? | | |
| Unclear risk | | |
| Likely direction of effect: Unclear/unknown direction | | |

| C. Attritio | on bias (systematic differences between the comparison group | os with respect to loss of participants) |
|--|---|--|
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Yes |
| C2 | a. How many participants did not complete treatment in each | ch group? 0 |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Yes |
| C3 | a. For how many participants in each group were no outcom | ne data available? 0 |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available) | Yes |
| Based on of its effective | your answers to the above, in your opinion was attrition bias ct? | present? If so, what is the likely direction |
| Low risk | | |
| Likely di | rection of effect: N/A | |
| D. Detect | ion bias (bias in how outcomes are ascertained, diagnosed or | verified) |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (blinded assessors) |
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | Yes |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | |

| Low risk | | |
|---------------------------------|--|--|
| | | |
| Likely direction of effect: N/A | | |

1.14.29 RODRGIGUES-PINILLA2000

| Study II | | RODRGIGUES-PINILLA2000 | | |
|------------|---|---|--|--|
| valproic | Reference: Rodriguez-Pinilla E, Arroyo I, Fondevilla J, Garcia MJ, Martinez-Frias ML. Prenatal exposure to valproic acid during pregnancy and limb deficiencies: a case-control study. American Journal of Medical Genetics. 2000;90:376-81 | | | |
| | Guideline topic: Antenatal and postnatal mental health: Review question no: 4.2 clinical management and service guidance | | | |
| Checklis | completed by: Iona Symington | | | |
| Section 1 | : Internal validity | | | |
| 1.1 | The study addresses an appropriate and clearly focused question. | Well covered | | |
| Selection | of participants | | | |
| 1.2 | The cases and controls are taken from comparable populations | Well covered | | |
| 1.3 | The same exclusion criteria are used for both cases and controls | Adequately addressed | | |
| 1.4 | What was the participation rate for each group (cases and controls)? | Cases: 86% (3673/22,967) Controls: 87% (3389/25,326) | | |
| 1.5 | Participants and non-participants are compared to establish their similarities or differences | Well covered | | |
| 1.6 | Cases are clearly defined and differentiated from controls | Well covered | | |
| 1.7 | It is clearly established that controls are not cases | Well covered | | |
| Assessment | | | | |
| 1.8 | Measures were taken to prevent knowledge of primary exposure influencing case ascertainment | Adequately covered | | |
| 1.9 | Exposure status is measured in a standard, valid and reliable way | Adequately covered (exposed during the first trimester) | | |
| Confoun | ding factors | | | |

| 1.10 | The main potential confounders are identified and taken into account in the design and analysis | Adequately covered (logistic regression analysis was performed to control for the following potential confounder factors: maternal and paternal age, maternal and paternal education level, consanguinity, ingestion of vitamins and/or iron (as indicator of a good medical control of pregnancy), and maternal treatment with antiepileptic drugs other than VPA during the first trimester of pregnancy) |
|------------|---|---|
| Statistica | l analysis | |
| 1.11 | Have confidence intervals been provided? | Yes |

1.14.30 **SAMREN1999**

| Study I | ID . | SAMREN1999 |
|---------------------------------|---|---|
| | nce: Samren EB, Van Duijn CM, Christiaens GCML, Hofman A jor congenital abnormalities in the offspring. Annals of Neuro | 1 1 0 0 |
| | ne topic: Antenatal and postnatal mental health: clinical ement and service guidance | Review question no: 4.2 |
| Checkli | st completed by: Iona Symington | |
| A. Selec | ction bias (systematic differences between the comparison gro | oups) |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Yes (matched for age and parity of the mother, and sex, birth year, and hospital of delivery of the child) – however other confounders not considered |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Yes (there were no significant differences in baseline characteristics between the groups) |
| | on your answers to the above, in your opinion was selection bon of its effect? | ias present? If so, what is the likely |
| Low ris | sk | |
| Likely direction of effect: N/A | | |

| B. Performance bias (systematic differences between groups in the care provided, apart from the intervention | | |
|--|---|--|
| under investigation) | | |
| | | |
| B1 | The comparison groups received the same care apart from | TTo does |
| | the intervention(s) studied | Unclear |
| | | |
| B2 | Participants receiving care were kept 'blind' to treatment | |
| | allocation | No |
| | | |
| В3 | Individuals administering care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| Based on | your answers to the above, in your opinion was performanc | re bias present? If so, what is the likely |
| | of its effect? | , |
| | | |
| T.T1 | | |
| Unclear | risk | |
| | | |
| Likely d | irection of effect: Unclear/unknown risk | |
| | | |
| C Attriti | on bias (systematic differences between the comparison grou | une with respect to loss of participants) |
| C. Attiti | on bias (systematic differences between the comparison grou | ips with respect to loss of participants) |
| C1 | All groups were followed are for an excellength of time | |
| CI | All groups were followed up for an equal length of time | Vec |
| | (or analysis was adjusted to allow for differences in length | Yes |
| | of follow-up) | |
| C2 | a. How many participants did not complete treatment in ea | ach group? () (retrospective study) |
| - | with the second | ten group (o (ron ospecure study) |
| | b. The groups were comparable for treatment completion | |
| | (that is, there were no important or systematic differences | |
| | between groups in terms of those who did not complete | Yes |
| | treatment) | |
| | | |
| C3 | a. For how many participants in each group were no outcome | me data available? 0 (retrospective study) |
| | | |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups in | Yes |
| | terms of those for whom outcome data were not available) | |
| | , | |
| | | |
| Based on | lyour answers to the above, in your opinion was attrition bia | s present? If so, what is the likely direction |
| of its effe | , , , | r seems and the many uncertain |
| of the crice. | | |

| Low risk | | |
|--|---|--|
| Likely di | rection of effect: N/A | |
| D. Detect | ion bias (bias in how outcomes are ascertained, diagnosed or | r verified) |
| D1 | The study had an appropriate length of follow-up | Unclear |
| D2 | The study used a precise definition of outcome | Yes (Major congenital malformations defined as an abnormality of an essential embryonic structure or requiring significant therapy and present at the first 6 weeks of life) |
| D3 | A valid and reliable method was used to determine the outcome | Unclear (data collected from medical records) |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | No |
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | No |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | |
| Unclear risk | | |
| Likely direction of effect: Unclear/unknown direction | | |

1.14.31 STEEGERS-THEUNISSEN1994

| Study ID | STEEGERS-THEUNISSEN1994 |
|--|-------------------------|
| Reference: Steegers-Theunissen RPM, Renier WO, Borm GF, Thomas DAW, et al. Factors influencing the risk of abnormal pregnancy outcomprospective study. Epilepsy Research. 1994;18:261-69 | - |
| Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance | Review question no: 4.2 |
| Checklist completed by: Iona Symington | |
| A. Selection bias (systematic differences between the comparison grounds) | ups) |

| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No |
|--|---|--|
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Yes – but not for the present analysis (cofactors used to compare the control and epilepsy group were: maternal and paternal profession, education and age, parity, maternal length and head circumference, folate supplementation and folate blood levels, preconceptional weight and smoking habits) |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Unclear (compare the epilepsy and non- epilepsy groups and not the AED and non-AED epilepsy groups used in the present analysis) |
| | n your answers to the above, in your opinion was selection bin of its effect? | as present? If so, what is the likely |
| Unclear risk | | |
| Likely d | lirection of effect: Unclear/unknown risk | |
| | rmance bias (systematic differences between groups in the car evestigation) | re provided, apart from the intervention |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Unclear |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No |
| Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect? | | |
| Unclear risk | | |
| Likely direction of effect: Unclear/unknown risk | | |

| C. Attri | tion bias (systematic differences between the comparison grou | ps with respect to loss of participants) |
|------------------|---|---|
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Unclear |
| C2 | a. How many participants did not complete treatment in ea | ch group? 0 |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | yes |
| C3 | a. For how many participants in each group were no outcome congenital malformations, unclear missing data across group | • |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available) | unclear |
| Based of its eff | | s present? If so, what is the likely direction |
| Likely o | direction of effect: N/A | |
| D. Detec | ction bias (bias in how outcomes are ascertained, diagnosed or | verified) |
| D1 | The study had an appropriate length of follow-up | Unclear ('between one and two years of age') |
| D2 | The study used a precise definition of outcome | Yes (ICD-9 British Paediatric Association System) |
| D3 | A valid and reliable method was used to determine the outcome | Yes (trained research fellow. Consulting doctors contacted to obtain additional information on treatment regimen) |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (carried out blindly to maternal epilepsy and AED treatment) |
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | Yes |

| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely | | |
|---|--|--|
| direction of its effect? | | |
| | | |
| Low risk | | |
| | | |
| | | |
| Likely direction of effect: N/A | | |
| | | |

1.14.32 VAJDA2007

| Study I | D | VAJDA2007 | |
|--|--|---|--|
| Antiepil | Reference: Vajda FJE, Hitchcock A, Graham J, O'Brien T, Lander C, Eadie M. The Australian Register of Antiepileptic Drugs in Pregnancy: the first 1002 pregnancies. Australian and New Zealand Journal of Obstetrics and Gynaecology. 2007;47:468-74 | | |
| | Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance Review question no: 4.2 | | |
| Checklis | st completed by: Iona Symington | | |
| A. Selec | tion bias (systematic differences between the comparison gro | ups) | |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No | |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | No | |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Yes (for the two groups of interest used in the current analysis) | |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | | |
| Unclear risk | | | |
| Likely direction of effect: Unclear/unknown risk | | | |
| B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation) | | | |

| B1 | The comparison groups received the same care apart from the intervention(s) studied | Unclear |
|--|---|--|
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No |
| | your answers to the above, in your opinion was performant of its effect? | e bias present? If so, what is the likely |
| Unclear | | |
| Likely d | irection of effect: Unclear/unknown direction | |
| C. Attriti | on bias (systematic differences between the comparison grou | ups with respect to loss of participants) |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Yes |
| C2 | a. How many participants did not complete treatment in ea overall | ach group? 10 (1%) lost to follow-up |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | unclear |
| СЗ | a. For how many participants in each group were no outcome | me data available? 10 (1%) lost to follow- |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available) | unclear |
| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | |
| Low risk | | |

| Likely direction of effect: N/A | | |
|---|---|--|
| D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes (Victorian Birth Register of Major Malformations) |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Unclear/no |
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | Unclear/no |
| | on your answers to the above, in your opinion was detection ben of its effect? | ias present? If so, what is the likely |
| Unclear risk | | |
| Likely direction of effect: Unclear/unknown risk | | |

1.14.33 VEIBY2013

| Study II |) | VEIBY2013 |
|--|---|-------------------------|
| Reference: Veiby G, Daltveit AK, Schjolberg S, Stoltenberg C, Oyen AS, Vollset SE, et al. Exposure to antiepileptic drugs in utero and child development: a prospective population-based study. Epilepsia. 2013;54:1462-72 | | |
| Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance Review question no: 4.2 | | Review question no: 4.2 |
| Checklist completed by: Iona Symington | | |
| A. Selection bias (systematic differences between the comparison groups) | | |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No |

| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Yes – however not for the current analysis (Adjusted for maternal age, parity, education, smoking, depression/anxiety, folate supplementation, and child congenital malformations or low birth weight) |
|-----------|--|--|
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Unclear (no noticeable differences between the comparison groups of interest) |
| | n your answers to the above, in your opinion was selection bin of its effect? | as present? If so, what is the likely |
| Unclear | risk | |
| Likely d | irection of effect: Unclear/unknown risk | |
| | rmance bias (systematic differences between groups in the car vestigation) | re provided, apart from the intervention |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Unclear |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No |
| | n your answers to the above, in your opinion was performand of its effect? | ce bias present? If so, what is the likely |
| Unclear | risk | |
| Likely d | irection of effect: Unclear/unknown direction | |
| C. Attrit | ion bias (systematic differences between the comparison grou | ups with respect to loss of participants) |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Unclear |
| C2 | a. How many participants did not complete treatment in ea | ach group? Unclear |

| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Unclear | | |
|---|--|---|--|--|
| C3 | a. For how many participants in each group were no outcon developmental scales had few missing values, on average 3. | .7% (0.6-8.4%) for children of mothers | | |
| | with untreated epilepsy, 4.8% (1.6–10.4%) for antiepileptic of b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available) | Yes (To avoid potential sample distortions caused by missing data, a maximum likelihood estimation procedure was applied to impute missing values. Similarly, imputation of missing values on maternal education (5.1%) was estimated using data on maternal and paternal income, and on paternal education. Less than 1% had missing data on maternal smoking, parity, and age. Developmental scores with ≥20% missing data were excluded) | | |
| Based on of its effective | your answers to the above, in your opinion was attrition biasct? | s present? If so, what is the likely direction | | |
| Low risk | Low risk | | | |
| Likely di | Likely direction of effect: N/A | | | |
| D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | | | |
| D1 | The study had an appropriate length of follow-up | Yes | | |
| D2 | The study used a precise definition of outcome | Yes | | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | No (mother report and not reported) | | |
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | No (mother report and not reported) | | |
| | your answers to the above, in your opinion was detection bia of its effect? | as present? If so, what is the likely | | |
| Unclear risk | | | | |

Likely direction of effect: Unclear/unknown direction

1.14.34 WERLER2011

| Study II |) | WERLER2011 | | |
|------------|--|--|--|--|
| | | | | |
| Antiepile | Reference: Werler MM, Ahrens KA, Bosco JLF, Mitchell AA, Anderka MT, Gilboa SM, et al. Use of Antiepileptic Medications in Pregnancy in Relation to Risks of Birth Defects. Annals of Epidemiology. 2011;21:842-50 | | | |
| | e topic: Antenatal and postnatal mental health: nanagement and service guidance | Review question no: 4.2 | | |
| Checklis | t completed by: Iona Symington | | | |
| Section 1 | : Internal validity | | | |
| 1.1 | The study addresses an appropriate and clearly focused question. | Well covered | | |
| Selection | of participants | | | |
| 1.2 | The cases and controls are taken from comparable populations | Well covered | | |
| 1.3 | The same exclusion criteria are used for both cases and controls | Well covered | | |
| 1.4 | What was the participation rate for each group (cases and controls)? | Cases: 99% (174/18,631 excluded) Controls: 99% (61/6807 excluded) | | |
| 1.5 | Participants and non-participants are compared to establish their similarities or differences | Adequately covered | | |
| 1.6 | Cases are clearly defined and differentiated from controls | Well covered | | |
| 1.7 | It is clearly established that controls are not cases | Well covered | | |
| Assessment | | | | |
| 1.8 | Measures were taken to prevent knowledge of primary exposure influencing case ascertainment | Adequately covered | | |
| 1.9 | Exposure status is measured in a standard, valid and reliable way | Well covered | | |
| Confoun | ding factors | | | |

| 1.10 | The main potential confounders are | Well covered (Potential confounding by maternal |
|------------|---|---|
| | identified and taken into account in the design | age, race/ethnicity, education, income, |
| | and analysis | prepregnancy body mass index, folic acid use, |
| | | alcohol intake, cigarette smoking, and |
| | | prepregnancy diabetes was evaluated by |
| | | comparing Trimester 1 ORs adjusted for each |
| | | factor to the corresponding unadjusted ORs. |
| | | Maternal race/ethnicity (White non-Hispanic, |
| | | Hispanic, African American non-Hispanic, and |
| | | other), annual household income (\$10,000, |
| | | \$10,000- \$49,999, >\$50,000), use of folic acid |
| | | supplements (any, none) and cigarette smoking |
| | | (any, none) during the 2 weeks before through |
| | | 14 weeks after the last menstrual period changed |
| | | crude estimates more than 10% for at least one |
| | | specific defect and were controlled as potential |
| | | confounders in all multivariable models) |
| Statistica | l analysis | |
| 1.11 | Have confidence intervals been provided? | Yes |

1.15PHARMACOLOGICAL HARMS: (LITHIUM)

1.15.1BODEN2012A

See 1.14.4.

1.15.2CORREA-VILLASENOR1994

| Study II | | CORREA-VILLASENOR1994 |
|---------------------|---|--|
| | e topic: Antenatal and postnatal mental health: nanagement and service guidance | Review question no: 4.2 |
| | t completed by: Iona Symington | |
| Section 1 | : Internal validity | |
| 1.1 | The study addresses an appropriate and clearly focused question. | Poorly addressed (focus of the study to ascertain genetic and environmental factors associated with Ebstein's anomaly, rather than lithium exposure) |
| Selection | of participants | |
| 1.2 | The cases and controls are taken from comparable populations | Not reported |
| 1.3 | The same exclusion criteria are used for both cases and controls | Poorly addressed |
| 1.4 | What was the participation rate for each group (cases and controls)? | Cases: 4,390 Controls: 3,572 |
| 1.5 | Participants and non-participants are compared to establish their similarities or differences | Not reported |
| 1.6 | Cases are clearly defined and differentiated from controls | Well covered |
| 1.7 | It is clearly established that controls are not cases | Well covered |
| Assessm | ent | |
| 1.8 | Measures were taken to prevent knowledge of primary exposure influencing case ascertainment | Adequately addressed |
| 1.9 | Exposure status is measured in a standard, valid and reliable way | Poorly covered |
| Confounding factors | | |
| 1.10 | The main potential confounders are identified and taken into account in the design and analysis | Not addressed |
| Statistica | ıl analysis | |

| 1.11 | Have confidence intervals been provided? | Not reported |
|------|--|--------------|
| | | |

1.15.3CZEIZEL1990

| Study II | | CZEIZEL1990 |
|----------------------|--|--|
| clinical r | ne topic: Antenatal and postnatal mental health: management and service guidance et completed by: Rebecca Gate | Review question no: 4.2 |
| Section 1 | l: Internal validity | |
| 1.1 | The study addresses an appropriate and clearly focused question. | Well covered |
| Selection | n of participants | |
| 1.2 | The cases and controls are taken from comparable populations | Adequately addressed |
| 1.3 | The same exclusion criteria are used for both cases and controls | Not reported |
| 1.4 | What was the participation rate for each group (cases and controls)? | Not reported (For all cases, information was collected for 80% of total HCMR. Controls unclear) |
| 1.5 | Participants and non-participants are compared to establish their similarities or differences | Not reported |
| 1.6 | Cases are clearly defined and differentiated from controls | Well covered |
| 1.7 | It is clearly established that controls are not cases | Well covered |
| Assessm | ent | |
| 1.8 | Measures were taken to prevent knowledge of primary exposure influencing case ascertainment | Not reported |
| 1.9 | Exposure status is measured in a standard, valid and reliable way | Adequately addressed (Data on exposure to chemicals were obtained from the women themselves and supplemented by the case history and medical documents including prescribed drugs) |
| Confounding factors | | |
| 1.10 | The main potential confounders are identified and taken into account in the design and analysis | Poorly addressed (Some matching of potential confounds, where a significant difference was found, but no measurement or control for other potential confounds) |
| Statistical analysis | | |
| 1.11 | Have confidence intervals been provided? | Yes |

1.15.4JACOBSON1992

| Study II |) | JACOBSON1992 |
|---|---|--|
| | ne topic: Antenatal and postnatal mental health: clinical ment and service guidance | Review question no: 4.2 |
| Checklis | et completed by: Iona Symington | |
| A. Selec | tion bias (systematic differences between the comparison ground | ups) |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | unclear (matched to a woman of a similar age (to within 2 years) |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | No (More women using lithium than controls were cigarette smokers) |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? High risk (Little baseline demographics provided, significant difference in smoking rate which is not controlled for) | | |
| Likely o | lirection of effect: Effect size bigger | |
| B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation) | | |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | No |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No |
| | n your answers to the above, in your opinion was performand n of its effect? | re bias present? If so, what is the likely |

| Unclear | Unclear risk | | |
|----------------------|---|---|--|
| Likely d | irection of effect: Unclear/unknown direction | | |
| C. Attriti | on bias (systematic differences between the comparison group | ps with respect to loss of participants) | |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Yes | |
| C2 | a. How many participants did not complete treatment in each | ch group? 10 overall | |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Unclear | |
| C3 | a. For how many participants in each group were no outcome data available? 10 (however all participants included in part of the analysis) | | |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available) | Unclear | |
| Based on of its effe | your answers to the above, in your opinion was attrition biasect? | s present? If so, what is the likely direction | |
| Low risk | | | |
| Likely d | irection of effect: N/A | | |
| D. Detec | tion bias (bias in how outcomes are ascertained, diagnosed or | verified) | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes (Marden's definition of major anomaly-ie, one that has an adverse effect on either the function or social acceptability of the individual) | |
| D3 | A valid and reliable method was used to determine the outcome | Yes (The Philadelphia Pregnancy Healthline obtained all follow-up data by telephone; detailed records from physicians caring for the babies were also obtained) | |

| D4 | Investigators were kept 'blind' to participants' exposure | Unclear/no (not reported) | |
|---|---|---------------------------|--|
| | to the intervention | | |
| | | | |
| D5 | Investigators were kept 'blind' to other important | Unclear/no (not reported) | |
| | confounding/prognostic factors | | |
| | 0.1 | | |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely | | | |
| direction | of its effect? | | |
| | | | |
| | | | |
| Unclear/ | Unclear/unknown risk (assume non-blind investigators) | | |
| | | | |
| Likely di | rection of effect: Unclear/unknown direction | | |
| Likely ui | deciron of circu. Officially driving with diffection | | |
| I | | | |

1.15.5KALLEN1983

| Study ID | | KALLEN1983 |
|--|---|---|
| Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance | | Review question no: 4.2 |
| Checklis | t completed by: Iona Symington | |
| A. Select | tion bias (systematic differences between the comparison gro | ups) |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Yes (correction made in analysis in paper but not present analysis) |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | No (women in the exposed cohort were older and had higher parities than expected) |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | |
| Unclear risk | | |
| Likely direction of effect: Unclear/unknown direction | | |
| B. Performance bias (systematic differences between groups in the care provided, apart from the intervention | | |

| under in | vestigation) | |
|----------------------|---|--|
| B1 | The comparison groups received the same care apart from the intervention(s) studied | No |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No |
| | your answers to the above, in your opinion was performance of its effect? | e bias present? If so, what is the likely |
| Unclear | risk | |
| Likely d | irection of effect: Unclear/unknown direction | |
| C. Attriti | on bias (systematic differences between the comparison grou | ps with respect to loss of participants) |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Unclear |
| C2 | a. How many participants did not complete treatment in ea | nch group? NR |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Unclear |
| C3 | a. For how many participants in each group were no outcome | me data available? NR |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available) | Unclear |
| Based or of its effe | your answers to the above, in your opinion was attrition bia ect? | s present? If so, what is the likely direction |

| Unclear risk | | |
|--|---|---------|
| Likely di | rection of effect: Unclear/unknown direction | |
| D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | |
| D1 | The study had an appropriate length of follow-up | Unclear |
| D2 | The study used a precise definition of outcome | Unclear |
| D3 | A valid and reliable method was used to determine the outcome | Unclear |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | No |
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | No |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | |
| Unclear risk | | |
| Likely direction of effect: Unclear/unknown direction | | |

1.15.6REIS2008

See above

1.16PHARMACOLOGICAL HARMS: (BENZODIAZEPINES)

1.16.1BAN2014

| Study ID | | BAN2014 |
|--|---|--|
| | ne topic: Antenatal and postnatal mental health: clinical ment and service guidance | Review question no: 4.2 |
| Checklis | t completed by: Iona Symington | |
| A. Select | ion bias (systematic differences between the comparison gro | ups) |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Yes (Unexposed group also had a diagnosis of depression and Odds ratios adjusted for maternal sociodemographics and comorbidities – however these could not be used in the current analysis) |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Unclear (women with medicated depression were slightly more likely to have pre-existing diabetes, hypertension, and epilepsy than women with unmedicated depression; however, distributions were similar across antidepressant classes and individual SSRIs) |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | |
| Unclear risk | | |
| Likely d | irection of effect: Unclear/unknown direction | |
| | rmance bias (systematic differences between groups in the car vestigation) | re provided, apart from the intervention |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Unclear |

| B2 | Participants receiving care were kept 'blind' to treatment allocation | No |
|--|---|---|
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No |
| Based on | your answers to the above, in your opinion was performance | e bias present? If so, what is the likely |
| direction | of its effect? | |
| Unclear | risk | |
| Likely di | rection of effect: unclear/unknown direction | |
| C. Attriti | on bias (systematic differences between the comparison grou | ps with respect to loss of participants) |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Yes |
| C2 | a. How many participants did not complete treatment in ea | ch group? NR |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Unclear |
| C3 | a. For how many participants in each group were no outcor | ne data available? NR |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available) | Unclear |
| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | |
| Unclear risk | | |
| Likely di | rection of effect: Unclear/unknown direction | |
| D. Detect | ion bias (bias in how outcomes are ascertained, diagnosed or | verified) |
| D1 | The study had an appropriate length of follow-up | Yes |

| D2 | The study used a precise definition of outcome | Yes |
|---|---|--|
| D3 | A valid and reliable method was used to determine the outcome | Yes (ICD-10) |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | NR |
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | NR |
| | n your answers to the above, in your opinion was detection be n of its effect? | ias present? If so, what is the likely |
| Unclear | risk | |
| Likely direction of effect: Unclear/unknown direction | | |

1.16.2CZEIZEL1987

| Study II |) | CZEIZEL1987 |
|-----------|---|---------------------------|
| | e topic: Antenatal and postnatal mental health: | Review question no: 4.2 |
| | nanagement and service guidance | |
| Checklis | t completed by: Iona Symington | |
| Section 1 | : Internal validity | |
| 1.1 | The study addresses an appropriate and clearly focused question. | Well covered |
| Selection | of participants | |
| 1.2 | The cases and controls are taken from comparable populations | Adequately addressed |
| 1.3 | The same exclusion criteria are used for both cases and controls | Not reported |
| 1.4 | What was the participation rate for each group (cases and controls)? | Cases: 70 Controls: 67 |
| | group (cases and controls). | Controls. or |
| 1.5 | Participants and non-participants are compared to establish their similarities or differences | Not reported |
| 1.6 | Cases are clearly defined and differentiated from controls | Well covered |
| 1.7 | It is clearly established that controls are not cases | Well covered |

| Assessmo | ent | |
|------------|---|--|
| 1.8 | Measures were taken to prevent knowledge of primary exposure influencing case ascertainment | Not reported |
| 1.9 | Exposure status is measured in a standard, valid and reliable way | Adequately addressed (Data on exposure to chemicals were obtained from the women themselves and supplemented by the case history and medical documents including prescribed drugs) |
| Confoun | ding factors | |
| 1.10 | The main potential confounders are identified and taken into account in the design and analysis | Poorly addressed (Some matching of potential confounds but no measurement or control for other potential confounds) |
| Statistica | l analysis | |
| 1.11 | Have confidence intervals been provided? | No |

1.16.3LAEGREID1990

| Study ID | | LAEGREID1990 |
|-----------|---|-------------------------|
| | e topic: Antenatal and postnatal mental health: | Review question no: 4.2 |
| | nanagement and service guidance | |
| Checklis | t completed by: Iona Symington | |
| Section 1 | : Internal validity | |
| 1.1 | The study addresses an appropriate and clearly focused question. | Well covered |
| Selection | of participants | |
| 1.2 | The cases and controls are taken from comparable populations | Well covered |
| 1.3 | The same exclusion criteria are used for both cases and controls | Not reported |
| 1.4 | What was the participation rate for each | Cases: 78 |
| | group (cases and controls)? | Controls: 66 |
| 1.5 | Participants and non-participants are compared to establish their similarities or differences | Not reported |
| 1.6 | Cases are clearly defined and differentiated from controls | Well covered |
| 1.7 | It is clearly established that controls are not | Well covered |
| | cases | |
| Assessm | ent | |

| 1.8 | Measures were taken to prevent knowledge of primary exposure influencing case ascertainment | Well covered |
|------------|---|--|
| 1.9 | Exposure status is measured in a standard, valid and reliable way | Well covered (The serum concentrations of a number of unchanged BZD and/or active metabolites were analysed in maternal blood samples obtained during early pregnancy) |
| Confoun | ding factors | |
| 1.10 | The main potential confounders are identified and taken into account in the design and analysis | Not addressed (No control of confounds) |
| Statistica | l analysis | |
| 1.11 | Have confidence intervals been provided? | No |

1.16.4LAEGREID1992

| Study l | ID | LAEGREID1992 |
|--|---|---------------------------------------|
| | ine topic: Antenatal and postnatal mental health: clinical ement and service guidance | Review question no: 4.2 |
| Checkli | ist completed by: Iona Symington | |
| A. Selec | ction bias (systematic differences between the comparison gro | ups) |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | No |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | No |
| | on your answers to the above, in your opinion was selection bit on of its effect? | as present? If so, what is the likely |
| _ | isk (No matching for confounds, slightly fewer mothers in the a stable pair relationship [75% versus 93%]) | BZD group than in the reference group |
| Likely direction of effect: Effect size bigger | | |

| B. Perfor | mance bias (systematic differences between groups in the car | e provided, apart from the intervention |
|-------------|--|--|
| under in | vestigation) | |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Unclear |
| | the finervention(s) studied | Official |
| B2 | Participants receiving care were kept 'blind' to treatment | No |
| | allocation | |
| В3 | Individuals administering care were kept 'blind' to | No |
| | treatment allocation | |
| | your answers to the above, in your opinion was performance | e bias present? If so, what is the likely |
| direction | of its effect? | |
| Unclear | /unknown risk | |
| Likely d | irection of effect: Unclear/unknown direction | |
| | | |
| C. Attriti | ion bias (systematic differences between the comparison grou | ps with respect to loss of participants) |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length | Unclear |
| | of follow-up) | Officiear |
| C2 | a. How many participants did not complete treatment in ea | ch group? NR |
| | b. The groups were comparable for treatment completion | |
| | (that is, there were no important or systematic differences between groups in terms of those who did not complete | Unclear |
| | treatment) | |
| C3 | a. For how many participants in each group were no outcome | me data available? Exposed N: 3; |
| | Unexposed N: 14 | |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no important or systematic differences between groups in | Unclear No |
| | terms of those for whom outcome data were not available) | Oncicul No |
| | | |
| | l n your answers to the above, in your opinion was attrition bia | s present? If so, what is the likely direction |
| of its effe | ect? | |

High risk (In the BZD group, 14 children were seen on all three occasions, 1 on two and 1 on one occasion. In the reference group, 14 children were seen on all three occasions, 11 on two and 3 on one occasion. The health records of one child in the reference group could not be traced, and single values (especially head circumference) were not noted in a few children).

Likely direction of effect: Unclear/unknown direction

| D. Dete | D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | |
|---------|---|-----|--|
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | No | |
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | No | |

Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?

High risk (It was not possible to perform a blind evaluation of the children in the BZD group as the mothers had been interviewed about their medication before delivery and were thus known to the investigator. The children in the reference group were, however, blindly evaluated as part of another study)

Likely direction of effect: Effect size bigger

1.16.5LEPPE2010

| Study | ID | LEPPEE2010 |
|--------|---|-------------------------|
| | line topic: Antenatal and postnatal mental health: clinical gement and service guidance | Review question no: 4.2 |
| Check | list completed by: Iona Symington | |
| A. Sel | ection bias (systematic differences between the comparison grounds | ups) |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No |

| A2 | Were any attempts made within the design or analysis to | |
|------------|--|---|
| | balance the comparison groups for potential | No |
| | confounders? | |
| | | |
| A3 | The groups were comparable at baseline, including all | No |
| | major confounding and prognostic factors | 110 |
| | | |
| Based on | your answers to the above, in your opinion was selection bia | as present? If so, what is the likely |
| direction | of its effect? | |
| Unclear/ | unknown risk (Baseline demographics NR. Therefore no me | easurement of, or attempt to control, |
| potential | confounds) | |
| | | |
| Likely di | rection of effect: Unclear/unknown direction | |
| | | |
| B. Perform | mance bias (systematic differences between groups in the car | e provided, apart from the intervention |
| under inv | vestigation) | |
| B1 | The comparison groups received the same care apart from | |
| | the intervention(s) studied | Unclear |
| | | |
| De . | | |
| B2 | Participants receiving care were kept 'blind' to treatment | No |
| | allocation | |
| | | |
| В3 | Individuals administering care were kept 'blind' to | No |
| | treatment allocation | |
| | | |
| | your answers to the above, in your opinion was performance | e bias present? If so, what is the likely |
| direction | of its effect? | |
| | | |
| Unclear/ | unknown risk | |
| | | |
| Likoly di | rection of effect: Unclear/unknown direction | |
| Likely ui | rection of effect. Officient unknown unection | |
| | | |
| C. Attriti | on bias (systematic differences between the comparison grou | ps with respect to loss of participants) |
| | | · · · · · · · · · · · · · · · · · · · |
| C1 | All groups were followed up for an equal length of time | |
| | (or analysis was adjusted to allow for differences in length | Unclear |
| | of follow-up) | |
| | 17 | |
| C2 | a. How many participants did not complete treatment in ea | nch group? NR |
| | | |
| | | |

| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Unclear |
|------------------------|---|--|
| C3 | a. For how many participants in each group were no outcome | ne data available? NR |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available) | Unclear |
| Based on of its effect | your answers to the above, in your opinion was attrition biasct? | s present? If so, what is the likely direction |
| Unclear/ | unknown | |
| Likely di | rection of effect: Unclear/unknown direction | |
| D. Detect | ion bias (bias in how outcomes are ascertained, diagnosed or | verified) |
| D1 | The study had an appropriate length of follow-up | Unclear |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | No |
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | Unclear |
| | your answers to the above, in your opinion was detection big of its effect? | as present? If so, what is the likely |
| | unknown risk (No blinding as outcome assessors also admin , outcome is objective so less subject to risk of bias due to lack | |
| Likely di | rection of effect: Unclear/unknown direction | |

1.16.6 OBERLANDER 2008

| Study ID | | OBERLANDER2008 |
|-----------------------------------|---|--|
| serotonii | e: Oberlander TF, Warburton W, et al. Major congenital malf n reuptake inhibitors and benzodiazepines using population- Developmental and Reproductive Toxicology. 2008;83: 68-76. | based health data. Birth Defects Research |
| | ne topic: Antenatal and postnatal mental health: clinical ment and service guidance | Review question no: 4.2 |
| Checklis | t completed by: Iona Symington | |
| A. Select | ion bias (systematic differences between the comparison ground | ups) |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Yes |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | No |
| | n your answers to the above, in your opinion was selection bid n of its effect? | as present? If so, what is the likely |
| potential SRI alone through | /unknown risk (Some control of confounds for example mate lly important lifestyle confounds such as smoking and alcoho e had 1.8 times more family physician visits, were three times the welfare system, and were 16 times more likely to have be MP with the 'no exposure group' (that is,, not depressed and | ol use); ii) Mothers who had received an s more likely to have had drugs subsidised ten diagnosed as depressed in the year |
| Likely d | irection of effect: Unclear/unknown direction | |
| | rmance bias (systematic differences between groups in the car vestigation) | re provided, apart from the intervention |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Unclear |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No |

| В3 | Individuals administering care were kept 'blind' to | N |
|-------------|---|--|
| | treatment allocation | No |
| | | |
| Based on | your answers to the above, in your opinion was performance | e bias present? If so, what is the likely |
| direction | of its effect? | |
| Unclear/ | unknown risk | |
| Likely di | rection of effect: Unclear/unknown direction | |
| ý | , | |
| C. Attritio | on bias (systematic differences between the comparison grou | ps with respect to loss of participants) |
| C1 | All groups were followed up for an equal length of time | |
| | (or analysis was adjusted to allow for differences in length of follow-up) | Yes |
| | of follow-up) | |
| C2 | a. How many participants did not complete treatment in ea | ch group? NR |
| | b. The groups were comparable for treatment completion | |
| | (that is, there were no important or systematic differences | Unclear |
| | between groups in terms of those who did not complete treatment) | |
| | treatment) | |
| C3 | a. For how many participants in each group were no outcor Unexposed N: 0 | ne data available? Exposed N: 0; |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups in | Yes |
| | terms of those for whom outcome data were not available) | |
| | | |
| Based on | your answers to the above, in your opinion was attrition bias | s present? If so, what is the likely direction |
| of its effe | ct? | |
| Low risk | | |
| | | |
| Likely di | rection of effect: N/A | |
| D. Detect | ion bias (bias in how outcomes are ascertained, diagnosed or | verified) |
| D1 | The study had an appropriate length of follow-up | Unclear |
| D2 | The study used a precise definition of outcome | Yes |
| | | |

Clinical evidence – completed methodology checklists

| D3 | A valid and reliable method was used to determine the outcome | Yes |
|-----------|---|---------------------------------------|
| | | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Unclear |
| | to the microcrition | |
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | Unclear |
| | your answers to the above, in your opinion was detection bis of its effect? | as present? If so, what is the likely |
| Unclear/ | unknown risk | |
| Likely di | rection of effect: Unclear/unknown direction | |

1.16.7ORNOY1998

| Study I | D | ORNOY1998 |
|---------|---|--|
| | nce: Ornoy, A., J. Arnon, et al. (1998). Is benzodiazepine use du luctive Toxicology 12(5): 511-515. | uring pregnancy really teratogenic? |
| | ine topic: Antenatal and postnatal mental health: clinical ement and service guidance | Review question no: 4.2 |
| Checkl | ist completed by: Iona Symington | |
| A. Sele | ction bias (systematic differences between the comparison gro | oups) |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | No |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Unclear |
| | on your answers to the above, in your opinion was selection be | ias present? If so, what is the likely |

| Unclear, | unknown risk | |
|------------|--|---|
| Likely di | rection of effect: Unclear/unknown direction | |
| B. Perfor | mance bias (systematic differences between groups in the car | re provided, apart from the intervention |
| under in | vestigation) | |
| B1 | The comparison groups received the same care apart from | |
| | the intervention(s) studied | Unclear |
| B2 | Participants receiving care were kept 'blind' to treatment | No |
| | allocation | TVO |
| B3 | Individuals administering care were kept 'blind' to | |
| | treatment allocation | No |
| | | |
| | your answers to the above, in your opinion was performance | e bias present? If so, what is the likely |
| direction | of its effect? | |
| | | |
| Unclear, | unknown risk | |
| T*1 1 1 | | |
| Likely di | irection of effect: Unclear/unknown direction | |
| C. Attriti | on bias (systematic differences between the comparison grou | ups with respect to loss of participants) |
| | g and the contract of the cont | r · · · · · · · · · · · · · · · · · · · |
| C1 | All groups were followed up for an equal length of time | |
| | (or analysis was adjusted to allow for differences in length | Yes |
| | of follow-up) | |
| C2 | a. How many participants did not complete treatment in ea | ach group? NR |
| | b. The groups were comparable for treatment completion | |
| | (that is, there were no important or systematic differences | Unclear |
| | between groups in terms of those who did not complete | |
| | treatment) | |
| C3 | a. For how many participants in each group were no outco | me data available? Exposed N: 139; |
| | UnexposedN: 966 | |
| | | |

| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available) | No |
|-------------|---|--|
| Based on | your answers to the above, in your opinion was attrition bias | present? If so, what is the likely direction |
| of its effe | ct? | |
| High risk | (76.8% follow up in exposed group, 30.5% in control) | |
| Likely di | rection of effect: Unclear/unknown direction | |
| D. Detect | ion bias (bias in how outcomes are ascertained, diagnosed or | verified) |
| D1 | The study had an appropriate length of follow-up | Unclear |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | No |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | No |
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | No |
| | your answers to the above, in your opinion was detection bia of its effect? | s present? If so, what is the likely |
| majority o | (As many of the physicians did not have complete information of our follow-ups were from the mothers. 78% of the replies cases, and 6% from nurses and community workers) | |
| Likely di | rection of effect: Effect size bigger | |

1.16.8PASTUSZAK1996

| Study ID | PASTUSZAKI1996 |
|--|-------------------------|
| Reference: Pastuszak, A., V. Milich, et al. (1996). Prospective assessmentrimester exposure to benzodiazepines. Canadian Journal of Clinical I | |
| Guideline topic: Antenatal and postnatal mental health: clinical | Review question no: 4.2 |

| managei | ment and service guidance | |
|-----------|---|--|
| Checklis | t completed by: Iona Symington | |
| A. Select | ion bias (systematic differences between the comparison ground | ups) |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | No |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | No |
| | n your answers to the above, in your opinion was selection bin of its effect? | as present? If so, what is the likely |
| _ | High risk (No control of confound; Mothers in exposed groups were older and those who admitted smoking smoked more than the control group) | |
| Likely d | irection of effect: Effect size bigger | |
| | rmance bias (systematic differences between groups in the car vestigation) | re provided, apart from the intervention |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Unclear |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No |
| | n your answers to the above, in your opinion was performand of its effect? | re bias present? If so, what is the likely |
| Unclear | /unknown risk | |
| Likely d | irection of effect: Unclear/unknown direction | |

| C. Attritio | on bias (systematic differences between the comparison group | ps with respect to loss of participants) |
|---------------------------|---|--|
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Unclear |
| C2 | a. How many participants did not complete treatment in each | ch group? NR |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Unclear |
| СЗ | a. For how many participants in each group were no outcon Unexposed N: 0 | ne data available? Exposed N: 0; |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available) | Yes |
| Based on of its effective | your answers to the above, in your opinion was attrition biasct? | present? If so, what is the likely direction |
| Low risk | | |
| Likely di | rection of effect: N/A | |
| D. Detect | ion bias (bias in how outcomes are ascertained, diagnosed or | verified) |
| D1 | The study had an appropriate length of follow-up | Unclear |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Unclear |
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | Unclear |
| | your answers to the above, in your opinion was detection bia of its effect? | ns present? If so, what is the likely |

| Unclear/unknown risk |
|---|
| Likely direction of effect: Unclear/unknown direction |

1.16.9WIKNER2007

| Study | 7 ID | WINKER2007 |
|---|--|-----------------------------|
| Defence as Wilman DNI Ctillan CO. Denomen II. Ashan C. & Wallan D. Has of home discouring and | | |
| Reference: Wikner BN, Stiller CO, Bergman U, Asker C, & Kallen B. Use of benzodiazepines and | | |
| benzodiazepine receptor agonists during pregnancy: Neonatal outcome and congenital malformations. | | |
| Pharmacoepidemiology and Drug Safety. 2007; 16:1203-1210 | | |
| Guideline topic: Antenatal and postnatal mental health: | | Review question number: 4.2 |
| clinical management and service guidance | | |
| Checklist completed by: Iona Symington | | |
| A. Selection bias (systematic differences between the comparison groups) | | |
| A1 | An appropriate method of randomisation was used | |
| | to allocate participants to treatment groups (which | Unclear |
| | would have balanced any confounding factors | |
| | equally across groups) | |
| A2 | There was adequate concealment of allocation (such | |
| | that investigators, clinicians and participants cannot | Yes |
| | influence enrolment or treatment allocation) | |
| A3 | The groups were comparable at baseline, including | |
| | all major confounding and prognostic factors | Unclear |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely | | |
| direction of its effect? | | |
| Low risk (Confounds were controlled for via exclusion criteria for use of concomitant | | |
| medication) | | |
| Likely direction of effect: N/A | | |
| | | |
| | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | | |
|---|--|---|--|
| from the intervention under investigation) | | | |
| irom the intervention dideer investigation) | | | |
| | | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Unclear | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| Based | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the | |
| | direction of its effect? | 1 | |
| , | | | |
| | Unclear risk of bias | | |
| | | | |
| Likel | y direction of effect: Unclear/unknown direction | | |
| ' | , | | |
| | | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of | | | |
| participants) | | | |
| C1 | All groups were followed up for an equal length of | | |
| CI | time (or analysis was adjusted to allow for | | |
| | | Unclear | |
| | differences in length of follow-up) | | |
| C2 | a. How many participants did not complete treatment: | in each group? | |
| | Experimental group: NR; Control group: NR | - | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | 77. 1 | |
| | systematic differences between groups in terms of | Unclear | |
| | those who did not complete treatment) | | |
| C3 | <u> </u> | | |
| | For now many participants in each group were no out | come data available? | |
| | | come data available? | |
| | Experimental group N: NR; Control group N: NR b. The groups were comparable with respect to the | come data available? | |
| | Experimental group N: NR; Control group N: NR | come data available? | |
| | Experimental group N: NR; Control group N: NR b. The groups were comparable with respect to the availability of outcome data (that is, there were no | come data available? Unclear | |
| | Experimental group N: NR; Control group N: NR b. The groups were comparable with respect to the | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | | |
|--|--|--|--|
| une | ction of its effect: | | |
| | Unclear risk of bias | | |
| Like | ly direction of effect: Unclear/unknown direction | | |
| | | | |
| D. D | etection bias (bias in how outcomes are ascertained, diagnos | sed or verified) | |
| | | | |
| D1 | The study had an appropriate length of follow-up | Unclear | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the | Yes | |
| | outcome | | |
| D4 | Investigators were kept 'blind' to participants' exposure | Unclear | |
| | to the intervention | | |
| D5 | Investigators were kept 'blind' to other important | Unclear | |
| | confounding/prognostic factors | | |
| Base | d on your answers to the above, in your opinion was detecti | on bias present? If so, what is the likely | |
| direction of its effect? | | | |
| | | | |
| Unclear/unknown risk | | | |
| | | | |
| Likely direction of effect: Unclear/unknown direction | | | |

1.17PHARMACOLOGICAL HARMS: (STIMULANTS)

1.17.1POTTEGARD2014

| Study ID | HOLMES2008 |
|--|-------------------------|
| Reference: Pottegard A, Hallas J, Andersen JT, Lokkegaard ECL, Dideriksen D, Aagaard L. First-trimester Exposure to Methylphenidate: A population-Based Cohort Study. Journal of Clinical Psychiatry. 2014:75;e88-e9 | |
| Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance | Review question no: 4.2 |

| Checklis | t completed by: Iona Symington | |
|--|---|--|
| A. Selection bias (systematic differences between the comparison groups) | | |
| A1 | The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study) | No |
| A2 | Were any attempts made within the design or analysis to balance the comparison groups for potential confounders? | Yes (sequential balanced nearest- neighbour matching technique – including maternal age, maternal smoking status after first trimester, maternal BMI |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | No |
| | n your answers to the above, in your opinion was selection bian of its effect? | as present? If so, what is the likely |
| Unclear | risk | |
| Likely d | lirection of effect: unclear/unknown direction | |
| B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation) | | |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Unclear |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | Unclear |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | Unclear |
| Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect? | | |
| Unclear risk | | |
| Likely direction of effect: Unclear/unknown direction | | |

| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | | |
|--|---|---------------------------------------|--|
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Yes | |
| C2 | a. How many participants did not complete treatment in each | ch group? Unclear | |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Unclear | |
| СЗ | a. For how many participants in each group were no outcon group) | ne data available? 18 (in the exposed | |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available) | Unclear | |
| | Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | |
| Unclear r | isk | | |
| Likely di | rection of effect: Unclear/unknown direction | | |
| D. Detect | ion bias (bias in how outcomes are ascertained, diagnosed or | verified) | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Unclear | |
| D5 | Investigators were kept 'blind' to other important confounding/prognostic factors | Unclear | |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | | |

 ${\it Clinical\ evidence-completed\ methodology\ checklists}$

| Low risk | |
|---------------------------------|--|
| Likely direction of effect: N/A | |

1.18PHARMACOLOGICAL INTERVENTIONS: ALCOHOL OR SUBSTANCE MISUSE

1.18.1MINOZZI2008/2013

| Study identification | | |
|--|---------------------|--|
| Minozzi S, Amato L, Bellisario C, Ferri M, Davoli M. Maintenance agonist treatments for opiate-dependent | | |
| pregnant women. Cochrane Database of Systematic Reviews | | |
| Minozzi S, Amato L, Vecchi S, Davoli M. Maintenance agoni | 1 1 0 | |
| women. Cochrane Database of Systematic Reviews. 2008; Iss | ue 2: CD006318. | |
| Guideline topic: | Review question no: | |
| Interventions for the treatment of mental health problems – | 4.2 | |
| substance misuse (including drugs and alcohol) | | |
| Checklist completed by: Bronwyn Harrison | | |
| SCREENING QUESTIONS | | |
| In a well-conducted, relevant systematic review: | | |
| The review addresses an appropriate and clearly focused | Yes | |
| question that is relevant to the guideline review question | | |
| | | |
| | | |
| The review collects the type of studies you consider | Yes | |
| relevant to the guideline review question | | |
| 4 | | |
| | | |
| The literature search is sufficiently rigorous to identify | Yes | |
| all the relevant studies | | |
| | | |
| | | |
| Study quality is assessed and reported | Unclear | |
| | | |
| | | |
| | | |
| An adequate description of the methodology used is | Yes | |
| included, and the methods used are appropriate to the | | |
| question | | |
| | | |
| | | |

1.19

1.20PHYSICAL INTERVENTIONS: PREVENTION (NO RISK FACTORS)

1.20.1NORMAN2010

| Study | 7 ID | NORMAN2010 | |
|--------|--|---|--|
| | ographic reference: Norman E, Sherburn M, Osborne RH ram improves well-being of new mothers: a randomised | | |
| | eline topic: Antenatal and postnatal mental health: al management and service guidance | Review question number: 2.1 | |
| | klist completed by: Iona Symington | | |
| A. Sel | lection bias (systematic differences between the compari | son groups) | |
| A1 | An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups) | Yes (computer-generated random numbers list) | |
| A2 | There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation) | Yes (Group allocation was concealed in consecutively numbered, sealed, opaque envelopes that were opened by the physical therapist conducting the M&B Program) | |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | No (EPDS at baseline: experimental= 8.00 (6.16), control= 6.75 (5.44); significantly more caesarean births in the M&B group, but comparable on all other baseline demographics) | |
| | Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | |
| | Unclear risk of bias | | |
| Likel | Likely direction of effect: Unclear/unknown direction | | |
| | formance bias (systematic differences between groups in the intervention under investigation) | n the care provided, apart | |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Yes | |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No | |

 ${\it Clinical\ evidence-completed\ methodology\ checklists}$

| В3 | Individuals administering care were kept 'blind' to | |
|--------|---|--|
| | treatment allocation | No |
| | | |
| Based | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely |
| | ion of its effect? | |
| | | |
| | High risk of bias | |
| | Tight flow of Diag | |
| Likel | y direction of effect: Effect size bigger | |
| | , | |
| | | |
| C. Att | rition bias (systematic differences between the comparis | son groups with respect to loss of participants) |
| | | |
| | | |
| C1 | All groups were followed up for an equal length of | |
| | time (or analysis was adjusted to allow for | Yes |
| | differences in length of follow-up) | |
| C2 | a. How many participants did not complete treatment | l in each group? |
| | Experimental group N: 18; Control group N: 8 (plus 2 v | |
| | b. The groups were comparable for treatment | erous o eropped out at o meers) |
| | completion (that is, there were no important or | |
| | systematic differences between groups in terms of | Unclear |
| | those who did not complete treatment) | |
| C3 | For how many participants in each group were no outo | l come data available? |
| 20 | Experimental group N: 18; Control group N: 8 | one dad available. |
| | b. The groups were comparable with respect to the | |
| | availability of outcome data (that is, there were no | |
| | important or systematic differences between groups | Unclear |
| | in terms of those for whom outcome data were not | |
| | available). | |
| Based | on your answers to the above, in your opinion was attr | l ition bias present? If so, what is the likely |
| | ion of its effect? | inon one present is set, which is the interf |
| | | |
| | risk of bias (23% versus 10% not completing treatmen | +) |
| | risk of bias (25% versus 10% not completing treatment | t) |
| Likel | y direction of effect: | |
| Likei | y direction of effects | |
| | | |
| D. De | tection bias (bias in how outcomes are ascertained, diagr | nosed or verified) |
| | * | |
| D1 | The study had an appropriate length of follow-up | |
| D2 | The study used a precise definition of outcome | |
| D2 | The study used a precise definition of outcome | |
| D3 | A valid and reliable method was used to determine | |
| | the outcome | |
| Ī | | |

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| D4 | Investigators were kept 'blind' to participants' | |
|--------|--|--|
| | exposure to the intervention | |
| | | |
| D5 | Investigators were kept 'blind' to other important | |
| | confounding and prognostic factors | |
| | | |
| Based | on your answers to the above, in your opinion was dete | ection bias present? If so, what is the likely |
| direct | ion of its effect? | |
| | | |
| | risk of bias | |
| | | |
| Likely | y direction of effect: | |
| | | |
| 1 | | |

1.20.2ROBLEDO-COLONIA2012

| Study | 7 ID | ROBLEDO-COLONIA2012 | |
|--------------------------|---|---|--|
| Riblic | ographic reference: Robledo-Colonia AF, Sandoval-Restr | ano N. Mosquara Valdarrama VE Escobar | |
| | ado C, Ramirez-Velez R. Aerobic exercise training during | | |
| | parous women: a randomised trial. Journal of Physiother | | |
| | eline topic: Antenatal and postnatal mental health: | Review question number: 2.1 | |
| | al management and service guidance | Review question number. 2.1 | |
| | | | |
| Chec | klist completed by: Iona Symington | | |
| A. Se | lection bias (systematic differences between the compari | son groups) | |
| A1 | An appropriate method of randomisation was used | | |
| | to allocate participants to treatment groups (which | Unclear (insufficient randomisation details | |
| | would have balanced any confounding factors | provided) | |
| | equally across groups) | | |
| A2 | There was adequate concealment of allocation (such | Yes (The investigator responsible for | |
| | that investigators, clinicians and participants cannot | randomly assigning participants to | |
| | influence enrolment or treatment allocation) | treatment groups did not know in advance | |
| | | which treatment the next person would | |
| | | receive (concealed allocation) and did not | |
| | | participate in administering the intervention | |
| | | or measuring outcomes) | |
| A3 | The groups were comparable at baseline, including | | |
| | all major confounding and prognostic factors | Yes | |
| | | | |
| Basec | Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely | | |
| direction of its effect? | | | |

| Low risk of bias | | |
|------------------|--|---|
| Likel | y direction of effect: Not applicable | |
| B. Per | formance bias (systematic differences between groups in | n the care provided, apart |
| from | the intervention under investigation) | |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Yes |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No |
| | on your answers to the above, in your opinion was perfion of its effect? | ormance bias present? If so, what is the likely |
| | High risk of bias | |
| Likel | y direction of effect: Effect size bigger | |
| C. Att | crition bias (systematic differences between the comparis | on groups with respect to loss of participants) |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Yes |
| C2 | a. How many participants did not complete treatment in Experimental group N: 3; Control group N: 3 | in each group? |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Yes |
| C3 | For how many participants in each group were no outo Experimental group N: 3; Control group N: 3 | ome data available? |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available). | Yes |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | | |
|---|--|--|--|
| direction of its effect? | | | |
| | Low risk of bias | | |
| Likely | y direction of effect: Not applicable | | |
| | | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | nosed or verified) | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine | Yes | |
| | the outcome | | |
| D4 | Investigators were kept 'blind' to participants' | Yes (The investigators responsible for | |
| | exposure to the intervention | assessing eligibility and baseline measures | |
| | | were blinded to group allocation) | |
| D5 | Investigators were kept 'blind' to other important | Yes (The investigators responsible for | |
| | confounding and prognostic factors | assessing eligibility and baseline measures | |
| | | were blinded to group allocation) | |
| Based | on your answers to the above, in your opinion was dete | ection bias present? If so, what is the likely | |
| direction of its effect? | | | |
| Low risk of bias | | | |
| Likel | y direction of effect: Not applicable | | |
| LIKEL | Likely direction of effect. Not applicable | | |
| | | | |

1.20.3SONGOYGARD2012

| Study ID | SONGOYGARD2012 | |
|--|--|--|
| | | |
| Bibliographic reference: Songoygard KM, Stafne SN, Evensen | KA, Salvesen KA, Vik T, Morkved, S. Does | |
| exercise during pregnancy prevent postnatal depression? A randomised controlled trial. Acta Obstetricia et | | |
| Gynecologica Scandinavica. 2012;91:62-7 | | |
| | | |
| Guideline topic: Antenatal and postnatal mental health: | Review question number: 2.1 | |
| clinical management and service guidance | | |
| Checklist completed by: Iona Symington | | |
| | | |
| A. Selection bias (systematic differences between the comparison groups) | | |

| A1 | An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups) | Yes (computerized randomization procedure) | |
|---|--|---|--|
| A2 | There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation) | Unclear (insufficient detail reported with regards to allocation concealment) | |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Yes | |
| | on your answers to the above, in your opinion was selection of its effect? | ction bias present? If so, what is the likely | |
| | Low risk of bias | | |
| Likely | y direction of effect: Not applicable | | |
| | formance bias (systematic differences between groups in the intervention under investigation) | n the care provided, apart | |
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Yes | |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No | |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No | |
| | Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect? | | |
| | High risk of bias | | |
| Likely direction of effect: Effect size bigger | | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | | |
| C1 | All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up) | Yes | |

| C2 | a. How many participants did not complete treatment in each group? | |
|-----------------------------|--|--|
| | Experimental group N: 42; Control group N: 78 | |
| | b. The groups were comparable for treatment | |
| | completion (that is, there were no important or | Yes |
| | systematic differences between groups in terms of | |
| CO | those who did not complete treatment) | 1 (|
| C3 | For how many participants in each group were no outo Experimental group N: 50; Control group N: 86 | come data available? |
| | | |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no | Yes (there were no differences in variables |
| | , , | between women lost to follow-up from the |
| | important or systematic differences between groups in terms of those for whom outcome data were not | intervention group and those lost from the |
| | available). | control group) |
| Rasad | on your answers to the above, in your opinion was attr | ition hise present? If so, what is the likely |
| | ion of its effect? | idon bias present: if so, what is the fixery |
| direct | ion of its cheet: | |
| | Low risk of bias | |
| | | |
| Likel | y direction of effect: Not applicable | |
| | | |
| | | |
| | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | nosed or verified) |
| D. De | tection bias (bias in how outcomes are ascertained, diag The study had an appropriate length of follow-up | nosed or verified) Yes |
| | , | , |
| D1 D2 | The study had an appropriate length of follow-up The study used a precise definition of outcome | Yes Yes |
| D1 | The study had an appropriate length of follow-up The study used a precise definition of outcome A valid and reliable method was used to determine | Yes |
| D1 D2 D3 | The study had an appropriate length of follow-up The study used a precise definition of outcome A valid and reliable method was used to determine the outcome | Yes Yes Yes |
| D1 D2 | The study had an appropriate length of follow-up The study used a precise definition of outcome A valid and reliable method was used to determine the outcome Investigators were kept 'blind' to participants' | Yes Yes Yes Yes Yes The investigators responsible for |
| D1 D2 D3 | The study had an appropriate length of follow-up The study used a precise definition of outcome A valid and reliable method was used to determine the outcome | Yes Yes Yes Yes Yes The investigators responsible for assessing eligibility and baseline measures |
| D1 D2 D3 D4 | The study had an appropriate length of follow-up The study used a precise definition of outcome A valid and reliable method was used to determine the outcome Investigators were kept 'blind' to participants' exposure to the intervention | Yes Yes Yes Yes Yes (The investigators responsible for assessing eligibility and baseline measures were blinded to group allocation) |
| D1 D2 D3 | The study had an appropriate length of follow-up The study used a precise definition of outcome A valid and reliable method was used to determine the outcome Investigators were kept 'blind' to participants' exposure to the intervention Investigators were kept 'blind' to other important | Yes Yes Yes Yes Yes Yes (The investigators responsible for assessing eligibility and baseline measures were blinded to group allocation) Yes (The investigators responsible for |
| D1 D2 D3 D4 | The study had an appropriate length of follow-up The study used a precise definition of outcome A valid and reliable method was used to determine the outcome Investigators were kept 'blind' to participants' exposure to the intervention | Yes Yes Yes Yes Yes (The investigators responsible for assessing eligibility and baseline measures were blinded to group allocation) Yes (The investigators responsible for assessing eligibility and baseline measures |
| D1 D2 D3 D4 D5 | The study had an appropriate length of follow-up The study used a precise definition of outcome A valid and reliable method was used to determine the outcome Investigators were kept 'blind' to participants' exposure to the intervention Investigators were kept 'blind' to other important confounding and prognostic factors | Yes Yes Yes Yes Yes (The investigators responsible for assessing eligibility and baseline measures were blinded to group allocation) Yes (The investigators responsible for assessing eligibility and baseline measures were blinded to group allocation) |
| D1 D2 D3 D4 D5 Based | The study had an appropriate length of follow-up The study used a precise definition of outcome A valid and reliable method was used to determine the outcome Investigators were kept 'blind' to participants' exposure to the intervention Investigators were kept 'blind' to other important | Yes Yes Yes Yes Yes (The investigators responsible for assessing eligibility and baseline measures were blinded to group allocation) Yes (The investigators responsible for assessing eligibility and baseline measures were blinded to group allocation) |
| D1 D2 D3 D4 D5 Based | The study had an appropriate length of follow-up The study used a precise definition of outcome A valid and reliable method was used to determine the outcome Investigators were kept 'blind' to participants' exposure to the intervention Investigators were kept 'blind' to other important confounding and prognostic factors on your answers to the above, in your opinion was determined. | Yes Yes Yes Yes Yes (The investigators responsible for assessing eligibility and baseline measures were blinded to group allocation) Yes (The investigators responsible for assessing eligibility and baseline measures were blinded to group allocation) |
| D1 D2 D3 D4 D5 Based | The study had an appropriate length of follow-up The study used a precise definition of outcome A valid and reliable method was used to determine the outcome Investigators were kept 'blind' to participants' exposure to the intervention Investigators were kept 'blind' to other important confounding and prognostic factors on your answers to the above, in your opinion was determined. | Yes Yes Yes Yes Yes (The investigators responsible for assessing eligibility and baseline measures were blinded to group allocation) Yes (The investigators responsible for assessing eligibility and baseline measures were blinded to group allocation) |
| D1 D2 D3 D4 D5 Based | The study had an appropriate length of follow-up The study used a precise definition of outcome A valid and reliable method was used to determine the outcome Investigators were kept 'blind' to participants' exposure to the intervention Investigators were kept 'blind' to other important confounding and prognostic factors on your answers to the above, in your opinion was determined to the intervention of its effect? | Yes Yes Yes Yes Yes (The investigators responsible for assessing eligibility and baseline measures were blinded to group allocation) Yes (The investigators responsible for assessing eligibility and baseline measures were blinded to group allocation) |
| D1 D2 D3 D4 D5 Based direct | The study had an appropriate length of follow-up The study used a precise definition of outcome A valid and reliable method was used to determine the outcome Investigators were kept 'blind' to participants' exposure to the intervention Investigators were kept 'blind' to other important confounding and prognostic factors on your answers to the above, in your opinion was determined to the intervention of its effect? | Yes Yes Yes Yes Yes (The investigators responsible for assessing eligibility and baseline measures were blinded to group allocation) Yes (The investigators responsible for assessing eligibility and baseline measures were blinded to group allocation) |
| D1 D2 D3 D4 D5 Based direct | The study had an appropriate length of follow-up The study used a precise definition of outcome A valid and reliable method was used to determine the outcome Investigators were kept 'blind' to participants' exposure to the intervention Investigators were kept 'blind' to other important confounding and prognostic factors on your answers to the above, in your opinion was determined in the prognostic factors. Low risk of bias | Yes Yes Yes Yes Yes (The investigators responsible for assessing eligibility and baseline measures were blinded to group allocation) Yes (The investigators responsible for assessing eligibility and baseline measures were blinded to group allocation) |

1.21PHYSICAL INTERVENTIONS: PREVENTION (RISK FACTORS IDENTIFIED)

1.21.1HADDAD-RODRIGUES2013

| Study ID | | HADDAD-RODRIGUES2013 |
|-----------------|---|--|
| Bibliographic | reference: Haddad-Rodrigues M, Nakano AMS, Ste | l fanello J, Silveira RCCP. Acupuncture for |
| Anxiety in La | actating Mothers with Preterm Infants: A Randomize | ed Controlled Trial. Evidence-Based |
| Complement | ary and Alternative Medicine. 2013;2013:169184 | |
| Guideline top | pic: Antenatal and postnatal mental health: clinical | Review question number: 2.1 |
| O | and service guidance | |
| Checklist con | npleted by: Iona Symington | |
| A. Selection b | pias (systematic differences between the comparison | groups) |
| A1 | An appropriate method of randomisation was | |
| | used to allocate participants to treatment groups | Yes (Computer generated list) |
| | (which would have balanced any confounding | Tee (compared generated not) |
| | factors equally across groups) | |
| A2 | There was adequate concealment of allocation | Yes (Opaque enveloped, sealed by |
| | (such that investigators, clinicians and | person blind to randomisation) |
| | participants cannot influence enrolment or | , |
| | treatment allocation) | |
| A3 | The groups were comparable at baseline, | |
| | including all major confounding and prognostic | Yes |
| | factors | |
| | r answers to the above, in your opinion was selection | n bias present? If so, what is the likely |
| direction of it | :s effect? | |
| Low | risk of bias | |
| Likely direct | ion of effect: N/A | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | |
|--|---|---|
| from the intervention under investigation) | | |
| | | |
| B1 | The comparison groups received the same care | |
| | apart from the intervention(s) studied | Yes |
| | 1 () | res |
| | | |
| B2 | Participants receiving care were kept 'blind' to | |
| | treatment allocation | Yes |
| D2 | In dividuals a desinistaning gang yang least 'blind' | |
| В3 | Individuals administering care were kept 'blind' | No |
| | to treatment allocation | No |
| Based on your | answers to the above, in your opinion was perforn | pance hise precent? If so, what is the likely |
| direction of its | · · · · · · · · · · · · · · · · · · · | nance bias present: It so, what is the likely |
| direction of its | , chect: | |
| Unclo | ar risk of bias | |
| Officie | at tisk of bias | |
| Likely directi | on of effect: Unclear/unknown | |
| Likely directi | on of circu. Officially difficions | |
| | | |
| C. Attrition bi | as (systematic differences between the comparison | groups with respect to loss of participants) |
| | | |
| C1 | | |
| C1 | All groups were followed up for an equal length | |
| | of time (or analysis was adjusted to allow for | Yes |
| | differences in length of follow-up) | |
| C2 | a. How many participants did not complete treatm | nent in each group? |
| | Experimental group N: 15; Control group N: 15 | _ |
| | b. The groups were comparable for treatment | |
| | completion (that is, there were no important or | I In along |
| | systematic differences between groups in terms | Unclear |
| | of those who did not complete treatment) | |
| C3 | For how many participants in each group were no | outcome data available? |
| | Experimental group N: 15; Control group N: 15 | |
| | b. The groups were comparable with respect to | |
| | the availability of outcome data (that is, there | |
| | were no important or systematic differences | Unclear |
| | between groups in terms of those for whom | |
| | outcome data were not available). | |
| Based on your | answers to the above, in your opinion was attrition | n bias present? If so, what is the likely |
| direction of its effect? | | |
| Unclear risk of bias (49% attrition rate (although even for both groups) | | |
| Officie | at the of bias (42 /0 attitudit fate (attituditi even for | bout groups) |
| | | |

| D. Detect | ion bias (bias in how outcomes are ascertained, diagno | sed or verified) |
|-----------|---|---|
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report and data analyst blind) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report and data analyst blind) |
| | your answers to the above, in your opinion was detect of its effect? | ion bias present? If so, what is the likely |
| L | ow risk of bias | |

1.22PHYSICAL INTERVENTIONS: TREATMENT

1.22.1 ARMSTRONG 2004

| Study | , ID | ARMSTRONG2004 | | |
|--|--|--|--|--|
| Biblio | Bibliographic reference: Armstrong KL, Fraser JA, Dadds MR, Morris J. A randomised, controlled trial of 28 nurse | | | |
| | home visiting to vulnerable families with newborns. Journal of Paediatric 29 Child Health. 1999;35:237-44. | | | |
| Guide | eline topic: Antenatal and postnatal mental health: | Review question number: 4.2 | | |
| clinic | al management and service guidance | | | |
| Checl | klist completed by: Iona Symington | | | |
| A. Sel | lection bias (systematic differences between the compari- | son groups) | | |
| A1 | An appropriate method of randomisation was used | | | |
| | to allocate participants to treatment groups (which | Yes (Randomised number tables in four- | | |
| | would have balanced any confounding factors | block randomised sequence) | | |
| | equally across groups) | | | |
| A2 | There was adequate concealment of allocation (such | V (1-11 | | |
| | that investigators, clinicians and participants cannot | Yes (sealed envelopes containing | | |
| | influence enrolment or treatment allocation) | assignment, opened in a sequential manner) | | |
| A3 | The groups were comparable at baseline, including | | | |
| | all major confounding and prognostic factors | Yes | | |
| Based | Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely | | | |
| direct | direction of its effect? | | | |
| | | | | |
| Low risk of bias | | | | |
| Likely direction of effect: Not applicable | | | | |
| | | | | |

| B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation) | | |
|---|--|--|
| B1 | The comparison groups received the same care apart from the intervention(s) studied | Yes |
| B2 | Participants receiving care were kept 'blind' to treatment allocation | No |
| В3 | Individuals administering care were kept 'blind' to treatment allocation | No |
| | on your answers to the above, in your opinion was perfion of its effect? | ormance bias present? If so, what is the likely |
| | High risk of bias | |
| Likely direction of effect: Effect size bigger | | |
| C. Att | rition bias (systematic differences between the comparis | on groups with respect to loss of participants) |
| C1 | All groups were followed up for an equal length of | |
| | time (or analysis was adjusted to allow for differences in length of follow-up) | Yes |
| C2 | a. How many participants did not complete treatment in Experimental group N: 3; Control group N: 2 | in each group? |
| | b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment) | Unclear |
| C3 | For how many participants in each group were no outo Experimental group N: 3; Control group N: 2 | come data available? |
| | b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available). | Unclear (Paper reports available case and not possible to compute ITT [WCS]) |

| Based | Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | |
|---|---|-----|--|
| direct | direction of its effect? | | |
| High risk of bias | | | |
| Likel | y direction of effect: Unknown direction | | |
| | | | |
| | | | |
| D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine | Yes | |
| | the outcome | | |

 ${\it Clinical\ evidence-completed\ methodology\ checklists}$

| D4 | Investigators were kept 'blind' to participants' | Yes (self-report) | |
|--|---|-------------------|--|
| | exposure to the intervention | | |
| | | | |
| D5 | Investigators were kept 'blind' to other important | Yes (self-report) | |
| | confounding and prognostic factors | | |
| | 5 - 5 | | |
| Based | Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely | | |
| direction of its effect? | | | |
| | | | |
| | Low risk of bias | | |
| | LOW FISK OF DIAS | | |
| | | | |
| Likely direction of effect: Not applicable | | | |
| | | | |
| | | | |

1.22.2CHUNG2012

| Study | 7 ID | CHUNG2012 | | | |
|---|--|---|--|--|--|
| Biblio | Bibliographic reference: Chung KF, Yeung WF, Zhang ZJ, Yung KP, Man SC, Lee CP et al. Randomized non-19 | | | | |
| | invasive sham-controlled pilot trial of electroacupuncture for postpartum 20 depression. Journal of Affective Disorders. | | | | |
| | 42:115-21 | | | | |
| Guide | eline topic: Antenatal and postnatal mental health: | Review question number: 4.2 | | | |
| clinica | clinical management and service guidance | | | | |
| Checl | klist completed by: Iona Symington | | | | |
| A. Sel | lection bias (systematic differences between the comparis | son groups) | | | |
| A1 | An appropriate method of randomisation was used | | | | |
| | to allocate participants to treatment groups (which | Yes (computer-generated list of numbers | | | |
| | would have balanced any confounding factors | with a block size of four) | | | |
| | equally across groups) | | | | |
| A2 | There was adequate concealment of allocation (such | Undow (incufficient details recording | | | |
| | that investigators, clinicians and participants cannot | Unclear (insufficient details regarding allocation concealment) | | | |
| | influence enrolment or treatment allocation) | anocation conceannent) | | | |
| A3 | The groups were comparable at baseline, including | | | | |
| | all major confounding and prognostic factors | Yes | | | |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely | | | | | |
| direction of its effect? | | | | | |
| | | | | | |
| Low risk of bias | | | | | |
| Likely direction of effect: Not applicable | | | | | |
| | | | | | |

| is the likely | | |
|---|--|--|
| • | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | |
| participants) | | |
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| | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | | |
|---|--|--|--|
| direction of its effect? | | | |
| High risk of bias | | | |
| Likel | y direction of effect: Unknown direction | | |
| | | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | gnosed or verified) | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine | Yes | |
| D4 | the outcome | V (EDDC 111DDC (11 | |
| D4 | Investigators were kept 'blind' to participants' | Yes (EPDS and HDRS was performed by | |
| | exposure to the intervention | independent research assistants and | |
| | | clinicians, respectively, who were blinded to | |
| | | group allocation) | |
| D5 | Investigators were kept 'blind' to other important | Yes | |
| | confounding and prognostic factors | | |
| Based | on your answers to the above, in your opinion was det | ection bias present? If so, what is the likely | |
| direction of its effect? | | | |
| | | | |
| Low risk of bias | | | |
| Likely direction of effect: Not applicable | | | |
| | | | |
| | | | |

1.22.3 DALEY2008

| Stud | y ID | DALEY2008 | | |
|--|---|--|--|--|
| Riblia | Bibliographic reference: Daley A, Winter H, Grimmett C, McGuinness M, McManus R, MacArthur C. 7 | | | |
| | bility of an exercise intervention for women with postna | | | |
| | colled trial.' British Journal of General Practice. 2008;58:1 | - | | |
| COILL | officer trial. Diffusit journal of General Fractice, 2000,30.1. | 70-103. | | |
| Guid | eline topic: Antenatal and postnatal mental health: | Review question number: 4.2 | | |
| | cal management and service guidance | Review question number, 4.2 | | |
| | klist completed by: Iona Symington | | | |
| Chec | klist completed by: Iona Symmeton | | | |
| A. Se | lection bias (systematic differences between the compari | ison groups) | | |
| A1 | An appropriate method of randomisation was used | | | |
| | to allocate participants to treatment groups (which | Ver (en en este en en en tell en ellen l'et) | | |
| | would have balanced any confounding factors | Yes (computer-generated random list) | | |
| | equally across groups) | | | |
| A2 | There was adequate concealment of allocation (such | Yes (Allocation concealed from researchers. | | |
| | that investigators, clinicians and participants cannot | Participants learned which group they had | | |
| | influence enrolment or treatment allocation) | been assigned by telephoning an | | |
| | | independent researcher) | | |
| A3 | The groups were comparable at baseline, including | | | |
| | all major confounding and prognostic factors | Yes | | |
| | | | | |
| Base | d on your answers to the above, in your opinion was sele | ection bias present? If so, what is the likely | | |
| direction of its effect? | | | | |
| | | | | |
| Low risk of bias | | | | |
| | | | | |
| Likely direction of effect: Not applicable | | | | |
| | | | | |
| | | | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | | |
|---|--|---|--|
| from the intervention under investigation) | | | |
| | | | |
| D4 | mt 1.d | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Yes | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| Based | on your answers to the above, in your opinion was perf | ormance bias present? If so, what is the likely | |
| direct | ion of its effect? | | |
| | | | |
| | High risk of bias | | |
| | | | |
| Likely | y direction of effect: Effect size bigger | | |
| | | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | | |
| C. All | rition bias (systematic differences between the comparis | on groups with respect to loss of participants) | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | | |
| C2 | TT | | |
| C2 | a. How many participants did not complete treatment i | in each group? | |
| | Experimental group N: 4; Control group N: 3 | | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | Unclear | |
| | systematic differences between groups in terms of | | |
| | those who did not complete treatment) | | |
| C3 | For how many participants in each group were no outc | come data available? | |
| | Experimental group N: 4; Control group N: 3 | | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Unclear | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

| Based | Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | |
|---|---|-----|--|
| direct | direction of its effect? | | |
| Unclear/unknown risk of bias | | | |
| Likel | y direction of effect: Unknown direction | | |
| | | | |
| | | | |
| D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine | Yes | |
| | the outcome | | |

Clinical evidence – completed methodology checklists

| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Questionnaires (self-report) |
|--|---|------------------------------|
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? Low risk of bias | | |
| Likely direction of effect: Not applicable | | |

1.22.4DALEY2013

| Study | , ID | DALEY2013 |
|--|--|---|
| Riblic | ographic reference: Daley AJ, Blamey RV, Jolly K, Roalfe AK, | Turnor VM Colomon S et al. A prograntic 10 |
| | mised controlled trial to evaluate the effectiveness of exercise a | |
| | PeRS trial.(in press). | as a treatment 11 for postnatal depression, the |
| | eline topic: Antenatal and postnatal mental health: | Review question number: 4.2 |
| | al management and service guidance | review question number. 1,2 |
| | klist completed by: Iona Symington | |
| A. Sel | lection bias (systematic differences between the comparis | son groups) |
| A1 | An appropriate method of randomisation was used | |
| | to allocate participants to treatment groups (which | Yes (internet randomisation service) |
| | would have balanced any confounding factors | Tes (internet randomisation service) |
| | equally across groups) | |
| A2 | There was adequate concealment of allocation (such | Yes (concealed from researchers involved in |
| | that investigators, clinicians and participants cannot | recruiting and randomising participants to |
| | influence enrolment or treatment allocation) | the groups) |
| A3 | The groups were comparable at baseline, including | |
| | all major confounding and prognostic factors | Yes |
| Basec | l l on your answers to the above, in your opinion was sele | ction bias present? If so, what is the likely |
| direction of its effect? | | |
| | | |
| Low risk of bias | | |
| Likely direction of effect: Not applicable | | |
| | • | |
| | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | | |
|---|--|--|--|
| from the intervention under investigation) | | | |
| | | | |
| D4 | mt 1.d | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Yes | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| Based | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely | |
| direct | ion of its effect? | | |
| | | | |
| | High risk of bias | | |
| | | | |
| Likely | y direction of effect: Effect size bigger | | |
| | | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | | |
| C. All | indon bias (systematic differences between the compans | on groups with respect to loss of participants) | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | | |
| CO | TT | . 1 2 | |
| C2 | a. How many participants did not complete treatment in | in each group? | |
| | Experimental group N: 4; Control group N: 5 | | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | Unclear | |
| | systematic differences between groups in terms of | | |
| | those who did not complete treatment) | 1. 1112 | |
| C3 | For how many participants in each group were no outc | come data available? | |
| | Experimental group N: 4; Control group N: 5 | | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Unclear | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

| Based | Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | |
|---|---|-----|--|
| direct | direction of its effect? | | |
| Unclear/unknown risk of bias | | | |
| Likel | y direction of effect: Unknown direction | | |
| | | | |
| | | | |
| D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine | Yes | |
| | the outcome | | |

| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) |
|--|---|-------------------|
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | No |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? Low risk of bias | | |
| Likely direction of effect: Not applicable | | |

1.22.5FIELD2013B

| Study | 7 ID | FIELD2013B | | |
|--|--|--|--|--|
| Biblio | Bibliographic reference: Field T, Diego M, Delgado J, Medina L. Tai chi/yoga reduces prenatal depression, anxiety | | | |
| | eep disturbances. Complementary Therapeutic Practice. 2013b | | | |
| Guid | eline topic: Antenatal and postnatal mental health: | Review question number: 4.2 | | |
| clinic | al management and service guidance | | | |
| Checl | klist completed by: Iona Symington | | | |
| A. Se | lection bias (systematic differences between the compari | son groups) | | |
| A1 | An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups) | Unclear (Not reported) | | |
| A2 | There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation) | Unclear (Not reported) | | |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | No (Lesser education and lower SES in the chai chi/yoga group) | | |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | | | |
| High risk of bias | | | | |
| Likely direction of effect: Unknown/unclear direction | | | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | | |
|---|--|--|--|
| from the intervention under investigation) | | | |
| | | | |
| D4 | mt 1.d | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Yes | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| Based | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely | |
| direct | ion of its effect? | | |
| | | | |
| | High risk of bias | | |
| | | | |
| Likely | y direction of effect: Effect size bigger | | |
| | | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | | |
| C. All | indon bias (systematic differences between the compans | on groups with respect to loss of participants) | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | | |
| C2 | TT | . 1 2 | |
| C2 | a. How many participants did not complete treatment in | in each group? | |
| | Experimental group N: 4; Control group N: 3 | | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | Unclear | |
| | systematic differences between groups in terms of | | |
| CO | those who did not complete treatment) | 1.1.1.2 | |
| C3 | For how many participants in each group were no outc | come data available? | |
| | Experimental group N: 9; Control group N: 8 | | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | ** 1 | |
| | important or systematic differences between groups | Unclear | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | |
|---|---|-------------------|
| direct | ion of its effect? | |
| Low risk of bias | | |
| Likely | y direction of effect: N/A | |
| D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | |
| D1 | The study had an appropriate length of follow-up | Yes |
| D2 | The study used a precise definition of outcome | Yes |
| D3 | A valid and reliable method was used to determine the outcome | Yes |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | N/A (self-report) |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely | | |
| direction of its effect? | | |
| Low risk of bias | | |
| Likely direction of effect: N/A | | |

1.22.6MANBER2004

| Study | y ID | MANBER2004 |
|--|--|--|
| Biblio | ographic reference: Manber R, Schnyer RN, Allen JJB, Rush J | A, Blasey CM. Acupuncture: a promising 13 |
| treatn | nent for depression during pregnancy. Journal of Affective Disc | orders. 2004; 14 83:89-95. |
| Guid | eline topic: Antenatal and postnatal mental health: | Review question number: 4.2 |
| clinic | al management and service guidance | |
| Checl | klist completed by: Iona Symington | |
| A. Se | lection bias (systematic differences between the comparis | son groups) |
| A1 | An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups) | Unclear (insufficient details on randomisation) |
| A2 | There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation) | Unclear (insufficient details on allocation concealment) |
| A3 | The groups were comparable at baseline, including all major confounding and prognostic factors | Yes |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | |
| Unclear risk of bias | | |
| Likely direction of effect: Unclear/unknown direction | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | | |
|---|--|--|--|
| from the intervention under investigation) | | | |
| | | | |
| B1 | The comparison groups received the same care apart | | |
| DI | from the intervention(s) studied | | |
| | from the intervention(s) studied | Yes | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | Different for different comparisons. For | |
| | treatment allocation | comparisons of two acupuncture groups: | |
| | | Yes (acupuncture treatments were provided | |
| | | in a double-blind fashion). Blinding not | |
| | | possible for acupuncture versus massage | |
| | | comparison | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | Yes | |
| | | | |
| Based | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely | |
| | ion of its effect? | · · | |
| | | | |
| | Low risk of bias | | |
| | | | |
| Likel | y direction of effect: Not applicable | | |
| | | | |
| | | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | | |
| | | | |
| C1 | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | | |
| C2 | a. How many participants did not complete treatment: | ı in each group? | |
| | Experimental group N: 4; Control group (1) N: 2; Control | 0 1 | |
| | b. The groups were comparable for treatment | 0 - 1 () | |
| | completion (that is, there were no important or | | |
| | systematic differences between groups in terms of | Unclear | |
| | those who did not complete treatment) | | |
| C3 | For how many participants in each group were no outc | como data available? | |
| | Experimental group N: 4; Control group (1) N: 2; Control | | |
| | | | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | II. I | |
| | important or systematic differences between groups | Unclear | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect? | | | |
|--|---|--|--|
| unect | ion of its effect: | | |
| | Unclear risk of bias | | |
| Likel | y direction of effect: Unclear/unknown direction | | |
| D. De | tection bias (bias in how outcomes are ascertained, diag | nosed or verified) | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Different for different comparisons: Yes (for specific versus non-specific acupuncture), | |
| | | no (for massage versus acupuncture) | |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes | |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | | |
| Low risk of bias | | | |
| Likely direction of effect: Not applicable | | | |

1.22.7MANBER2010

| Stud | y ID | MANBER2010 | | | |
|--|---|--|--|--|--|
| | Bibliographic reference: Manber R, Schnyer RN, Lyell D, Chambers AS, Caughey AB, Druzin M et al. 16 | | | | |
| - | uncture for depression during pregnancy: a randomised contr 115:511-20. | olled trial. 17 Obstetrics and Gynecology. | | | |
| · | eline topic: Antenatal and postnatal mental health: | Review question number: 4.2 | | | |
| | ral management and service guidance | | | | |
| Chec | klist completed by: Iona Symington | | | | |
| A. Se | election bias (systematic differences between the compar | ison groups) | | | |
| A1 | An appropriate method of randomisation was used | | | | |
| | to allocate participants to treatment groups (which | Yes (electronically generating a list of | | | |
| | would have balanced any confounding factors | random permutations of three elements) | | | |
| | equally across groups) | | | | |
| A2 | There was adequate concealment of allocation (such | Yes (The randomization sequence was | | | |
| | that investigators, clinicians and participants cannot | concealed until the interventions were | | | |
| | influence enrolment or treatment allocation) | assigned) | | | |
| A3 | The groups were comparable at baseline, including | | | | |
| | all major confounding and prognostic factors | Yes | | | |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect? | | | | | |
| | | | | | |
| Low risk of bias | | | | | |
| | | | | | |
| Likely direction of effect: Not applicable | | | | | |
| | | | | | |
| | | | | | |

| B. Per | B. Performance bias (systematic differences between groups in the care provided, apart | | |
|---|---|--|--|
| from the intervention under investigation) | | | |
| | | | |
| B1 | The comparison groups received the same care apart | | |
| <i>D</i> 1 | from the intervention(s) studied | | |
| | from the fitter verticin(s) statica | Yes | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | Different for different comparisons | |
| | treatment allocation | (Participants who received acupuncture | |
| | | were not told which of the two types of | |
| | | acupuncture they were receiving. Massage | |
| | | therapists and participants who received | |
| | | massage were not blinded to treatment | |
| | | assignment) | |
| В3 | Individuals administering care were kept 'blind' to | Different for different comparisons | |
| | treatment allocation | (Participants who received acupuncture | |
| | | were not told which of the two types of | |
| | | acupuncture they were receiving. Massage | |
| | | therapists and participants who received | |
| | | massage were not blinded to treatment | |
| | | assignment) | |
| Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely | | | |
| direction of its effect? | | | |
| | | | |
| Low | Low risk of bias | | |
| | | | |
| Likel | y direction of effect: Not applicable | | |
| | | | |
| C. At | rition bias (systematic differences between the comparis | son groups with respect to loss of participants) | |
| C. 110 | inion suo (systematic unicrenees servicen ine compuni | ori groups with respect to loss of participants) | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | | |
| C2 | a Hayy many participants did not complete treatment | in each group? | |
| C2 | a. How many participants did not complete treatment | 0 1 | |
| | Experimental group N 12:; Control group (1) N: 11; Co | 111101 g10up (2) 14. 10 | |
| | b. The groups were comparable for treatment completion (that is, there were no important or | | |
| | | Unclear | |
| | systematic differences between groups in terms of | | |
| | those who did not complete treatment) | | |

| | , | | |
|--|--|--|--|
| C3 | For how many participants in each group were no outcome data available? | | |
| | Experimental group N: 0; Control group (1) N: 0; Control group (2) N: 0. All outcome data analysed | | |
| | on an ITT basis (The primary analysis was conducted on the ITT sample (all 150 randomised) Mixed | | |
| | effects models provide a contemporary approach to missing data, allowing for true intent-to-treat | | |
| | analysis, by using estimated individual time trend line | | |
| | augmented by information from data for all other indiv | | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Yes | |
| | in terms of those for whom outcome data were not | ies | |
| | | | |
| D 1 | available). | 276 | |
| | on your answers to the above, in your opinion was attri | ition bias present? If so, what is the likely | |
| direct | ion of its effect? | | |
| | | | |
| | Low risk of bias | | |
| | | | |
| Likel | y direction of effect: N/A | | |
| | | | |
| | | | |
| D. De | tection bias (bias in how outcomes are ascertained, diagramme) | nosed or verified) | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| DI | The study had an appropriate length of follow up | | |
| D2 | The study used a precise definition of outcome | Yes | |
| | | | |
| D3 | A valid and reliable method was used to determine | Yes | |
| | the outcome | | |
| D4 | Investigators were kept 'blind' to participants' | Different for different outcomes | |
| Dī | exposure to the intervention | Billetett for different outcomes | |
| D5 | Investigators were kept 'blind' to other important | Yes | |
| DS | | Tes | |
| | confounding and prognostic factors | | |
| | on your answers to the above, in your opinion was dete | ection bias present? If so, what is the likely | |
| direction of its effect? | | | |
| | | | |
| | Low risk of bias | | |
| | | | |
| Likely direction of effect: Not applicable | | | |
| | | | |
| | | | |
| | | | |

1.22.8O'HIGGINS2008

| Study | Study ID O'HIGGINS2008 | | |
|--|---|--|--|
| Staay | | O Triggil \\ 32000 | |
| Biblio | ographic reference: O'Higgins M, St. James Roberts I, Glover | V. Postnatal depression and mother and 37 infant | |
| | mes after infant massage. Journal of Affective Disorders. 2008; | - | |
| | | | |
| Guid | eline topic: Antenatal and postnatal mental health: | Review question number: 4.2 | |
| clinic | al management and service guidance | | |
| Chec | klist completed by: Iona Symington | | |
| A. Se | lection bias (systematic differences between the compari | son groups) | |
| A1 | An appropriate method of randomisation was used | | |
| | to allocate participants to treatment groups (which | Yes (prospective block-controlled | |
| | would have balanced any confounding factors | randomised design) | |
| | equally across groups) | | |
| A2 | There was adequate concealment of allocation (such | | |
| | that investigators, clinicians and participants cannot | Unclear (not reported) | |
| | influence enrolment or treatment allocation) | | |
| A3 | The groups were comparable at baseline, including | | |
| | all major confounding and prognostic factors | Yes | |
| Based | l I on your answers to the above, in your opinion was sele | ection bias present? If so, what is the likely | |
| direction of its effect? | | | |
| | | | |
| Low risk of bias | | | |
| | | | |
| Likely direction of effect: Not applicable | | | |
| | | | |
| | | | |

| | B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation) | | |
|---|---|--|--|
| nom the intervention under investigations | | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Voc | |
| | () | Yes | |
| B2 | Participants receiving care were kept 'blind' to | | |
| D2 | treatment allocation | No | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely | |
| direct | cion of its effect? | | |
| | High wick of high | | |
| | High risk of bias | | |
| Likel | y direction of effect: Effect size bigger | | |
| | , | | |
| | | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | | |
| C2 | a. How many participants did not complete treatment | l in each group? | |
| | Experimental group N: 5; Control group N: 6 | ar out. Broad | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | | |
| | systematic differences between groups in terms of | Yes | |
| | those who did not complete treatment) | | |
| C3 | For how many participants in each group were no outo | come data available? | |
| | Experimental group N: 9; Control group N: 14 | | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Yes | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

| | Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | |
|--|---|--|--|
| direction of its effect? | | | |
| | Low risk of bias | | |
| Likely direction of effect: Not applicable | | | |
| D. Det | tection bias (bias in how outcomes are ascertained, diag | gnosed or verified) | |
| D1 | The study had an appropriate length of follow-up | Yes | |
| D2 | The study used a precise definition of outcome | Yes | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report, and researchers blinded) | |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes | |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect? | | | |
| Low risk of bias | | | |
| Likely direction of effect: Not applicable | | | |

1.22.9ONOZAWA2001

| Stud | y ID | ONOZAWA2001 | |
|---|---|---|--|
| Bibli | ographic reference: Onozawa K, Glover V, Adams D, Modi N | I, Kumar RC. Infant massage improves 17 mother- | |
| infan | t interaction for mothers with postnatal depression. Journal of A | Affective 18 Disorders. 2001;63:201-7. | |
| Guid | eline topic: Antenatal and postnatal mental health: | Review question number: 4.2 | |
| clinic | cal management and service guidance | | |
| Chec | klist completed by: Iona Symington | | |
| A. Se | election bias (systematic differences between the compari- | son groups) | |
| A1 | An appropriate method of randomisation was used | | |
| | to allocate participants to treatment groups (which | Unclear (insufficient details provided) | |
| | would have balanced any confounding factors | Officieal (filsufficient details provided) | |
| | equally across groups) | | |
| A2 | There was adequate concealment of allocation (such | | |
| | that investigators, clinicians and participants cannot | Unclear (insufficient details provided) | |
| | influence enrolment or treatment allocation) | | |
| A3 | The groups were comparable at baseline, including | | |
| | all major confounding and prognostic factors | Yes | |
| Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely | | | |
| direction of its effect? | | | |
| | | | |
| Unclear risk of bias | | | |
| | | | |
| Likely direction of effect: Unclear/unknown direction of effect | | | |
| | | | |
| 1 | | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | | |
|---|--|--|--|
| from the intervention under investigation) | | | |
| | | | |
| D1 | TTI . 1.1 | | |
| B1 | The comparison groups received the same care apart | | |
| | from the intervention(s) studied | Yes | |
| | | | |
| B2 | Participants receiving care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| В3 | Individuals administering care were kept 'blind' to | | |
| | treatment allocation | No | |
| | | | |
| Based | on your answers to the above, in your opinion was perf | formance bias present? If so, what is the likely | |
| direct | ion of its effect? | | |
| | | | |
| | High risk of bias | | |
| | | | |
| Likely | y direction of effect: Effect size bigger | | |
| | | | |
| C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants) | | | |
| C. Att | rition bias (systematic differences between the comparis | on groups with respect to loss of participants) | |
| | | | |
| C1 | All groups were followed up for an equal length of | | |
| | time (or analysis was adjusted to allow for | Yes | |
| | differences in length of follow-up) | 163 | |
| | 111 | | |
| C2 | a. How many participants did not complete treatment | in each group? | |
| | Experimental group N: 7; Control group N: 2 | | |
| | b. The groups were comparable for treatment | | |
| | completion (that is, there were no important or | Unclear | |
| | systematic differences between groups in terms of | | |
| | those who did not complete treatment) | | |
| C3 | For how many participants in each group were no outo | come data available? | |
| | Experimental group N: 7; Control group N: 2 | | |
| | b. The groups were comparable with respect to the | | |
| | availability of outcome data (that is, there were no | | |
| | important or systematic differences between groups | Unclear | |
| | in terms of those for whom outcome data were not | | |
| | available). | | |

Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?

High risk of bias (Attrition between randomisation and intervention (25/59; due mainly to inconvenient timings of the study) not counted in the endpoint analysis)

Likely direction of effect: Unclear/unknown direction of effect

| D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | | | |
|---|---|-------------------|--|--|
| D1 | The study had an appropriate length of follow-up | Yes | | |
| D2 | The study used a precise definition of outcome | Yes | | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) | | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes (self-report) | | |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes (self-report) | | |

Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?

Low risk of bias

Likely direction of effect: Not applicable

1.22.10 WIRZ-JUSTICE2011

| Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance Checklist completed by: Iona Symington A. Selection bias (systematic differences between the comparison groups) A1 | | | | | | |
|--|---|--|--|--|--|--|
| Randomised, Double-Blind, Placebo-Controlled Study of Light Therapy for Antepartum Depression on Women's Mental Health. 2011;72:986-993 Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance Checklist completed by: Iona Symington A. Selection bias (systematic differences between the comparison groups) A1 | Bibliographic reference: Wirz-Justice A, Bader A, Frisch U, Stieglitz RD, Alder J, Bitzer J, et al. A | | | | | |
| Guideline topic: Antenatal and postnatal mental health: clinical management and service guidance Checklist completed by: Iona Symington A. Selection bias (systematic differences between the comparison groups) A1 | Randomised, Double-Blind, Placebo-Controlled Study of Light Therapy for Antepartum Depression. Focus | | | | | |
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| Checklist completed by: Iona Symington A. Selection bias (systematic differences between the comparison groups) A1 | Guideline topic: Antenatal and postnatal mental health: Review question number: 4.2 | | | | | |
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| | | | | | | |
| direction of its effect? | Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely | | | | | |
| direction of its effect? | | | | | | |
| | | | | | | |
| Low risk of bias | | | | | | |
| | | | | | | |
| Likely direction of effect: Not applicable | | | | | | |
| | | | | | | |

| B. Performance bias (systematic differences between groups in the care provided, apart | | | | | |
|--|--|---|--|--|--|
| from the intervention under investigation) | | | | | |
| | | | | | |
| D4 | mt 1.d | | | | |
| B1 | The comparison groups received the same care apart | | | | |
| | from the intervention(s) studied | Yes | | | |
| | | | | | |
| B2 | Participants receiving care were kept 'blind' to | | | | |
| | treatment allocation | Yes | | | |
| | | | | | |
| В3 | Individuals administering care were kept 'blind' to | | | | |
| | treatment allocation | Yes | | | |
| | | | | | |
| Based | on your answers to the above, in your opinion was perf | ormance bias present? If so, what is the likely | | | |
| direct | ion of its effect? | | | | |
| | | | | | |
| | Low risk of bias | | | | |
| | | | | | |
| Likely | y direction of effect: Not applicable | | | | |
| | | | | | |
| C A | 1. / 1.66 1 | | | | |
| C. Att | rition bias (systematic differences between the comparis | on groups with respect to loss of participants) | | | |
| | | | | | |
| C1 | All groups were followed up for an equal length of | | | | |
| | time (or analysis was adjusted to allow for | Yes | | | |
| | differences in length of follow-up) | Tes | | | |
| | | | | | |
| C2 | a. How many participants did not complete treatment in each group? | | | | |
| | Experimental group N: 7; Control group N: 5 | | | | |
| | b. The groups were comparable for treatment | | | | |
| | completion (that is, there were no important or | Unclear | | | |
| | systematic differences between groups in terms of | | | | |
| | those who did not complete treatment) | | | | |
| C3 | | | | | |
| | Experimental group N: 8; Control group N: 11 | | | | |
| | b. The groups were comparable with respect to the | | | | |
| | availability of outcome data (that is, there were no | | | | |
| | important or systematic differences between groups | Unclear | | | |
| | in terms of those for whom outcome data were not | | | | |
| | available). | | | | |

| Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely | | | | |
|---|---|-----|--|--|
| direction of its effect? | | | | |
| Unclear risk of bias | | | | |
| Likely direction of effect: Unclear/unknown direction | | | | |
| D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified) | | | | |
| D1 | The study had an appropriate length of follow-up | Yes | | |
| D2 | The study used a precise definition of outcome | Yes | | |
| D3 | A valid and reliable method was used to determine the outcome | Yes | | |
| D4 | Investigators were kept 'blind' to participants' exposure to the intervention | Yes | | |
| D5 | Investigators were kept 'blind' to other important confounding and prognostic factors | Yes | | |
| Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely | | | | |
| direction of its effect? | | | | |
| Low risk of bias | | | | |
| Likely direction of effect: Not applicable | | | | |